



# IOM Sierra Leone Ebola Response

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SITUATION REPORT | Issue 39 | 23-29 August 2015



*On Monday, 24 August 2015, President Ernest Bai Koroma personally discharged the last Ebola patient under care in Sierra Leone—Adama Sankoh, from the International Medical Corps ETC in Mateneh, Bombali. Unfortunately a new confirmed case was discovered on Sunday, 30 August after a post-mortem swab tested positive for Ebola in Kambia's Tonko Limba chiefdom. Sierra Leone must go 42 consecutive days with no new cases before it can be declared Ebola free by WHO.*

## SITUATION OVERVIEW

- There were 3 confirmed cases of Ebola reported in the week to 23 August, all of which were reported from Guinea. No new confirmed cases were reported from Sierra Leone for the second consecutive week. Overall case incidence has held at 3 confirmed cases per week for 4 consecutive weeks. In addition, the number of contacts under observation continues to fall, from over 800 on 16 August to approximately 600 on 23 August throughout 4 prefectures in Guinea and 2 districts in Sierra Leone. All contacts associated with the recent cluster of cases in Tonkolili, Sierra Leone, have now completed the 21-day follow-up period. However, there remains a significant risk of further transmission.
- No cases were reported from Sierra Leone in the week to 23 August: the second consecutive week without a confirmed case. The last case to be diagnosed with EVD completed treatment and was discharged from an Ebola treatment centre on 24 August after testing negative twice for EVD. The number of contacts under follow-up has declined from 72 contacts across 3 districts (Tonkolili, Western Area Urban, and Western Area Rural on 19 August to 29 contacts in Freetown) and Western Area Rural on 23 August, after all contacts associated with the Tonkolili cluster of cases completed follow-up.
- **\*\*As of Sunday, 30 August, the National Ebola Response Center and the Ministry of Health and Sanitation has reported a new swab confirmed Ebola case in Kambia. The case was a 67 year old female farmer. 14 contacts have been line listed so far. This marks the first new case after 3 weeks with no Ebola cases in Sierra Leone.\*\***

## Weekly Highlights

- IOM clinicians in collaboration with the Ebola Response Consortium are providing Infection Prevention and Control (IPC) training support at Connaught, Princess Christian's Maternity and Ola During Children's Hospitals and have now trained 772 (F 532, M 240) hospital personnel.
- After a one day IOM-CDC-WHO border assessment mission in Kambia on 26 August. IOM held an emergency simulation exercise on the Kambia-Guinea border to test inter-agency preparedness and existing health screening structures on 30 August.
- Beginning in September IOM's long running emergency interim care kits intervention will shift gears to reflect the dwindling need for in home care IOM will seek to encourage hand washing at the community and household level in Freetown, Tonkolili and Port Loko with the distribution of 4,000 hygiene kits.
- IOM and IMC will provide IPC and WASH support to a total of 21 private health facilities under a new 6-month project with support from DfID. IOM will support 11 facilities including 5 in Western Area Urban, 3 in Bo, 2 in Moyamba and 1 in Kenema.

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## ***IOM and IMC to launch IPC/WASH intervention at 21 private health care facilities***

With the decline of EVD incidence and return to general health services, IPC and Water Sanitation and Hygiene (WASH) at health facilities represents a significant priority to ensure optimum care for patients and occupational health for health care workers. There is an ongoing project on IPC collaboration between the Ministry of Health and Sanitation (MOHS) and Ebola Response Consortium (ERC) supporting IPC and WASH of 22 government hospitals. However, there are currently no projects to date that supports IPC and WASH of private hospitals which account for around 20% of health services utilisation.

Considering that a significant number of private hospitals have not been fully operational since the EVD outbreak began in May 2014, a concerted effort consisting of resources, technical knowledge, training and sustained mentorship is necessary to achieve full functionality and practice change in these facilities. IPC training for medical practitioners and non-clinical health care workers, availability and use of PPE and IPC supplies, waste management, screening and isolation areas and water availability constitute key priorities for private health facilities to ensure effective, efficient and safe patient care and a conducive work environment for all health care workers.

Supported by funding of the Department for International Development (DFID), the International Organization for Migration (IOM) and the International Medical Corps (IMC) collaborated with MOHS on a one month IPC and WASH needs assessment from 15 June – 15 July 2015 of 30 Christian Health Association of Sierra Leone (CHASL) private health facilities nationwide. The assessment categorised the 30 private facilities into High Priority, Medium Priority and Low Priority and resulted in 8 of 30 facilities, including 1 hospital, being assessed in the High Priority category in terms of urgently requiring support in IPC and WASH. Sizeable deficiencies were noted in health screening and isolation areas, availability and use of Personal Protective Equipment (PPE)/IPC supplies, and water availability/shortage in these 8 facilities with IPC training and waste management also requiring reinforcement.

An additional 17 out of 30 facilities, including 5 hospitals, were assessed to be in the Medium Priority category and revealed significant gaps in IPC and WASH. IOM and IMC will provide support to a total of 21 private health facilities throughout the 6-month project duration. IOM will support 11 facilities in Western Area Urban (5), Bo (3), Moyamba (2) and Kenema (1) while IMC will support 10 facilities in Kambia (1), Kailahun (3), Port Loko (3), Bonthe (1), Koinadugu (1) and Bombali (1). Due to the importance of training and PPE use/availability, 2 of the 5 evaluated areas, IOM and IMC will provide IPC training and PPE use/availability support to all 21 selected facilities and targeted support in the areas of waste management, screening/isolation and water availability depending on the individual needs of the facility.

Since all of the health facilities assessed were found to be less than adequate in at least one of the IPC categories and

IPC measures at each facility need to be comprehensive in order to ensure the safety of health workers, patients, and visitors, IOM and IMC envision a phased approach. The initial phase includes the health facilities identified requiring the most urgent support to IPC and WASH measures due to patient volume. A second phase to take place after the completion of the proposed project would include similar interventions at additional private health facilities in the CHASL and Sierra Leone Medical and Dental Council (SLMDC) networks.

## ***IOM/CDC/WHO tour border crossing points in Kambia***

As new cases continue to be recorded in Guinea, on 26 August a 10-person delegation comprising IOM/CDC/WHO staff members toured Border Crossing Points in Samu, Bramaia and Gbileh Dixon chiefdoms, Kambia district.

The visit assessed the level of EVD preparedness and activities along the crossing points with a view to scaling up response approaches. The one day exercise informed revealed migratory flow information between Guinea and Sierra Leone and the operational difficulties faced by the Republic of Sierra Leone Armed Forces (RSLAF) personnel who are deployed at 47 category B and C crossing points along the border. IOM's border related activities include data collection via Flow Monitoring Points, health screening/monitoring and re-supply of materials necessary for the monitoring process.

## ***IOM participates in Kambia-Forecariah cross border task force meeting***



***IOM, US CDC and WHO staff at Kalangba border crossing point, Kambia on 26 August 2015.***

The most recent fortnightly meeting hosted by the Kambia DERC on 27 August 2015 was to support current cross border interventions between Guinea and Sierra Leone and to follow up on agreed actions from the previous meeting for a resilient end to Ebola.

Partners present included IOM, US CDC, WHO, RSLAF, the Red Cross, UNICEF, GOAL and other NGOs. Although Kambia had seemingly completed 42 days without new infections, the new case on Sunday in Tonko Limba chiefdom and positive case incidence in Ratoma, near the Guinean capital of Conakry led participants to continue to call for urgent action with a range of recommendations to address emerging cross border issues and to scale up coordination and collaboration amongst partners and the security forces in order to stem the rate of infections.

**IOM Kambia field monitors continue their work**

On 26 August 2015, Zainab Kamara and her interim care kit colleagues were engaged in the urgent distribution of kits in the communities of Debia, Rokupr, Bamoi Luma, Magbety and households in Kambia town. Interim Care Kits (ICKs) are prepositioned in 880 communities in Kambia with 822 Community Health Monitors (CHMs) under the supervision of 5 IOM Field Monitors and 13 Community Surveillance Supervisors (CSS). Kits are stored at Peripheral Health Units in all seven chiefdoms of Kambia district.

A recent case in Kambia on Sunday and intensive cross border movement from neighbouring Guinea demonstrates the potential positive impact of pre-positioned care kits in the area should further cases be reported. Many areas of Kambia are difficult to reach by road during the rainy season and response time by medical teams can be severely affected.

Mohamed Turay, is one of IOM's Field Monitors engaged in community supervision in Koya village, Samu Chiefdom, Kambia. He gauges the perceptions of the Community Health Monitors (CHMs) about the use of the items in care kits. Monitoring of this nature provides insight into the strengths and weaknesses of the kits, their proper use and method of distribution in various communities. Monitoring has revealed a need for refresher training of CHMs on mixing of chlorine solution and how to wear and remove gloves and aprons. "Although we rolled out trainings for the CHMs earlier in the summer, a reduced case load means more complacency and the need for a renewed focus on the correct and proper use of the kits."

**Health Screening Advisory Teams in action**

Since Wednesday, 5 August IOM Health Screening Advisory Teams (HSAT) have been active in Ola During Children's Hospital and Princess Christian's Maternity Hospital.

In collaboration with the Ministry of Health and Sanitation and respective Ebola Response Consortium partner agencies, IOM is working to optimize health screening systems at Ola During Children's Hospital, Princess Christian Maternity Hospital and other medical facilities. IOM Health Screening Advisory Teams (HSAT) will conduct continuous capacity-building of the end-to-end health screening system to include health screening system layout, health screener training, system monitoring, data collection/management and adherence to health screening standard operating procedures (SOPs).

IOM HSATs are comprised of an international clinician team leader and national clinician assistant and dedicated to health screening system optimization for a total period of four months to the end of 2015.

Presently HSATs are conducting intensive training/mentoring of health screeners and optimization of the health screening system. HSATs are working hard to ensure effective and comprehensive monitoring of all hospital entry health screening points.

HSATs will collaborate closely and routinely meet with MOHS and respective ERC partner agencies to provide timely information on all activities. HSATs produce monthly reports for distribution to all hospital stakeholders to track hospital progress against indicators. HSAT deployment and capacity is flexible in order to allow for expansion to other health facilities as required.

**Cumulative Training Academy/Mobile Training operational data for 01 December 2014– 30 August 2015  
(weekly numbers in brackets)**

Course Name	Number of courses run	Total number of National students	Total number of International Students	Cumulative Total
3 day Ebola clinician IPC 2 day Simulated Patient care	23	589	355	944
IPC support to Gov't hospitals	34 (5)	772 (128)	0	772
1 day Ebola clinical IPC 2 day Simulated patient care	4	26	59	85
1 day clinical augmentation/ 1 day clinical pilot/RING IPC	4	25/65	41/33	164
3 day basic IPC/PPE/3 day WHO Ebola basic IPC	67	5,863	51	5,914
Mobile Training 3 day IPC/PPE/Clinical Decontamination/ 2 day modified IPC	39	1,443	0	1,443
3 day clinical frontline IPC (COMAHS)	2	20	4	24
<b>Total</b>	<b>173 (5)</b>	<b>8,586 (128)</b>	<b>543</b>	<b>9,346</b>

**Social Mobilization shifts to community ownership, impacts IOM hygiene kit distribution**

Until recently the NERC and its partners have pursued an approach to the Ebola response that has been district-led and centrally supported. As the epidemic response shifts from containment towards elimination, decentralized systems for epidemic control – including active case detection (surveillance, active case finding, contact tracing),

intensified social mobilization and deepened community engagement, and ‘rapid response’ systems to quickly address emerging micro-epidemics. Therefore, the response will now shift ownership to chiefdom and community level especially around the drivers of transmission that include fear, lack of trust and collaboration from the communities and the communities’ tendency to seek health care through informal structures.

The overall strategic approach for engendering community ownership will be built around the engagement of the traditional leadership (paramount and section chiefs and village heads) in effective dialogues and holding them accountable for rapid response or outbreak preparedness. Effective and strategic community-led responses will be achieved by developing simple Community Action Plans (CAP) in a participatory manner with the existing community structures such as

Village Development Committees or other similar structures. The core idea is to establish a platform through existing community based structures, especially Village Development Committees and Ward Development Committees (for urban areas), to facilitate dialogue rather than resorting to top down social mobilization and messaging.

Beginning in September IOM’s long running emergency interim care kits intervention will shift gears to reflect the situation on the ground. As the need for in home care has dwindled IOM will seek to encourage hand washing at the community and household level in Freetown, Tonkolili and Port Loko with the distribution of 4,000 hygiene kits composed of two 20L veronica buckets and 5 bottles of liquid hand soap. Trainings on hand washing will be rolled out via Village Task

Forces across all 2600 villages in Port Loko district before handing over kits to communities. In Tonkolili distribution will follow a ring approach in those communities surrounding Messessebeh village which became one of the final hotspots in the country after a case traveled to the area from Freetown. Finally in Freetown, in order to avoid duplication of effort by other partners IOM will seek to do a mapping exercise ahead of kit distribution.



**Distribution of emergency care kits in Debia community, Kambia on 26 August 2015.**

**BEST of the WEB** (click links for story):

[Joy as Sierra Leone’s last Ebola patient leaves treatment, Guardian, 24 August](#)

[Hail to the chiefs: how local leaders helped to curb an epidemic, Economist, 27 August](#)

[Ebola aftermath is best chance to transform future epidemic response, UN News, 24 August](#)

[In Sierra Leone, Ebola fades but still impacts mental health, VOA, 28 August](#)

[Sierra Leone’s secret FGM societies spread fear and sleepless nights, Guardian, 24 August](#)

[Ebola may persist in waste water for at least 8 days, Medical News Today, 27 August](#)

[Joy as Sierra Leone’s first Ebola survivor gives birth to baby boy, Telegraph, 28 August](#)

[Guinea extends ring vaccine trial to Sierra Leone, All Africa, 24 August](#)

**IOM Sierra Leone’s initiatives are supported by:**



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**For more information on IOM’s Sierra Leone activities please contact:**

**IOM Sierra Leone Response | [jbaker@iom.int](mailto:jbaker@iom.int) | Public Information/Project Development | [nbishop@iom.int](mailto:nbishop@iom.int)**

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