



SIERRA LEONE SITUATION REPORT

INTERNATIONAL ORGANIZATION FOR MIGRATION

SITUATION REPORT • 8 July 2016



Highlights

IOM consults local youth in Population Mobility Pattern Mapping in Bombali
© IOM 2016 (Photo: Kaori Nakasa)

■ IOM field staff completed the Participatory Mapping and Field Observation phase in Kambia's 4 border chiefdoms, one of the three priority areas of the Health, Border, and Mobility Management (HBMM) project funded by US CDC. In Bombali, IOM staff have begun a similar mapping exercise as part of a Government of Japan Funded Project on strengthening border health.

■ IOM supported the recent National Aviation Public Health Emergency Preparedness Plan (NAPHEPP) workshop at Lungi Airport as a major step towards securing Sierra Leone's air borders against future epidemics. IOM in combination with government partners has been active at Lungi since November 2014.

Situation Overview

- The 2016 Global Peace Index released in June 2016 ranked Sierra Leone 43 out of 163 countries, up 16 places from 2015. This marks the highest ranking Sierra Leone has received since the Institute for Economics and Peace began including Sierra Leone in 2010.
- The ambassadors of Guinea, Liberia and Sierra Leone to China have called for the revitalization of the Makona River Free Zone Development Project. Initiated in 2013, the Makona project was conceived in line with the Beijing Action Plan, yet progress was halted by the Ebola outbreak in all three countries. The project's major components include the development of a free trade zone in the Makona River area, development of natural resources and strengthening of transportation infrastructure including railways and sea ports.
- On 2-3 June 2016, relevant stakeholders gathered at the 2-day Human Resource Health Summit in Freetown to discuss the human resources needs in the health sector. Particular emphasis was placed on maternal and child health, challenges in health service delivery in rural communities, and the importance of investing in quality education. IOM has been in ongoing discussions with partners on facilitating the temporary return of qualified, cross-sectional diaspora medical professionals to reinforce technical mentorship for health facility clinicians.

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IOM RESPONSE



IOM completes Population Mobility Pattern Mapping in Kambia District

The Health, Border, and Mobility Management project that officially began on 14 March 2016 in Kambia has taken IOM staff to nearly all the border crossing points of Kambia district where they mapped and observed human mobility pattern (around the international border areas between Sierra Leone and Guinea) on land and water routes across Kambia district for the purpose of commerce, education, family visits, health care, entertainment and socio-cultural engagements on a regular basis.



HBMM Technical Committee Evaluates Health Emergency preparedness at Gbalamuya © IOM 2016 (Photo: Sylvester Deane)

IOM staff have visited over 200 priority sites/locations (including both formal and informal border crossing points) in 4 Chiefdoms—Gbinleh Dixon, Bramaia, Samuand Mambolo. Staff members have defied the elements, battled fatigue, and overcome difficult terrain to access remote locations in order to observe and assess the adequacy of local facilities in the event of a future public health emergency.

The Participatory Mapping and Field Observation stage of the HBMM is marks the first phase of a 3-phase approach that culminates with IOM presenting recommendations to the Government of Sierra Leone on how and where to mitigate the cross border spread of communicable diseases in densely traveled and assembled areas.



IOM collaborates on National Aviation Public Health Emergency Preparedness Plan (NAPHEPP) at Lungi International Airport

IOM collaborated with the Ministry of Health and Sanitation (MOHS) and the Sierra Leone Civil Aviation Authority (SLCAA) to draft the National Aviation Public Health Emergency Preparedness Plan (NAPHEPP) for future epidemics. The HBMM project supported the recent NAPHEPP workshop 31 May—02 June 2016 in order to assemble key international airport health, operational and security stakeholders to finalize the NAPHEPP. The plan is in line with global aviation standards such as the WHO Handbook for the Management of Public Health Events in

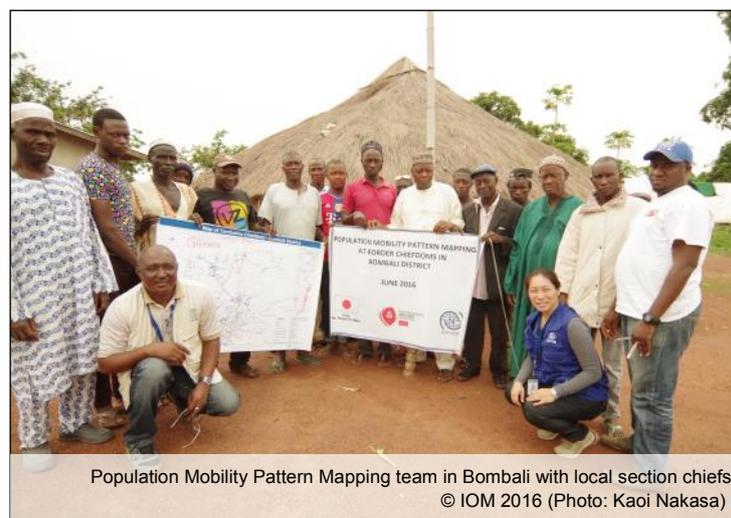
Air Transport and WHO's International Health Regulations, A Guide for Public Health Emergency Contingency at Designated Ports of Entry (2005). Regular coordination meetings will be organized on NAPHEPP to contribute to the continuous development and future testing of the plan and duplicate the plan for land and water borders.

Through the HBMM project, IOM continues to support Port Health during the health screening process through the provision of monitors, IPC materials, and simulation exercises designed to test and assess the health screening system.



IOM continues to supports Health Screening in Critical Border Districts

IOM has deployed two health screening and monitoring teams to support the Kailahun and Pujehun District Health Medical Teams (DHMT) as a result of EVD cases in Guinea and Liberia in March 2016. As per historic Ebola Virus Disease (EVD) trends and the likelihood of a resurgence IOM will maintain a surge capacity in order to provide rapid response health screening to contain disease spread in the event of future EVD cases in 2016. HBMM has enabled IOM to deploy 5 technical monitors and 30 volunteers in Pujehun, and 5 technical monitors and 31 volunteer screeners in Kailahun in collaboration with DHMT to establish health screening systems in 7 formal land and river crossing points in Pujehun and 8 formal land and river crossing points in Kailahun. IOM also provides continued technical monitoring and oversight, and ensures IPC material supply chain functionality in these districts.



Population Mobility Pattern Mapping team in Bombali with local section chiefs © IOM 2016 (Photo: Kaoli Nakasa)



IOM successfully completes IPC and WASH upgrades at 21 private health facilities across the country

30 April 2016 marked the successful wrap up of IOM's joint project with the International Medical Corps (IMC) to provide IPC and WASH systems and upgrades to 21 private health facilities within the Christian Health Association of Sierra Leone (CHASL) network. Through this project, 847 staff in these 21 facilities have been trained on the Ministry of Health's IPC guidelines; 19 facilities now have safe, reliable and adequate water, and 100% of facilities have achieved the Ministry of Health's waste management standards, and now feature fully functional incinerators and burn pits. These advancements will act as a formidable barrier against future disease outbreaks and



have provided facility staff with the knowledge and skills to confidently contain infectious disease transmission.

Facility level needs in the wake of the EVD crisis are not limited to WASH and IPC, but also in being able to provide key psychological support to their staff and their communities. With this in mind, this project provided training and mentorship for 92 volunteer health care staff and community members in Psychological First Aid (PFA), mental awareness, promoting community resilience, and stigma reduction. Through this training, psychosocial support was provided to communities through over 1500 individual sessions for patients, and training of over 3000 healthcare workers and volunteers in self-care.



Japanese Government funded project kicks off in Bombali District

During the first few weeks of June, IOM staff travelled to Tanbakha chiefdom in Bombali district to begin the Japanese government funded project, "Strengthening Health System Capacity, Preparedness and Resilience in EVD-Affected Border Districts." Tanbakha, the first border chiefdom of seven across two districts targeted through this project, shares a border with Guinea. Here IOM staff met with five key community groups—motorbike drivers, market ladies, youth, and section chiefs—in order to map and rank areas of congregation and mobility corridors. This participatory mapping process leverages the expertise and local knowledge of these community groups to

build a more comprehensive picture of human mobility in critical border districts, ultimately informing surveillance systems to prevent a future pandemic. Starting with a sparsely populated map of the chiefdom, IOM gradually filled in areas of congregation, such as places of worship, markets, and schools, as well as pathways where cars can travel and foot paths.



IOM Netherlands visits Sierra Leone to begin Connecting Diaspora for Development (CD4D) project

From June 27 through July 1 2016, Mr. Zia Gulam, a representative from IOM Netherlands, visited the Freetown office and met with top government officials on the new Connecting Diaspora for Development (CD4D) program. CD4D seeks to contribute to the development and reconstruction of six target countries (including Sierra Leone) by engaging their diaspora in the Netherlands and other European Union countries through the transfer of knowledge and skills, as well as connecting local institutions with their counterparts in the Netherlands to generate sustainable exchanges of knowledge and experience.

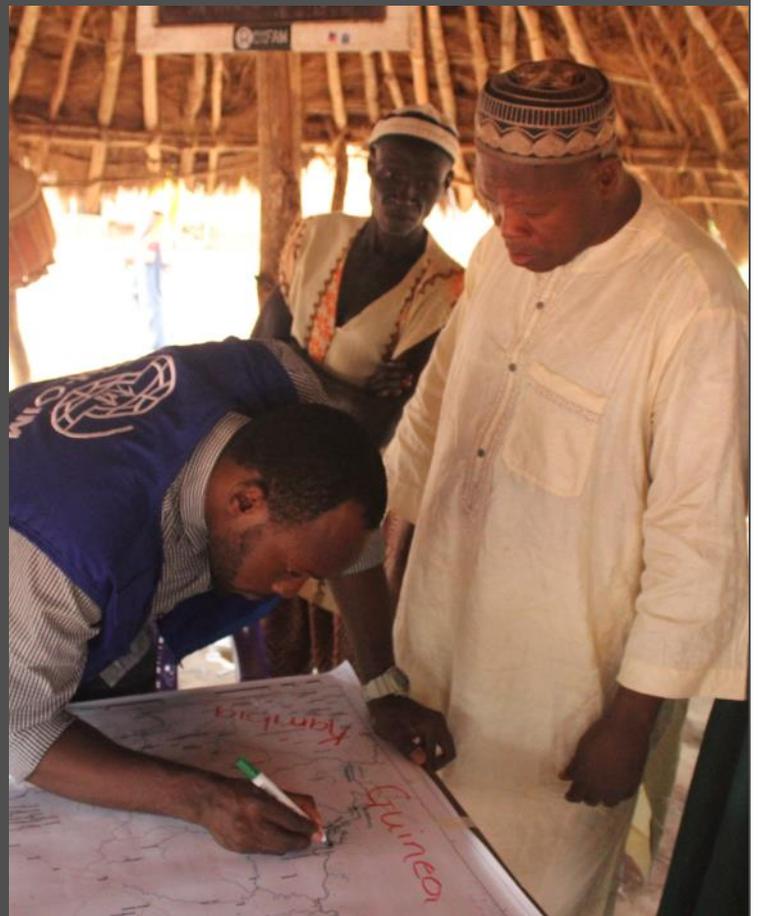
Mr. Gulam met with IOM Sierra Leone Head of Office Mr. Sanusi Savage, and attended meetings with the Vice President of Sierra Leone, as well as the Minister of Health, Minister of Agriculture, Deputy Minister of Political and Public Affairs, and senior staff from the Ministry of Education and Office of Diaspora Affairs. Through these meetings IOM sought to introduce the project, gain the Ministries' commitment, and involve key government officials in project implementation. The Vice President particularly noted the importance of involving diaspora in Sierra Leone's development, and all Ministers demonstrated commitment to the project. Next steps will include identification of agricultural, educational, and health institutions that would benefit from this project, and needs assessments in these three sectors.

In addition to meetings with government officials, Mr. Gulam and Mr. Mangeh Sesay from IOM Sierra Leone also worked with the Institute of Advanced Management and Technology in Freetown to connect local entrepreneurs with financing through an online project. IOM was able to talk with local entrepreneurs one on one, and participated in an experts meeting on financing for small to medium enterprises.

Dr. Desmond's Story

Dr. Desmond wanted to be a pilot when he was young. But when it became difficult to find affordable pilot training, he decided to go with his second choice: medical school. For Dr. Desmond, this choice was the right one, because it allows him to be present in the community, volunteering at key times such as serving on night duty at the National Stadium during the devastating floods last September, as well as having brought him to IOM.

Born in a village outside of Bo, Dr. Desmond's studies took him to Cuba for medical school, and brought him back to Sierra Leone just a few years before the Ebola outbreak. Currently a National Project Officer at IOM working on the Japanese Government funded health systems strengthening project in border chiefdoms, Dr. Desmond has been with IOM since 2014. He served as a clinical trainer at IOM's Training Academy, responsible for training both national and international staff on infection, prevention and control (IPC). Prior to his role with IOM and during the start of the EVD epidemic, he worked in an Ebola Treatment Center (ETC) at Kenema District Hospital under the tutelage of the late Dr. Sheik Humarr Khan. For Dr. Desmond, health is an essential aspect of IOM's mandate. "During the movement of people, health is also important," he emphasizes. "So IOM not only focuses on the movement of people, but also the health of people."



Dr. Desmond works with a local paramount chief to map mobility patterns in Bombali
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