



*IOM technical experts have spent the past week setting up Flow Monitoring Points in Kambia near the Category A International Border Crossing Point (BXP) at Gbalamuya, Kambia to collect traveler information in order to better inform health screening processes, disease prevention measures and gain greater insight into cross border population movements. Above is a recently recruited Flow Monitoring Team on the Kambia border with Guinea, 11 June 2015.*

## SITUATION OVERVIEW

- A total of 15 confirmed cases were reported from 2 districts in the week to 7 June, compared with 12 cases from 3 districts the previous week. The weekly total is the highest since March.
- 7 cases were reported from a densely populated area of the Kaffu Bullom chiefdom in Port Loko. All of the cases were registered contacts of previous cases within quarantined houses in the chiefdom. However, a cluster of 3 cases was also reported from the Bureh Kasseh Ma chiefdom, 2 of which arose from an as-yet unknown chain of transmission. These cases are thought to be linked to a chain of transmission from Kambia district.
- 5 cases were reported from 2 chiefdoms in Kambia during the week ending 7 June. A total of 4 cases, all of whom were registered contacts, were reported from the Tonko Limba chiefdom. However, the single case reported from the Magbema chiefdom arose from an as-yet unknown chain of transmission, and was detected only after post-mortem testing. Community engagement has continued to be challenging in several chiefdoms in Kambia, and investigations into recent cases there have documented the occurrence of unsafe burials that have previously gone unreported. Improved communication with local communities is essential to understand and address any concerns or disincentives that prevent cases, deaths, and burials from being reported.
- The Western Urban Area of Sierra Leone including Freetown, reported no cases for the first time since August 2014. However, there were still 195 contacts under follow-up in the district as of 7 June, and a total of 392 contacts nationally in 3 districts (Kambia and Port Loko are the other 2 districts).

## Weekly Highlights

- As of 13 June, IOM's National Ebola Training Academy in partnership with WHO, COMAHS, RSLAF and MOHS has trained 7,909 health care workers and frontline responders in Freetown (6,885 at the Academy) and via mobile trainings (1024 trained) on Infection Prevention and Control (IPC) modules.
- In support of the Government's 21-day surge operation in Kambia and Port Loko, IOM is providing 100% monitoring of the entry/exit health screening process at the international border crossing in Kambia district with the deployment of 25 IOM monitors that are in operation 24 hours per day, 7 days per week.
- Beginning 15 June, in collaboration with the Ministry of Health and Sanitation (MoHS), District Health Medical Teams (DHMTs), District Ebola Response Centres (DERCs), International Medical Corps (IMC) and Christian Health Association Sierra Leone (CHASL), IOM will conduct a 2 week needs assessments of priority private health facilities in Kailahun, Kenema, Kono, Bo, Moyamba, Pujehun, Western Urban and Western Rural Districts in order to rapidly evaluate urgent IPC and Water, Sanitation and Hygiene (WASH) requirements.

### Training Academy operational highlights

Over the past week **one 3-day Ebola basic Infection Prevention and Control (IPC) training** took place. In **total 37 health care personnel were trained** from Connaught Hospital, the Emergency Medical Hospital, the 34th Military Hospital and the Regent Health Center.

**One 3-day basic IPC course for infectious diseases (including Ebola)** was conducted for **146 Defence School of Nursing students** who received lectures combined with practical skills stations (i.e. chlorine preparation, hand washing, gloves removal, PPE on/off, Environmental cleaning/decontamination and waste management) and group discussions on the following modules: the definition of key terms and the goals of IPC; disease transmission chains; understanding Ebola and other common infectious diseases; standard precautions.

In total **183 trainees** received IPC training at Siaka Stevens National Stadium in Freetown over the past week to 13 June.

Since 1 December 2014, IOM and partners WHO, the College for Health and Allied Sciences, the Republic of Sierra Leone Armed Forces and the Ministry of Health and Sanitation have now trained a total of **7,909 health care workers and frontline responders on Infection Prevention and Control** modules (see below chart and accompanying graphs).

IOM has also received a new request for IPC training from the School of Community Health Sciences, at the Department of Nursing within Njala University's Bo Campus for **300 nursing students** to be held in the coming weeks.

### IOM to lead rapid needs assessment

In collaboration with the Ministry of Health and Sanitation (MoHS), District Health Medical Teams (DHMTs), District Ebola Response Centres (DERCs), International Medical Corps (IMC) and Christian Health Association Sierra Leone (CHASL), IOM will conduct needs assessments of 1-3 priority private health facilities per district in Kailahun, Kenema, Kono, Bo, Moyamba, Pujehun, Western Urban and Western Rural Districts in order to rapidly evaluate urgent IPC and Water, Sanitation and Hygiene (WASH) requirements. IMC will cover the remaining six districts.

The first assessment in Western Area will begin the week of 15 June and the final assessment will be concluded by the end of June. The assessments will identify two IPC evaluation teams led by an International IPC expert and supported by a national IPC expert and a CHASL representative. The teams have already conducted a desk review of data provided by CHASL and MoHS to determine assessment target hospitals. IOM IPC experts have also developed and standardised a Hospital Assessment Tool based on the current MoHS Health Facility Assessment Tool.

The teams will identify 1-3 private health facilities per district for the eight districts based on higher assessed IPC/WASH deficiency rates. They will then liaise with MoHS, DHMTs, DERCs and hospitals to coordinate and plan site visits to conduct rapid needs assessments of the identified private hospitals.

After completion of the assessments across the 8 districts, all data collected using the Hospital Assessment Tool will be consolidated and a comprehensive private hospital assessment report, including hospital rankings per district, will be drawn up by mid-July.

**Cumulative Training Academy/Mobile Training operational data for 01 December 2014– 13 June 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<br>2 day Simulated Patient care                          | 22                    | 574                               | 355                                    | 929              |
| 1 day Ebola clinical IPC<br>2 day Simulated patient care                           | 4                     | 26                                | 59                                     | 85               |
| 1 day clinical augmentation  | 2                     | 25                                | 41                                     | 66               |
| 3 day basic IPC/PPE  | 62 (2)                | 5,698 (183)                       | 50                                     | 5,748            |
| Mobile Training 3 day<br>IPC/PPE/Clinical<br>Decontamination/2 day<br>modified IPC | 29                    | 1024                              | 0                                      | 1024             |
| 1 day clinical pilot   | 1                     | 33                                | 24                                     | 57               |
| <b>Total</b>   | <b>120 (2)</b>        | <b>7,380 (183)</b>                | <b>529</b>                             | <b>7,909</b>     |

## IOM's HHBM project gears up for 21-day surge operations in Kambia and Port Loko

IOM has activated Phase I of its Health and Humanitarian Border Management project in Kambia by providing 100% monitoring of the entry/exit health screening process at the Category A international border crossing in Kambia district with the deployment of 25 IOM monitors that are in operation in 8 hour shifts 24 hours per day, 7 days per week.

IOM supports the health screening process through dedicated health screening equipment resupply and management, IPC and health screening training, evaluation of the screening process through the US CDC Scorecard and traveler data collection/management.

As part of Phase II, and in partnership with US CDC, MOHS, the DERC, the Mano River Union (MRU) and WHO, IOM will support the deployment of Republic of Sierra Leone Armed Forces (RSLAF) monitors and 80 Passenger Welfare Organisation (PAWEL) health screeners to operate health screening checkpoints at various Kambia Category B (semi-permanent staff presence, no permanent infrastructure) and C (unmanned, zero infrastructure) border crossing points. Additionally, in Port Loko IOM will support the deployment of RSLAF with 70 District Health Management Team (DHMT) health screeners to operate main transit route checkpoints.

IOM will deploy six roving 7-monitor teams to provide comprehensive monitoring coverage of these health-screening points during operational hours. For Kambia, the four roving monitoring teams will be provided with motorbikes in order to maximise mobility and to ensure all health-screening checkpoints are accessible whatever the terrain. For Port Loko, the two roving monitoring teams will be provided with two hired vehicles to provide mobility and checkpoint coverage. On completion of the project, the motorbikes will be donated to local NGOs, such as the PAWEL and DHMT, in order to maintain and strengthen health surveillance capacity in the border areas. This will ensure monitor-

ing of over 20 formal and 100 informal checkpoints in Kambia, Bombali and Freetown.

IOM is partnering with the Passenger Welfare Association (PAWEL) in both Kambia and Bombali to facilitate training and deployment of road safety monitors as health screening personnel to promote a protection/gender component within the health screening



**IOM's new team of health screening monitors at Lungi International Airport on 10 June 2015. The team is responsible for i) screening passengers and workers in the Terminal Building, ii) Front Gate and at the Drivers Screening Booth.**



process. Roving IOM monitoring teams will ensure that the health screening process is fully operational in all types of weather and that 100% of travelers, regardless of societal status, conduct health screening formalities. IOM is currently exploring options to waterproof health screening points both in Port Loko and at border points along the Sierra Leone/Guinea international border to ensure both health screening teams and travelers exposure to the elements is limited throughout the rainy season.

### **HHBM recruitment continues**

To meet the demands of covering such a vast geo-

graphical area HHBM Phase II is presently recruiting a total of 187 staff to be spread over 5 locations— Kambia, Bombali, Port Loko, Lungi International Airport and Freetown seaports to cover air, land and sea borders, as well as major internal transit routes.

To date management structures in each location have been established with the recruitment process in Kambia having completed hiring of three teams of 7 during the past week. Recruitment for the two roving 7-monitor Flow Monitoring Point (FMP) teams that will rotate between Susan's Bay Port, Kissy Ferry Terminal, Aberdeen Sea Coach and Port Loko Wharf also commenced this week. Beginning next week the hiring process for monitoring teams will start in Port Loko and Bombali as the rapid deployment of staff on the ground is key to safeguarding Sierra Leoneans from Ebola during the surge period.

From mid-week increased Airport recruitment will also kick off to meet the rising demand of new carriers coming back online and an increasing number of flights from those airlines already in operation.

**Emergency care kits ready in support of surge**

IOM Sub-Office Kambia currently has approximately 2,500 emergency interim care kits on stock. Kit composition is in line with the national SOP and includes ORS, gloves, chlorine, aquatabs, EVD messaging, 2 aprons, buckets, soap. The original intent of the kits was to provide interim household care to suspected EVD patients awaiting onward transport to Ebola treatment facilities however due to epidemiological trends, IOM has received authorization from donor the US Office for Foreign Disaster Assistance (OFDA) to distribute the kits in a more flexible manner to quarantined homes; pre-position them in communities through the Community Events Based Surveillance (CEBS) mechanism through partner ACF; and as hygiene kits after removing the apron and gloves. IOM and ACF will pre-position 3 or more kits per Kambia community (around 880 communities) to be managed by respective Community Health Monitors in the event of EVD and/or another infectious disease (cholera for example) requiring interim care. IOM has 5 field monitors supporting partners in kit distribution/pre-positioning. IOM is ready to support the 21-day surge with emergency interim care kits as required in both Kambia through partner ACF and Port Loko through Partners in Health.

**WHI's Cultural Liaison Officers continue effort**

World Hope International's Cultural Liaison Officers (CLOs) are now actively working in both social mobiliza-

tion and participating in safe and dignified burials in collaboration with the District Ebola Response Center (DERC) burial teams. The CLOs act as a neighborhood watch and inform on potentially harmful activities; they also carry out awareness raising on the importance of continued EVD prevention through behavioral change.

32 deaths were documented and reported in the past week to the Alert Desk and the social mobilization team at the chiefdom and district level by the CLOs in 6 chiefdoms; Saf-roko Limba, Makarie Gbanti, Gbendembu Ngowahun, Biriwa, Libeisaygahun, Sanda Loko and Bombali Shebora. These persons were provided with safe and dignified burials by the DERC burial team and the CLOs based in these chiefdoms.

Involvement of the social mobilization team in the recent Measles and Polio vaccination campaign in Bombali District resulted in a high turnout and cooperation from caregivers of under five children. Rapid response social mobilizers worked within 38 vaccination centers in Makeni and nearby villages. A total of 3,368 households and 20,208 persons were reached with sensitization and awareness messaging on the benefits of immunization (11,368 under fives; 808 pregnant women; and 8,032 lactating mothers). However, the issue of misplaced vaccination cards slowed the process in certain immunization centers, as mothers were referred to local Peripheral Health Units to be issued with new under five cards before they could be vaccinated.

**Major News Headlines** (click links for story):

[IOM and CDC conduct Ebola outbreak assessment in Boke, Guinea, IOM, 12 June](#)

[Guinea, Sierra Leone see spike in Ebola cases, Voice of America, 11 June](#)

[Charities fear Ebola resurgence after spike in new cases, Guardian, 11 June](#)

[How close is an Ebola vaccine?, PBS, 10 June](#)

[How the Ebola outbreak has impacted education in Sierra Leone, Politico, 11 June](#)

[A Chinese Ebola Drug Raises Hopes, and Rancor, NYT, 11 June](#)

[Sierra Leone field post: 'I believe Ebola victims deserve respect to the grave', Guardian, 9 June](#)

[UN's Ebola mission HQ to close in Ghana, BBC, 9 June](#)

[In Sierra Leone, graduating under Ebola, Ebola Deeply, 9 June](#)

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