



IOM Bombali's Emergency Interim Care Kits Field Monitors— Isatu, John, James, Barrie and Hwanatu (L to R) at the District Ebola Response Center in Makeni on 6 August 2015. 500 interim care kits have been pre-positioned in 70 primary health units in 11 of 13 chiefdoms across Bombali. Field Monitors ensure kits are properly distributed and PHU staff trained on their use.

SITUATION OVERVIEW

- The single case reported from Sierra Leone in the week to 2 August came from Tonkolili. The new case is one of over 600 contacts generated by the case reported in Tonkolili the previous week (the index case). The case is a family member who provided care to the index case, and was considered to be at high risk of an acquired infection. There are over 40 other such contacts considered to be at high risk of developing EVD because of the nature of their contact with the index case, and there is a high probability that further cases will arise. All contacts are currently under follow-up. Investigations into the source of infection of the index case, who is thought to have acquired infection in Freetown before traveling to Tonkolili, are still ongoing.
- Across the country a total of 811 contacts remain under follow-up in 4 districts, with the vast majority (636) located in Tonkolili. All contacts associated with known chains of transmission in Kambia have now completed the 21-day follow-up period, although new contacts are likely to be identified during the course of investigations into the case reported from Ratoma, Guinea, in the week ending 2 August.
- Laboratory indicators continue to reflect a heightened degree of vigilance, with 1955 new samples tested in the 7 days to 2 August. Fewer than 1% of samples tested positive for EVD. Most tests (80% in the week to 2 August) are of post-mortem swabs taken to rule out EVD as the cause of death.

Weekly Highlights

- IOM monitors together with the Passenger Welfare Organization (PAWEL) have begun to make routine monitoring visits to the 47 border crossing points manned by RSLAF personnel along the Guinea border in Samu, Bramaia and Gbileh Dixon chiefdoms, Kambia district.
- IOM is sustaining its Magazine Wharf outbreak response support to 8 Peripheral Health Units into week 7.
- 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 416 hospital personnel.
- In collaboration with MOHS and ERC partners, IOM Health Screening Advisory Teams (HSAT) have begun optimizing health screening systems at Ola During Children's Hospital as of 5 August. A second team will be deployed to Princess Christian Maternity Hospital within the next 2 weeks.

Gibrilla Kamara, survivor, continues to inspire

Gibrilla Kamara, 43, is an Ebola survivor and single parent. He became infected in late September last year while caring for his sick aunt, a nurse working at the Rokupa Government hospital who later died. Within two weeks Ebola rapidly spread through his family, claiming the lives of his uncle, his 20 year old son, 16 year old daughter, 70 year old grandmother and three other relatives. 7 other family members were infected and taken to hospital. Gibrilla, himself spent 11 days at the Macauley Street Hospital holding center and was later transferred to the Hastings Treatment Center where he spent 21 days before being declared Ebola free and discharged on 10 November 2014.

Upon his discharge from hospital, Gibrilla decided to help in the fight against the Ebola virus disease. "I couldn't imagine myself sitting around and doing nothing" he says candidly. "What I went through is so painful that I am willing to help in any way possible to ensure no one else goes through what I did. Since I was discharged, I have been thinking about the suffering and death I saw close to me and the pain I went through during my stay in hospital. Surviving that is a blessing that must have occurred for a reason. I feel strongly that I survived so that I could contribute to something larger than myself. So I decided to join the fight against Ebola."

"I feel strongly that I survived so that I could contribute to something larger than myself. So I decided to join the fight against Ebola."

— **Gibrilla Kamara, HHBM Monitor**

In December 2014, Gibrilla was contacted by a survivor he had met in the holding center and asked if he would be interested in working for IOM at the National Training Academy at an expert patient simulator. Without hesitation he immediately signed up. Speaking about and sharing experiences with other survivors and trainees to prepare health care workers for deployment to ETUs.

This July, Gibrilla transitioned to the Health and Humanitarian Border Management project in Freetown at Suzan's Bay as a health screening monitor at the Port Loko Wharf. "Today I am happy. Seeing the number of Ebola cases rapidly going down and with treatment centers now virtually empty, I feel proud of my contributions to end the worst episode in our country's history."



Gibrilla Kamara, HHBM monitor in Suzan's Bay, 6 August 2015.

IOM HHBM staff greet High Level Panel

The UN Secretary General, Ban Ki Moon appointed a High-Level Panel on the Global Response to Health Crises in May 2015. On 4-5 August the Panel visited Freetown as part of a wider trip to the worst affected countries to undertake consultations with the President of Sierra Leone, INGOs and local NGOs, survivors and the UN country team.

The Panel arrived by helicopter from Guinea to Cockerill and was met by IOM's Health and Humanitarian Border Management monitoring staff on the ground to undergo



IOM HHBM monitors take Ms Joy Phumaphi, Executive Secretary of the African Leaders Malaria Alliance through the health screening process on 4 August 2015.

health screening procedures before being escorted to State House.

Panel members include Mr Celso Luiz Nunes Amorimo, former Minister of Foreign Relations and Defence Minister of Brazil; Ms Micheline Calmy-Rey, former President of the Swiss Confederation, Mr Marty Natalegawa, former Foreign Minister of Indonesia and its Permanent Representative to the United Nations in New York, Ms Joy Phumaphi, Executive Secretary of the African Leaders Malaria Alliance and Botswana's former Minister for Health and Minister for Lands and Housing and Dr Rajiv Shah, until January this year, Administrator of the United States Agency for International Development (USAID).

Panel members, have been tasked by the UN Secretary General to make recommendations on how to strengthen national and international systems to prevent and manage future health crises taking into account lessons learned from the response to the Ebola outbreak. The panel will submit periodic progress reports and present its final report at the end of December.

High Level Panel delegate, former USAID Administrator Rajiv Shah arrives at Cockerill on 4 August 2015.



Health Screening Advisory Teams deployed

Since Wednesday, 5 August IOM is deploying Health Screening Advisory Teams (HSAT) to Ola During Children's Hospital. 2 additional staff will be deployed to Princess Christian's Maternity Hospital within the coming 2 weeks.

In collaboration with the Ministry of Health and Sanitation and respective Ebola Response Consortium partner agencies, IOM will optimize health screening systems at Ola During Children's Hospital, Princess Christian Maternity Hospital and other medical facilities as required. IOM Health Screening Advisory Teams (HSAT), one team assigned per facility, 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 will be 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.

Phase I of this component will consist of HSAT deployment to the facilities in order to conduct a rapid facility screening assessment in order to identify and resolve existing screening deficiencies.

Phase II will consist of intensive training/mentoring of health screeners and optimization of the health screening system. HSATs will ensure effective and comprehensive monitoring of all hospital entry health screening points. Phase III will consist of continued screening system monitoring and mentoring by the HSAT national clinician.

HSATs will collaborate closely and routinely meet with

MOHS and respective ERC partner agencies to provide timely information on all activities; and produce bi-monthly reports for the first month and monthly reports for subsequent months for distribution to all hospital stakeholders. HSAT deployment and capacity will be flexible in order to potentially accommodate the health screening optimization of additional facilities as required.

IOM participates in Cross Border Meeting

The bi-monthly cross border working group meeting took place on 6 August in Forecariah with representatives from IOM, WHO, CDC, ACF, and UNICEF in attendance. The meeting emphasized the need to strengthen screening at border crossing points, effective collaboration between RSLAF and the Guinea Gendarmerie and the sharing of best practices. Partners were urged to support IOM deployments at the BCPs on surveillance and contact tracing since the emergence of a suspected case believed to have left a quarantined area in Guinea for Kambia.

IOM, PAWEL work with RSLAF on border

IOM monitors together with staff from the Passenger Welfare Organization (PAWEL) have begun to make routine monitoring visits to the 47 border crossing points manned by RSLAF personnel along the Guinea border in Samu, Bramaia and Gbileh Dixon chiefdoms in Kambia district. Migratory flow data is being collected in samples at these crossing points including name, sex, origin/destination, purpose of crossing with the intention of promoting the health screening/monitoring process along the border and builds staff confidence in their interactions with RSLAF.

Cumulative Training Academy/Mobile Training operational data for 01 December 2014– 9 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	18 (5)	416 (101)	0	416
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	66	5,850	51	5,901
Mobile Training 3 day IPC/PPE/Clinical Decontamination/ 2 day modified IPC	36	1,335	0	1,335
3 day clinical frontline IPC (COMAHS)	1	8	2	10
Total	152 (5)	8,314 (101)	541	8,855

IOM looks to build community engagement; PSS support within EVD affected communities

IOM's current social mobilization project in Bombali which has focused on unsafe burials and the re-opening of schools through implementing partner World Hope International will look to transition to Phase III of response activities with a focus on managing residual risk and providing support to survivors. The priority will be community engagement and include psycho-social support and livelihoods elements to re-empower not only survivors but all community members in targeted areas.

On 6 August, IOM staff were on hand with NGO Trocaire together with the Access to Justice Law Center in Makeni arranged for a drama troupe from a local high school to perform an Ebola-themed play in Samaia, a community of 150 people on the outskirts of Makeni in Gbendemu Ngowa chiefdom, Bombali district where at least 10 residents have lost their lives to Ebola. Three schools in 3 districts- Bombali, Kambia and Port Loko have similar drama groups for students that work with Access to Justice to provide content for their plays. In Bombali they have been rehearsing the stage play for about one month and are now performing for communities as a part of their school curriculum. The intention is to combine a number of overriding Ebola-centric themes in the play and publicize them in communities so they become more acceptable topics of discussion such as signs and symptoms of Ebola, early

reporting of symptoms and attending to a health facility, psycho-social impacts, stigmatization and finally re-integration of survivors. The drama was a major hit with the community residents. However, challenges remain. A majority of those in attendance were older women and young children. Men were away working and younger people often migrate to cities in search of work.

Following the play, Access to Justice, asked follow up questions to the audience providing an open forum for people to share their experience and start the healing process through community engagement and follow up counseling with community based volunteers.



A student drama troupe performs an Ebola themed play for residents in Samaia community, Bombali district, 6 August 2015.

BEST of the WEB (click links for story):

[State of Emergency still in place but no limit on public activities, SwitSalone, 7 August](#)

[Ebola survivor meeting explores research priorities, 'biobanking', CIDRAP, 7 August](#)

[Ebola survivors face joint, eye complications, CBC, 7 August](#)

[The fight against Ebola is far from over, researchers say, The Verge, 5 August](#)

[Ghana forms national/zonal Ebola response teams, Ghana Web, 9 August](#)

[Ebola survivors suffer as epidemic wanes, VOA, 7 August](#)

[Chinese FM visits Ebola-hit African countries, CRI English, 9 August](#)

[New Ebola vaccine shows promise but there's good reason for caution, Vox, 3 August](#)

IOM Sierra Leone's initiatives are supported by:

USAID
FROM THE AMERICAN PEOPLE

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

IOM Sierra Leone Response | jbaker@iom.int | Public Information/Project Development | nbishop@iom.int

Please find IOM Sierra Leone on Facebook at www.facebook.com/iomsierraleone &

www.iom.int/countries/sierra-leone/