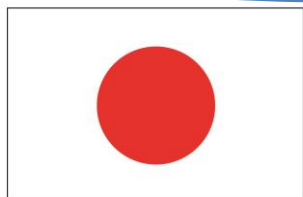


# Government of Japan

## IMPROVED ACCESS TO EBOLA VIRUS DISEASE PREVENTION AND REDUCED RISKS OF TRANSMISSION AMONG MIGRANTS AND BORDER COMMUNITIES IN GUINEA AND SELECTED NEIGHBORING COUNTRIES



From  
the people of Japan



International Organization for Migration (IOM)

# Final Report

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**Implementing Missions:**

*Guinea ( Managing Mission)*  
*Mali*  
*Senegal*  
*Cote d'Ivoire*

**Project Period:**

30 March 2015 – 29 March 2016

**Funds :** 1,500,000 USD

**Executing Organization :** International Organization for Migration (IOM)

*July 2016*



International Organization for Migration (IOM)

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## ACRONYM

1. **CEBS:** Community Event- Based Surveillance
2. **HSP:** Health Screening Points
3. **CDC:** Centre for Disease Control and Prevention
4. **PoE:** Point of Entry
5. **EEHS:** Ebola Entry and Exit Health Screening
6. **WHO:** World Health Organization
7. **FMP:** Flow Monitoring Point
8. **HBMM:** Health Border and Mobility Management
9. **CAs:** Community Agents
10. **SOP:** Standard Operating Procedures
11. **ToT:** Training of Trainers
12. **IEC:** Information, Education and Communication
13. **INHP:** National Institute of Public Health
14. **PPE:** Personal Protective Equipment
15. **CHWs:** Community Health Workers
16. **CNAM:** National Support Centre against Illness
17. **IMC:** International Medical Corps
18. **EOC:** Emergency Operation Centre

## PROJECT DATA TABLE

<b>Executing Organization:</b>	<b>International Organization for Migration (IOM)</b>
<b>Project Identification and Contract Numbers:</b>	IOM Project Code: MP.0224 Contract number: NV/IOM/058
<b>Project Management Site and Relevant Regional Office:</b>	Management Site: Conakry, CO, GUINEA Regional Office: Dakar, RO, SENEGAL
<b>Project Period:</b>	30 March 2015 – 29 March 2016
<b>Geographical Coverage:</b>	Guinea, Mali, Senegal and Cote d'Ivoire
<b>Project Beneficiaries:</b>	Communal / Sub Prefectural / Prefectural / Regional Health authorities in Guinea, Mali, Senegal and Cote d'Ivoire
<b>Project Partner(s):</b>	<p>Guinea: Ministry of Health, National Ebola Coordination, U.S. Office of Foreign Disaster Assistance (OFDA), Centre for Disease Control and Prevention (CDC), World Health Organization (WHO), International Medical Corps (IMC), Research triangle institute (RTI), Premieres Urgences (PU)</p> <p>Mali: Ministry of Health and Public Hygiene, Direction Nationale de la Santé (DNS), WHO, District/Regional Authorities, Centre Opérationnel d'Urgence (C.O.U), IMC, Local NGO SOUTOURA</p> <p>Senegal: Ministry of Health and Social Action, Local Health and Administrative authorities in the Kedougou and Kolda region, Red Cross, WHO, NGO Centre des Opérations et Urgences Sanitaires</p> <p>Cote d'Ivoire: Ministry of Health, Ministry of Foreign Affairs, National Institute of Public Hygiene, WHO, OCHA, Mano River Union, NGO AWECO</p>
<b>Reporting Period:</b>	30 March 2015 – 29 March 2016
<b>Date of Submission:</b>	29 June 2016
<b>Total Confirmed Funding:</b>	1,500,000 USD
<b>Total Funds Received to Date:</b>	1,500,000 USD
<b>Total Expenditures:</b>	1,500,000 USD

## 1. SUMMARY OF KEY ACHIEVEMENTS DURING THE REPORTING PERIOD

Since the beginning of the Ebola outbreak, IOM has focused on the following programmatic areas: supporting affected populations and governments in reinforcing coordination structures at prefecture level, a wide variety of activities aimed at reinforcing primary health systems in border areas, increasing capacities at points of entry, mapping mobility in vulnerable areas, and supporting communities in surveillance of new cases.

With funding from the Government of Japan, the International Organization for Migration (IOM) has supported national authorities in Guinea, Mali, Senegal and Cote d'Ivoire in their implementation of collaborative emergency response and preparedness programming related to the Ebola virus disease (EVD) in the region.

This regional project was managed by a Japanese humanitarian project manager based in the IOM Country Office in Conakry, Guinea, and consisted of two major programmatic components:

1. Mobilizing of communities living across selected borders on self-protection to identify symptoms and suspected cases of Ebola and;
2. Strengthening of Ebola Entry and Exit Health Screening (EEHS) at major points of entry (PoEs) along land and maritime borders.

During the project implementation period, IOM achieved the objectives of the project in all four countries as outlined below.

### 1.1. Guinea

Over the course of the Ebola Virus Disease (EVD) outbreak which began in December 2013, over 3,811 people were infected by EVD in Guinea. As of March 30<sup>th</sup> 2016, a total of 2,543 deaths had been confirmed. The World Health Organization (WHO) in Guinea declared the end of epidemic on December 29<sup>th</sup> 2015. However, five new cases were found in N'Zérékoré on March 17<sup>th</sup> 2016.



*HSP material distribution in Forécariah*

IOM assisted the national EVD response coordination body and health and maritime border authorities at the national and prefectural levels in order to reach zero cases and stay there. IOM implemented two main

activities (1) Health Screening Points in border areas (especially maritime PoEs), and (2) Community Event- Based Surveillance in three prefectures.

IOM was one of the key technical and logistical partners for the Guinean government in establishing Health Screening Points (HSP) at important points of entry across Guinea. Specifically, funding from the Japanese government went to support the establishment of 25 HSPs with local health authorities at 16 sea landing sites in five prefectures and the capital city of Conakry. This represented a substantial increase in scale from the six HSPs originally planned in the proposal, indicating both the degree of need for these points and IOM's strength in setting them up. In order to set up the HSPs, IOM, in cooperation with CDC, trained 242 local health and security authorities, port association members, and volunteers; IOM also donated necessary health materials such as tents, separation corridors, thermoflashes, tables, chairs, soap, chlorine, handwashing stations and other related materials. Between September of 2015 and March of 2016, IOM completed the proposed two main activities in its work plan, including additional support and regular monitoring in the field.

In Guinea, population movement goes more frequently through informal points of entry than formal points of entry, meaning there needs to be a complementary strategy that engages communities in supporting health surveillance in areas of high human mobility. This was done through Community Event-Based Surveillance, a large initiative to ensure an exhaustive system of local health surveillance throughout the country. The government and key partners (including IOM) worked together to establish a roadmap for



*HSP at PoE in Dubréka*

rolling out CEBS, including a minimum package of activities and materials, and coordination with partners who were supporting CEBS implementation in order to avoid duplication. IOM was not only a key player in the surveillance partners group, but also a major partner for supporting CEBS in 11 border areas across Guinea, including six areas with maritime borders. Support from the Japanese Government allowed IOM to support CEBS implementation in four of those six maritime border areas, including Conakry. This support resulted in identifying, training, and equipping 519 community agents (CAs) and 52 supervisors in critical areas across maritime Guinea.

## **1.2. Mali**

Although Mali only saw eight cases of Ebola in 2014 and none in 2015, it remains vulnerable to transmission due to its weak health system and its long, porous border with Guinea. Through this project, IOM supported the Malian Ministry of Health and Public Hygiene in order to strengthen the monitoring mechanisms at the main border points between Guinea and Mali. IOM implemented the Health Border and Mobility Management (HBMM) activities

at border HSPs, deployed Flow Monitoring Point (FMP) staff to collect information on travelers at HSPs, and provided hygiene kits that included items such as soaps, bleach, hand sanitizers, towels and plastic gloves. IOM also supported community mobilization around Ebola prevention, early detection, and response in communities along the Mali-Guinea border. IOM reached its objective by engaging residents of 25 communities around the 5 selected PoEs in Kangaba district (Banankoro and Djoulafoundou) and in Yanfolila districts (Fingouana, Kabaya and Yanfolila) with Ebola prevention activities. OM staff also facilitated 2 training of trainers (ToT) for law enforcement officers (police, national guards, customs officers, administration officers) and community health workers in the district of Kangaba and Yanfolila in Southwestern Mali, near the Guinean border, and distributed health screening and hygiene supplies (Annex 9 and 10).

### **1.3. Senegal**

Senegal has so far had only one case since the beginning of the Ebola outbreak; however, like other countries in the region, it remains vulnerable due to high human mobility along its borders and weaknesses in its health system. In order to reduce Senegal's vulnerability to Ebola transmission, IOM and its partners supported the Ministry of Health to reduce the risk of Ebola transmission in the vulnerable regions of Kédougou and Kolda, along Senegal's southern border with Guinea and Guinea Bissau. In these regions, two strategic interventions were implemented, (1) awareness-raising and mobilization of communities living in the border areas of Kedougou and Kolda, and (2) strengthening detection procedures and infection control related to EVD at different points of entry along the border of the above regions. Support from the Japanese government allowed IOM to carry out the HSPs training of 45 agents (20 community health agents, 10 traditional healers, and 15 community leaders), the donation of medical and hand-washing equipments, and the development and adaptation of information, education, communication (IEC) materials. IOM organized 240 community chatting, 48 radio programs, 8 social mobilization sessions and 288 home visits; IOM also supported the motivation of community intermediaries, provided supervision at PoEs, and elaborated activity reports for regional medical authorities and local health authorities. The project also supported the implementation of EVD prevention plans in 6 districts of the Kedougou and Kolda regions, developed standard operating procedures (SOPs); trained trainers on the SOPs; donated hygiene materials for nine targeted points of entry; supported local authorities in conducting simulation exercises, supervision activities, and coordination meetings; and supported cross-border communication.

Overall, the project enabled IOM to strengthen the surveillance system at eight points of entry in the Kedougou and Kolda regions. This critical support helped to prevent the spread of the disease by reinforcing the epidemic preparedness.

### **1.4. Cote d'Ivoire**

In Cote d'Ivoire, IOM worked with the Ministry of Health and National Institute of Public Health (INHP), which is in charge of epidemiological response against EVD, and administrative and security authorities to achieve the project objectives and to provide continuing support to the government in preventing the EVD. At the first stage of the project, IOM conducted two assessment missions to (1) identify needs of technical and



material support, (2) determine the necessity of community mobilization and sensitization for EVD prevention sensibilisation, (3) reinforce the detection of contacts of potential cases and (4) surveillance at borders in the context of the EVD outbreak at the Guinea and Liberia border. Twelve departments (Minignan, Odiene, Touba, Ouaninou, Sipilou, Danane, Zouan, Hounien, Toulepleu, Blolequin, Tai, Tabou) were identified and six border posts and seven border villages were selected to ensure project's impact. The six border points included three posts (Gbeuntua, Pekan and Tai) bordering Liberia and three others (Minignan, Booko and Gbapleu) bordering Guinea; there were also four villages (Danipleu, Zoutouo dara, Bazobli and Soublake) bordering Liberia included in the program.

In these selected border posts and villages, the following activities were carried out: (1) awareness-raising training for security agents, health agents, and community volunteers; and (2) the provision of personal protective equipment (PPE) and PPE material, (3) construction of three HSPs at the border. Seven HSP trainings were organized for security agents, health agents, epidemiological data collection agents and 272 community volunteers. Trainings were designed and implemented by INHP and Departmental Directions of Health of Danane, Touba, Odiene, Tai, and Tabou with support of the IOM. In agreement with INHP, three border HSPs were identified in which government agents (police, gendarmes, customs officials, and forestry and health agents) would facilitate border health surveillance. Two training sessions for epidemiological data collection agents were organized in Danane and Touba for 30 agents, and 10 agents were posted in three designated health facilities (Gbeuntua, Gbapleu and Ouaninou). Hygiene kits, data collection equipment and basic protection were donated to administrative and health authorities to support their health screening activities.

## 2. PROGRESS MADE TOWARDS REALIZING OUTCOMES AND OUTPUTS

### 2.1. Guinea

#### *Health Screening Points (HSPs)*

In the first stage of project, IOM carried out missions in Forecariah, Dubreka, Boffa, and Boke prefectures with local health and administrative authorities to identify maritime points of entry (PoE) where IOM could set up HSPs. After these assessment missions, IOM identified nine PoEs (4 in Forecariah, 1 in Dubreka, 1 in Boffa, 3 in Boke) in the four prefectures. In Conakry, IOM identified seven PoEs with the *Prefecture Maritime* and CDC, six of which were selected as points of intervention by the national coordination. In total, IOM established 25 HSPs at 16 maritime PoEs in the four prefectures and Conakry (Annex 1 and 2). This represented a substantial increase in scale from the originally-planned six HSPs. The interventions included in the original proposal focused on land border prefectures around Ebola hotspots. However, in light of changes to transmission patterns from land border prefectures in the east of the country to coastal prefectures in the west of the country, IOM changed the targeted areas of intervention to align with the new transmission patterns and the priorities of the government.

In order to set up the HSPs, IOM trained local health and security authorities such as policemen, naval officers, military policemen, and port association members and volunteers



(Annex 3). The trainings were implemented by CDC trainers with IOM staff in the field, using a module that was developed by IOM and CDC. Afterwards, IOM donated necessary materials such as tents, separation corridors, thermoflashes, tables, chairs, soap, chlorine, handwashing stations and other related materials for PoEs and supported local health authorities in setting up HSPs (Annex 4). Stickers with the logo of the Japanese Government were put on all distributed materials; and signs and banners with the logo of the Japanese Government were set up at all HSPs. Between August 2015 and March 2016, IOM implemented regular monitoring in the field to support local authorities' autonomic activities.

### *Supporting prefectural health authorities and Community Event- Based Surveillance (CEBS)*

One of the primary weaknesses of the initial phase of the response was the lack of community involvement in epidemiological surveillance.

At official ceremonies with the National Ebola Coordination and the Japanese Embassy in July 2015, IOM Guinea donated 40 motorbikes to DPS (prefectural health authorities) in the prefectures of Forecariah, Kindia, Coyah, Boffa, Dubreka, Boke, and Fria. The motorbikes allow DPS supervisors to travel to support community health workers (CHWs) in their areas of responsibility, strengthening the foundational level of the Guinean health system as the country worked toward zero EVD cases.

In order to address this question more systematically, the government decided to design and implement (with the help of partners) an exhaustive Community Event-Based Surveillance (CEBS) system. Guinea's version of this system was outlined during a national workshop in Kindia in August of 2015 to develop the *Plan Nationale de Renforcement de Surveillance Sanitaire*, the government's strategic



*Motorbike distribution ceremony with EoJ*

epidemiological surveillance strengthening plan. Three main components of CEBS are (1) social mobilization and communication to change behavior and encourage communities to report certain warning signs of epidemic diseases; (2) training and equipping community agents (CAs) to pass on alerts of these warning signs in their communities; and (3) training and equipping of health actors at the local level (health posts and centers) to effectively transmit and respond to those alerts. An exhaustive approach was chosen, meaning that at least one volunteer CA would be chosen for each sector (most decentralized administrative unit in Guinea – generally a grouping of a few small villages or urban zones). Prefectures could be covered by one or several partners as long they coordinated intervention

approaches and timelines.

With the collaboration of other partners, IOM covered a total of ten prefectures thanks to support from three donors. Thanks to funding by the Japanese government, IOM was able



*HSP monitoring in Boffa*

to support CEBS implementation in four key maritime areas: Boke, Boffa and Dubreka prefectures (Annex 5). In each area, the partner was called upon to support local health authorities in the following activities: organizing micro-planning workshops with local health and administrative authorities, supporting the decentralized selection of community agents, the training of supervisors (who are heads of local health centers and their deputies), training of community agents, and the

purchasing and distribution of essential equipment. In the areas of interventions supported by the Japanese government, IOM supported the identification, training, and equipping of 52 supervisors (21 in Dubreka, 27 in Boffa, and 4 in Boke) and 519 community agents (178 in Dubreka, 254 in Boffa, and 87 in Boke).

Each community agent received the following equipment package: a telephone, SIM card with phone credit, and solar charger to ensure that CAs can transmit alerts; a bicycle, backpack, boots, and raincoat to facilitate movement around the community; and a logbook to record observations and events. Each health center involved in supervision received the following package: a telephone and SIM card with credit to ensure communication with CAs; a computer, internet key with credit, external hard drive, and solar panels to facilitate the digitization of surveillance information; binders and armoires to organize the paper records of surveillance events; and a motorcycle and fuel support to ensure proper field supervision of CAs. When equipped with these supplies, CAs were able to more easily to reach communities to identify and report potential EVD cases, educate community members about the importance of reporting people showing symptoms of EVD to health authorities, and feed critical information into Guinea's fledgling national disease surveillance system. IOM also provided additional technical support by stationing project assistants in each prefecture and field assistants in each sub-prefecture – a total of 519 SHWs and 15 CEBS supervisors in areas supported by financing from the Japanese government.

Both HSPs and CEBS activities served to advance the goal of ongoing Government of Japan-IOM cooperation in terms of minimizing cross-border Ebola transmission, reinforcing border health capacities, and supporting communities in the fight against Ebola and other communicable diseases.

## 2.2. Mali:

### *Supporting community involvement in the fight against EVD transmission*

IOM achieved its target of reaching 25 border communities, mining sites, and hamlets around five PoEs in Yanfolila and Kangaba districts with IPC awareness sessions and community mobilization events, which included the distribution of hygiene kits.



*Sanitary material distribution*

IOM carried out two rounds of four trainings on standard operating procedures (SOPs) on IPC and EVD case identification and referral in Kangaba and in Yanfolila. Two sessions were held in June 2015 by the local NGO Soutoura, a partner of IOM, and two sessions were led by IOM staff in December 2015); in total, 108 community mobilizers (49 CHWs, 44 community leaders, and 15 traditional healers) were trained. From April 2015 to February 2016, IOM provided CHWs with motorcycles, personal protection equipment (PPE) and hygiene supplies (which included 190 cartons of chlorine bleach, 180 cartons of soap, 130 hand-washing stations, 120 hygiene kits, 55 towels, 5 cartons of hand sanitizer). These materials all had the logo of the Japanese government and IOM.

In order to conduct awareness activities to mobilize communities to identify and refer EVD cases, 572 outreach sessions were conducted in the district of Kangaba and Yanfolila, in which a total of 8,489 people were reached. During the month of June 2015, the local NGO Soutoura was responsible for social mobilization in 25 locations. During the mobilisations, IOM provided the beneficiaries with T-shirts and hats with the Japanese government and IOM logo. Furthermore, new villages had been sensitized during the training of CHWs in December 2015 (Dalani, Djonfra, Farassababe, Bambadala, Bambala, Gregremako, Madinadjou, Dalagoue, Fingouana, Faraba, Ginso-dankan). Additional villages (Kabaya, Tienkan, Pondaga, Ourou-ourou, Solona, Bougoufiè, Kabaya daga 1, Kabaya daga 2) were reached again through trainings that strengthened their capacities in EVD. From March to September 2015, 15 villages (Banankoro, Djoulafoundou, Samaya, Foroko, Nièouléni Dama, Nièouléni, kabaya, Kabaya daga 1, kabaya daga 2, Chakabougou, Tienkan, Pondaga, Bougoufiè, Solona, Ourou-Ourou) were reached through trainings and community awareness by Soutoura



IOM also sponsored 568 “moral chats” (educative talk) on EVD prevention and detection with village chiefs, traditional healers, religious leaders, and associations of women and youth. A total of 7,489 people attended these events. Four-minute radio messages on EVD



Simulation training at PoE

were broadcasted on a daily basis from the beginning of February 2016 to June 2016 to raise awareness in communities around the project sites. In the district of Kangaba, Baya Radio was the partner, and in Yanfolila, Koussan Radio was the partner; these specific stations were chosen based on their popularity and wide audience in the district.



Project launching Ceremony with the EoJ

#### *EEHS along the Mali-Guinea border*

IOM established EVD-related screening and infection control procedures with district law enforcement authorities at five PoEs in Kangaba and Yanfolila districts, which border

Guinea.

Two ToTs were conducted in September 2015 for law enforcement officers and health check point personnel (customs officers, gendarmes, water and forest officers, and prison officers). In Yanfolila: five gendarmes, six national guards, four custom officers, 10 water and forest officers, five officers of the prison service and nine health agents, four administration officers, two IOM agents, one journalist and one municipality agent. In Kangaba: 11 gendarmes, 11 national guards, four water and forest officers, six custom officers, 37 health agents, and one IOM agent. A total of 117 people participated in the ToTs. Before each training, a pre-test and post-test was taken by all participants. IOM worked in collaboration with International Medical Corps (IMC) to conduct a simulation exercise at the end of each training, both in Kangaba and Yanfolila. The simulation exercises were attended by law enforcement officers, health checkpoint personnel, and IOM FMPs. In December 2015, IOM, in collaboration with the Centre National d'Appui contre la Maladie (CNAM), organized two simulation exercises at PoEs in Kangaba and Yanfolila (one at the PoE of Kabaya in Yanfolila, while another took place at the PoE of Banankoro Kangaba). The simulation exercises were conducted by a team of experts (doctors and hygienist) in the EVD response. They followed a potential case through various scenarios and provided guidance and support to the health checkpoint personnel, law enforcement officers, and FMP agents on how to react with a potential case of EVD.

IOM supported the implementation of Emergency Operational Centre (EOC) SoP at health check points by law enforcement officers, health check point personnel and FMPs. Fourteen IOM agents were deployed at five PoEs (two in Banankoro, two in Djoulafoundou, four in Yanfolila, two in Kabaya, and two in Fingouana) seven days a week to ensure travelers' screening and infection control procedures are established and maintained at the PoE. From December 2015 to March 2016, two PoEs (Banankoro and Kabaya) remained operational. The IOM FMPs assisted the health workers in educating travelers, encouraging hand-washing, and carrying out data collection.



*Local authority visite with the EoJ*

Throughout the duration of the project, IOM provided PoEs with protection and hygiene supplies such as gloves, soap, bleach, and IEC materials. Overall, 10 hand-washing stations (2 per PoE), 160 cartons of chlorine bleach, 40 cartons of soap, and 5 cartons of hand sanitizers have been provided to the PoE. However, the infrared thermometers were already distributed by the Ministry of Health and Public Hygiene to the health checkpoint personnel.

### 2.3. Senegal

During the project period, IOM worked to strengthen preparedness capacities of countries targeted by the project to respond emergency situations by focusing support on migrants and border communities so that they can access healthcare services. The project implementation mechanism was structured around the communities' involvement in raising awareness of and strengthening the screening and management of migration flows. In order to support community involvement in the fight against EVD transmission, IOM worked with communities and CHWs in areas of high human mobility in the Kédougou and Kolda regions of Senegal.

IOM established nine HSPs at nine PoEs along Senegal's border with Guinea and delivered necessary materials for screening and infection control, such as overalls, gloves, soap, chlorine, and infrared thermometers to be used in screening people crossing the border. During the project period, IOM-supported HSPs in Senegal screened fishermen and boat passengers. To better coordinate screening of travelers, IOM organized two regional and



Training for CHWs

four departmental meetings with Senegal health authorities and during the project period.

IOM trained 20 CHWs, 10 traditional healers, and 15 community leaders in the basics of EVD transmission and prevention. The training provided both theoretical and practical instruction and targeted the security and defense forces (SDF), health professionals and auxiliaries (nurses, chief of posts, hygiene agents, Red Cross members, firefighters and community health agents). The theoretical parts of the training concerned different aspects such as case definition, transmission modes, preventive measures, signs, dissemination and risk factors, what to do if a case is identified (suspect and/or probable), and the advantages of community health screening. The practical training focused on role play, washing hands including a demonstration of the dilution of water with bleach, and exercises ranging from detection to case management. IOM provided hygiene and medical materials (blood pressure controller, glucometer, sharp containers, gloves, garbage bags, hydro-alcohol gel) and WASH equipment to 20 communities through social mobilization activities, including 130 village discussions and house-to-house awareness-raising.

The trainings on standard operating procedures (SOPs) described different steps in case investigation at the PoEs. The main goal of these trainings was to define the system of identification, isolation and notification of cases at points of entry and bordering zones.



*Border health meeting*

To further increase community support for EVD prevention measures, IOM organized 22 radio broadcasts about the role of communities in EVD prevention, which were aired on radio stations that covered Kédougou and Kolda. The development and adaptation of information, education and communication materials (T-shirts, posters, flyers and banners) for behavioral change was also successfully implemented through different sensitization and mobilization activities (talks, home visits, radio programs and social mobilization) and led to increased skills and capacities of targeted populations and adoption of behaviors and attitudes favorable to the response against EVD.



The provision of hygiene kits and medical materials to health structures, services, and communities ensured better infection control. Moreover, in the regions of Kedougou and Kolda, regular supervision and reporting, coordination meetings, and cross-border exchanges contributed to improved coordination and interaction among stakeholders (donors, NGOs, providers, and communities). During project implementation, over 40 CHWs received or led 329 talks, 684 home visits, 71 radio programs and eight social mobilizations in the border areas of Kolda and Kedougou. The project supported five districts (Kedougou, Saraya, Salemata, Kolda, Velingara) and nine health posts bordering Guinea (Moussala, Fongolembi, Dindeferlo, Oubadji, Nepene, Kalifourou, Diallandiang, Selikegne and Coumbacara). IOM organized 26 supervision missions and two workshops on information sharing, developed two contingency plans for Kolda and Kedougou, and trained 30 trainers in each region.

## **2.4. Cote d'Ivoire**

IOM worked with the Ministry of Health and National Institute of Public Health (INHP), which is in charge of the epidemiological response against EVD, and administrative and security authorities to achieve the project objectives and to provide continuing support to the government in preventing the spread of EVD. The border areas with Liberia and Guinea are characterized by significant traditional, commercial and social exchanges between populations on the two sides of the borders. Most of the time, they belong to the same ethnic group and have close relationships. Liberian and Guinean villages along the border with Cote d'Ivoire depend on the producing villages on the Ivorian side. There is mutual dependence as commerce is the main fund source for border villages in Cote d'Ivoire, which are recovering slowly from the post-election crisis, and economic and social vulnerabilities remain high in some communities. As a consequence, cross-border movements continue in spite of the border closures, and therefore sensitization activities of different actors (security agents, health agents, community, traditional healers, transporters and leaders) were considered key elements in the prevention and the response to Ebola virus disease.

Project activities started later in Cote d'Ivoire than in the other countries included in this project, and focused on preparing border communities for the possibility of EVD transmission and reducing the risk of an outbreak. At the first stage of the project, IOM conducted two assessment missions to (1) identify health care needs, (2) determine the necessity of community mobilization and sensitization, (3) reinforce the detection of contacts of potential cases and (4) surveillance at borders in the context of the EVD outbreak at the Guinea and Liberia borders. Eleven departments (Minignan, Odiene, Touba, Ouaninou, Sipilou, Danane, Zouan, Hounien, Toulepleu, Bolequin, Tai and Tabou) were identified for interventions, and six additional border posts and seven border villages were selected to widen the project's impact. The six border points were composed of three posts (Gbeuntua, Pekan and Tai) bordering Liberia, three others (Minignan, Booko and Gbapleu) bordering Guinea.

In order to support community involvement in the fight against EVD transmission, seven educational trainings on health screening and hand-washing at border points were organized for community health agents, traditional healers, community leaders, and transporters in border villages, including Gbapleu, Minignan, Booko, Danipleu, Zoutouo Dara, Bazobli and Soublaké. In total, 272 people from 65 border villages were involved, and

local administrative and health authorities appreciated the initiative and acknowledged the relevance of such activities.

In collaboration with the Ivorian Ministry of Health, IOM reviewed, revised, and rolled out SOPs for health screening at borders. Security forces and health agents at six PoEs were sensitized and trained on the EVD prevention. 64 security force agents (policemen, gendarmes, forestry agents and customs officers) and 43 health agents and 272 community volunteers attended theoretical and practical training on symptoms of the disease, case definition, dissemination factors, health screening at borders, and prevention measures (dilution of chlorine and hand washing were the main topics during the theoretical phase of the training). Trainings were designed and implemented by INHP and departmental Directions of Health of Danane, Touba, Odienné, Tai and Tabou with support of IOM by using INHP's training module. Trained community volunteers were followed throughout the project and their field awareness-raising activities reached more than 32,588 people, including 17,142 men, 14,449 women, and 997 children. There were also 49 religious women who were trained on the Ebola virus disease prevention. Hygiene equipment was provided to administrative, health and military authorities in the departments of Danane, Minignan, Tai, Toba, Toulepleu and Tabou by IOM to facilitate their. Then, these authorities distributed the materials to health, security and administrative agents. As personal protective equipment (PPE) kits and basic health materials (gloves, bibs, buckets, bleach, etc.) were not sufficient for the local health authorities, PPE were also provided.

In agreement with INHP, three border HSPs were identified to facilitate health surveillance at the border by government agents (police, gendarmerie, customs officials, forestry and health agents). Two training sessions for epidemiological data collection agents were organized in Danane and Touba for 30 agents and 10 agents were posted in each health facility (Gbeunta, Gbapleu and Ouaninou). Health equipment, data collection equipment, rolling materials, and basic protection and hygiene kits were donated to administrative and health authorities to support their health screening activities. The general infrastructure in terms of health facilities as well as border management was totally inadequate and there was no access to water and electricity. The PoEs of Gbapleu, Gbeunta and Ouaninou benefited from the creation of health screening infrastructure. Specifically, IOM constructed three HSPs at the borders, serving to improve the work and living conditions for agents, travelers and neighboring communities.

Finally, there was a particular emphasis on awareness-raising through media. Four community radio stations were identified to cover sensitization activities as well as programs to explain prevention methods like hand washing and avoiding contact with dead animals. The initiative was highly appreciated by health authorities because it enabled them to remind the population of the dangers of EVD. In order to facilitate epidemiological data collection, two training sessions on data collection were organized in two departments (Danane and Touba). Thirty identified health agents took part in the data collection with tablets at the border.



Constructed HSP by IOM at the border (Guinea - Cote d'Ivoire)

### 3. CHALLENGES ENCOUNTERED AND ACTIONS TAKEN

<i>Challenges in Guinea</i>	<i>Actions Taken in Guinea</i>
<b>EVD transmission patterns changed between the proposal submission for this project and the start of implementation, requiring IOM to not only focus on different geographic areas but also to cover more PoEs.</b>	In collaboration with Guinea's national EVD response coordination body, the Guinean Ministry of Health, WHO, and CDC, IOM Guinea staff identified 25 locations for HSPs at ports and river docks in coastal Guinea. IOM- run HSPs are now up and running at all 25 locations.
<b>Transmission in maritime areas and at smaller ports has been a particular challenge, considering logistical challenges, distances between points of entry and primary health facilities and the number of travelers in these areas.</b>	IOM set up sub-offices in Dubréka, Boffa, Boke and Forecariah in order to minimize logistical challenges and improve communication with local health and administrative authorities.
<i>Challenges in Mali</i>	<i>Actions Taken in Mali</i>
<b>Periodic rotation of law enforcement agents.</b>	Extended ToT to a reasonable number of people and ensured good rotation of

	trained personnel at PoEs to replicate training to their colleagues.
<b>Bad road conditions during the rainy season resulting to inaccessibility to some communities.</b>	IOM implemented lots of activities before the rainy season to avoid the delay of activities.
<b><i>Challenges in Senegal</i></b>	<b><i>Actions Taken in Senegal</i></b>
<b>Multiple partners for the same objective of Ebola response in the same area</b>	Created the framework coordinating and harmonizing actions for more efficiency on the ground in order to avoid duplication
<b>At the beginning stage of the project, health authorities were unavailable to participate in some planned EVD detection simulations.</b>	IOM Senegal shifted its focus during the beginning stage to sensitization and mobilization of communities along the Senegal- Guinea border, and actively involved health authorities in the planning of these activities.
<b><i>Challenges in Cote d'Ivoire</i></b>	<b><i>Actions Taken in Cote d'Ivoire</i></b>
<b>Border closure, insecurity at the Cote d'Ivoire and Liberia border</b>	IOM activities were implemented only daytime and avoided movements early in the morning and after 18h00 in border areas.
<b>The health workers who collect epidemiological data from travelers at the three main land entry points with Liberia (Gbeunta to Danane) and Guinea (Gbapleu to Danane and Touba Ouaninou) were trained during the first half of project period. However, the temporary closure of Cote d'Ivoire's borders with Liberia and Guinea prevented the realization of the collection of health screening and travelers' data.</b>	IOM postponed activities affected by the closure of the borders and focused on unaffected community sensitization activities. Registration of travelers and collection of their data resumed during the second half of project implementation period.
<b>Some activities involving local government officials had to be suspended or postponed during the electoral campaign period during the summer and fall of 2015.</b>	Postponed and suspended certain activities until after the October 25, 2015 elections in Cote d'Ivoire.

## 4. CONCLUSIONS

### *Accomplishments during the reporting period*

In response to changing EVD transmission patterns in Guinea, IOM shifted the location of its planned activities from inland border prefectures to prefectures with maritime borders and river docks. Instead of establishing six HSPs, as planned at the proposal stage, IOM Guinea established 25 HSPs. IOM Guinea also focused on engaging communities around the HSPs in surveillance and prevention. To do this, IOM Guinea distributed urgently-needed equipment and materials to local maritime authorities, port association members, and volunteers engaged in EVD detection and prevention and worked with fishermen and boat passengers. In collaboration with the CDC, IOM Guinea also trained health workers to carry out EVD screening of travelers at six ports in Conakry. These activities continued until the end of the project period, and all were being coordinated with Guinean health authorities, the national coordination body for the EVD response, law enforcement, WHO, and CDC. IOM Guinea donated 40 motorbikes to seven district health authorities in the same areas to support community surveillance activities, and trainings for community health workers (CHWs). IOM Guinea worked with local health authorities to organize micro-planning workshops, supervisor trainings, and the identification and training of 519 community agents. IOM donated necessary health materials to Health Center supervisors and community agents.

IOM Senegal is an essential partner of the Senegalese Ministry of Health in the prevention of EVD in the vulnerable regions of Kédougou and Kolda, along Senegal's border with Guinea. IOM successfully established nine HSPs during the reporting period, and had been supplying them with all of the materials they need to continue screening travelers at PoEs in the target regions. IOM enabled the training of 45 agents (20 community health agents, 10 traditional healers, and 15 community leaders), donated medical and WASH equipment, and developed and adapted IEC/CCC materials. IOM organized 240 talks, 48 radio programs, eight social mobilization sessions, and 288 home visits; IOM supported the motivation of community intermediaries, provided support to supervision at PoEs and helped to develop activity reports of medical regions and health districts. The project also supported the implementation of contingency plans in six districts of the Kedougou and Kolda regions, donated hygiene materials for nine targeted points of entry, trained trainers on SOP, supported local authorities in conducting simulation exercises, accompanied local health authorities in supervision visits and coordination meetings, and supported cross border communication.

In Mali, IOM supported the Malian Ministry of Health and Public Hygiene in order to strengthen the monitoring mechanisms at the main border points between Guinea and Mali. IOM implemented the Health Border and Mobility Management (HBMM) activities at border HSPs, deployed Flow Monitoring Point (FMP) staff to collect information on travelers at HSPs and provided hygiene kits. IOM also carried out community mobilization around Ebola prevention, early detection, and response in communities along the Mali-Guinea border. IOM also reached its objective of addressing the EVD outbreak by targeting residents of 25 communities around the five selected intervention areas. IOM staff also facilitated two EEHS training of trainers (ToT) workshops for law enforcement and community health workers in the district of Kangaba and Yanfolila in Southwestern Mali,

near the Guinean border, and distributed health screening and hygiene supplies.

IOM Cote d'Ivoire worked with the Ministry of Health and National Institute of Public Health (INHP) and security authorities to achieve the project objectives and to provide continuing support to the government in preventing the EVD. IOM Cote d'Ivoire implemented the project activity in 11 departments, six border posts and seven border villages. Seven sensitization trainings were organized for community volunteers and workshops were organized for security agents, health agents, epidemiological data collection agents, and 272 community volunteers. In agreement with INHP, three border HSPs were constructed to facilitate health surveillance at the border by the government agents. Two training sessions for epidemiological data collection agents were organized in Danane and Touba for 30 agents, and 10 agents were posted for in each HSPs. Health equipment, data collection equipment, protection hygiene kits were donated to administrative and health authorities to support their health screening activities.

### *Challenges and lessons learned*

Delayed start-up was the most significant challenge in all four countries. However, by August, IOM had hired a Japanese professional staff as project manager for this project and completed all activities which were proposed to the Japanese Government.

External challenges included the poor condition of roads during rainy season at the border areas in Mali, Cote d'Ivoire and Guinea, and the presidential elections in Cote d'Ivoire. Both delayed the implementation of some activities and prompted IOM to adjust its workplan in order to move delayed activities to later in the project life cycle.

In Guinea, changing EVD transmission patterns required IOM to shift its geographic focus to newly- affected areas along the coast, and to substantially increase the number of HSPs it would implement –from the initially planned six to 25.

The biggest takeaway from these challenges is the need for flexible, iterative design. IOM's ability to adapt to both epidemiologic changes as well as fluid events in all four countries has allowed it to overcome challenges and implement activities successfully.



## 5. EXPENDITURES AND RESOURCE UTILIZATION



IOM International Organization for Migration  
OIM Organisation Internationale pour les Migrations  
OIM Organización Internacional para las Migraciones

### HUMANITARIAN ASSISTANCE FOR AFRICAN COUNTRIES: IMPROVED ACCESS TO EBOLA VIRUS DISEASE PREVENTION AND REDUCED RISKS OF TRANSMISSION AMONG MIGRANTS AND BORDER COMMUNITIES IN GUINEA AND SELECTED NEIGHBORING COUNTRIES

#### FINAL FINANCIAL REPORT

for the period from 30 March 2015 to 29 March 2016

	USD	
<b><u>CONTRIBUTIONS</u></b>		
Government of Japan - March 2015		1,500,000
<b><u>Total resources</u></b>		<b><u>1,500,000</u></b>
<b><u>EXPENSES</u></b>	<b><u>Budget</u></b>	
Staff costs	314,344	319,640
Office costs	145,990	151,902
Operational costs	941,555	930,327
IOM overhead (7%)	98,131	98,131
<b><u>Total expenses</u></b>	<b><u>1,500,000</u></b>	<b><u>1,500,000</u></b>
Balance at 29 March 2016		USD -

As the responsible Project Manager, I certify that the financial and narrative reports are correctly stated in accordance with IOM internal rules and procedures.



Kabla Amihere  
Chief of Mission, IOM Guinea  
13 July 2016

Project ID: MP-0024  
EAO No.: EPP16.012



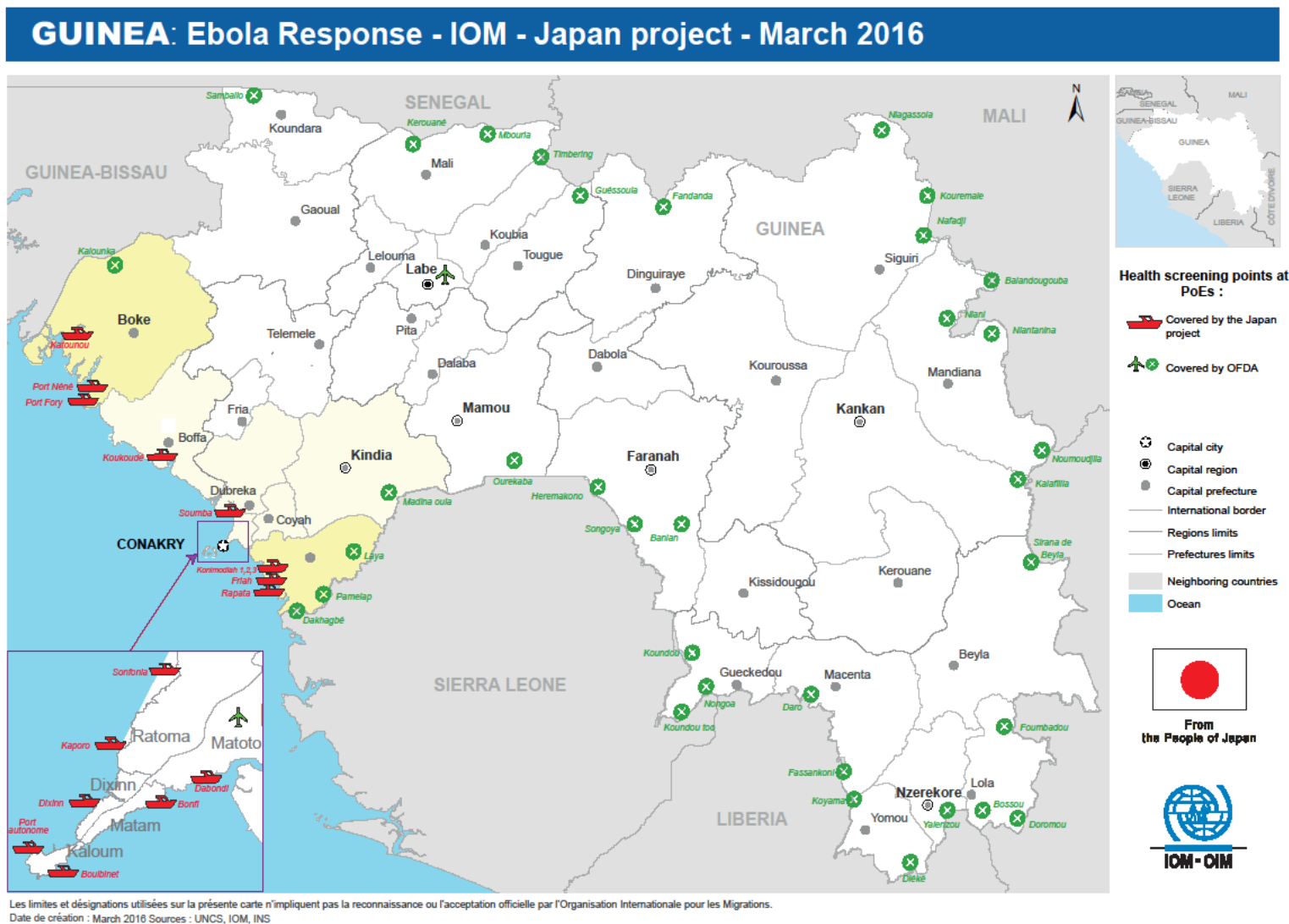
## 6. ANNEXES

### 6.1. Annex 1: Guinea, List of Health Screening Points at PoEs

#### List of Health Screening Points at PoEs in Guinea

	Prefecture	Sub Prefecture	PoE	Number of Sanitary Control	
1	Conakry	Dixinn	Dixinn	1	
2		Matam	Bonfi	1	
3		Ratoma	Sonfonia	1	
4		Kaloum	Autonome	1	
5		Kaloum	Boulbinet	1	
6		Matoto	Dabondy	1	
7		Ratoma	Kapolo	1	
8		Benty	Benti	2	
9		Forékariah	Kabak	Konimodiah	3
10				Friah	1
11				Rapata	4
12	Dubréka	Commune Urbante	Soumba	1	
13	Boffa	Douprou	Koukoudé	4	
14	Boké	Kamsar	Fory	1	
15			Néné Innocent	1	
16		Kolaboui	Katounou	1	
Total			16	25	

## 6.2. Annex 2: Guinea, Map of Helth Screening Points



### 6.3. Annex 3: Guinea, Number of participants for Health Screening Point trainings

Activity 2.2: Reinforce the capacity of border authorities at PoE

Activity 2.3 Training for Border authorities and health representatives at each PoEs

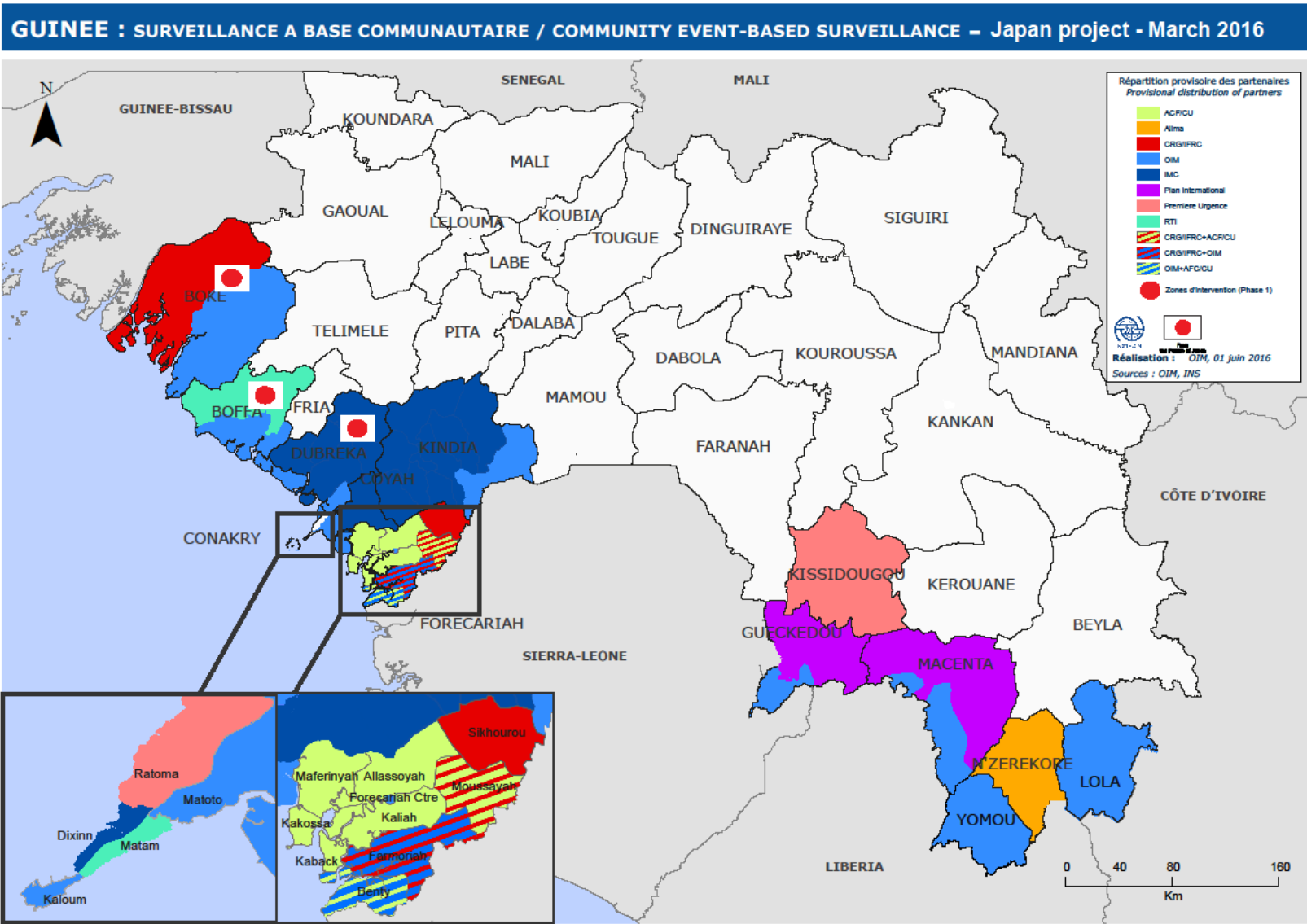
Prefecture	Port	Date	Total	Details			
				Border Authorities	Health Representatives	Male	Female
Conakry	Autonome	05.01.2016	14	1	13	13	1
	Bonfi	30.12.2015	20	11	9	15	5
	Boulbinet	06.01.2016	19	10	10	15	5
	Dabondi	29.12.2015	20	6	14	18	2
	Dixinn	07.01.2016	20	6	14	14	6
	Kaporo	08.01.2016	20	2	18	18	2
	Sonfonia	28.12.2015	20	2	18	13	7
Dubréka	Soumba	27.11.2015	10	5	5	10	0
Boffa	Koukoudé	26.11.2015	30	4	26	25	5
Boké	Katounou	24.11.2015	6	0	6	4	2
	Fory	25.11.2015	9	7	2	8	1
	Néné	25.11.2015	9	4	5	9	0
Forécarria	Rapata	22.12.2015	16	0	16	16	0
	Konimodia	23.12.2015	22	0	22	22	0
	Fria	23.12.2015	7	0	7	7	0
SUB TOT			242	58	185	207	36
<b>TOTA</b>			<b>242</b>				

## 6.4. Annex 4: Guinea, List of donating HSP material

List of Sanitary Materials at PoEs

Prefecture	Sub Prefecture	Classement	PoE	Sanitary Control	Tent	sign Panel	sparation corridor	Register	Table	Chair	Simple bed	Rain Coat	umbrella	Boots	Gants	Terno Flash	Battery for thermo flash	Hand wash station	Soap (box)	Bactigel (box)	Chlore (box)	Lampe	Solor Lampe
Dubreka	Commune Urbaine	Débarcadere	Soumba	1	1	1	2	1	2	8	2	2	0	4	2	2	0	1	2	20	10	2	4
Boffa	Douprout	Port	Koukoudé	4	4	1	8	4	4	16	4	8	0	12	6	8	16	4	4	20	20	4	6
Boké	Kamsar	Port	Fory	1	1	1	6	3	3	12	1	6	0	8	4	3	2	1	5	5	10	3	4
Boké	Kamsar	Port	Néné	1	1	0	6	3	3	12	1	6	0	8	4	3	2	2	5	5	10	3	3
Boké	Boké	Débarcadere	Katounou	2	2	2	3	7	4	16	2	11	0	16	0	4	8	4	15	20	40	4	8
Forekaria	Benty	Port	Benty	2	0	0	0	0	0	0	0	2	0	2	0	2	4	2	2	1	6	0	0
Forekaria	Kabak	Port	Konimodou	3	3	0	3	3	3	6	0	6	0	6	0	6	12	3	6	9	15	3	3
Forekaria	Kabak	Port	Friah	1	1	0	1	1	1	2	0	2	0	2	0	2	4	1	2	3	5	1	1
Forekaria	Kabak	Port	Rapata	4	4	0	4	4	4	8	0	8	0	8	0	8	16	4	8	12	20	4	4
Conakry	commune	Port	Dixinn	1	1	1	2	3	1	2	0	5	3	2	0	3	4	2	1	10	1	1	2
Conakry	commune	Port	Bonfi	1	1	0	0	2	0	0	0	5	2	2	0	4	4	3	1	10	1	1	2
Conakry	commune	Port	Sonfonio	1	1	1	2	3	1	2	0	5	3	2	0	2	4	2	1	10	1	1	2
Conakry	commune	Port	Autonome	1	0	0	2	3	1	2	0	16	6	2	0	2	4	0	2	20	1	1	2
Conakry	commune	Port	Boulbinet	1	1	1	0	3	1	2	0	5	3	2	0	2	4	0	1	10	1	1	2
Conakry	commune	Port	Dabondy	1	1	1	2	3	1	2	0	5	3	2	0	2	4	2	2	10	1	1	2
TOTAL				25	22	9	41	43	29	90	10	92	20	78	16	53	88	31	57	165	142	45	30

## 6.5. Annex 5: Guinea, Map of Community Event-Based Surveillance



## 6.6. Annex 6: Guinea, IOM HP Press Briefing Note



English | **Français** | Español

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### Japan supports IOM's Ebola prevention activities among migrants entering Guinea

Posted: 09/25/15

Themes: Migration Health

With support of the Government of Japan, IOM recently donated materials, such as tents, separation corridors, thermoflashes, tables, chairs, soap, chlorine, handwashing stations and other related materials, for the opening of 26 Ebola screening checkpoints in coastal areas in Guinea. This follows the donation of 40 motorbikes to seven district health authorities in the same areas to support community surveillance activities, and trainings for health workers, volunteers and port authorities.

These activities serve to advance the goal of ongoing Government of Japan-IOM cooperation in terms of minimizing cross-border Ebola transmission within Guinea, Mali, Ivory Coast and Senegal, reinforcing border health capacities and supporting communities in the fight against Ebola and other communicable diseases. Transmission in maritime areas and at smaller ports has been a particular challenge, considering logistical challenges, distances between points of entry and primary health facilities and the number of travelers in these areas.

"Thanks to the generous support from the Government of Japan, IOM has been able to contribute to efforts to enhance Government capacities at points of entry as well as in the prevention of communicable diseases among mobile populations," said Kabla Amihère, IOM Chief of Mission in Guinea. "As the current Ebola epidemic has shown, communicable diseases know no borders, and efforts must be sustained in order to prevent their cross-border transmission," he added.

Over the course of the Ebola Virus Disease (EVD) outbreak in December 2013, over 3,792 people have been infected by EVD in Guinea. As of 30 August 2015, a total of 1,270 confirmed cases have received treatment from the Ebola Treatment Centres (ETC) and 2,529 deaths have been confirmed. Although the number of cases has declined dramatically since the peak of the epidemic, new cases are still reported in Guinea, and much work remains to reach zero cases and reinforcing health systems in order to reduce the risk of future outbreaks. IOM and its partners remain committed to supporting the Government of Guinea in this effort.

Since the beginning of the outbreak, IOM has focused its support to affected populations and the Government in reinforcing coordination structures at sub-national level, a wide variety of activities aimed at reinforcing primary health systems in border



[https://www.iom.int/sites/default/files/press\\_release/pictures/Guinea](https://www.iom.int/sites/default/files/press_release/pictures/Guinea)

From left: Dr Sakoba Keita, National Coordinator for the Fight against Ebola Kabla Amihère, IOM Chief of Mission Mr Toru Yoshikawa, Counselor, Embassy of Japan in Guinea Mr Daiki Tsuboi, Chargé of Economic Assistance, Embassy of Japan in Guinea.

areas, increasing capacities at points of entry, mapping mobility in vulnerable areas and supporting communities in surveillance of new cases.

Going forward, IOM will continue its engagement in the recovery phase, including continued work along borders to reinforce Government and community capacities to detect new cases, reinforcing primary health systems, assisting in the process of socio-economic recovery from the effects of the epidemic and providing specialized assistance to survivors.

For further information, please contact Yohel Komura, Project Manager, Tel.: +224 628 477 416, Email: [ykomura@iom.int](mailto:ykomura@iom.int) /<mailto:ykomura@iom.int>, or Bradley Mellicker, Emergency Coordinator in Guinea, Tel.: +224 628 477 443, Email: [bmellicker@iom.int](mailto:bmellicker@iom.int) /<mailto:bmellicker@iom.int>

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## 6.7. Annex 7: Guinea, IOM Tokyo HP Press Briefing Note (Japanese)

2015年10月27日 ギニア 日本の援助によるエボラ対策[IOM JAPAN]

2015/10/31 12:44

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### ニュース

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## 2015年10月27日 ギニア 日本の援助によるエボラ対策



ギニア エボラ感染防止のため、国境通過者に手洗いを徹底させる IOM 2015

IOMはギニアにおいて、日本政府の援助を受け、エボラ出血熱の流行への対応に当たっている。

IOMは、ギニアの沿岸地域において25カ所のエボラ出血熱のスクリーニング施設を設置し、テント、手洗い台、放射温度計、石鹸、消毒剤、椅子、テーブルなどを提供した。また、同地域の地域保健所7カ所では、コミュニティにおける監視体制のモニタリングのためにバイク40台を提供し、保健医療従事者や港務関係者に対してスクリーニング施設の運営研修も実施した。

沿岸地域、小規模の漁港においては国境を越えた移動者が多く、入国ポイントから保健施設までは距離が離れているという問題から、IOMはギニア、マリ、コートジボワール、セネガル間での国境を越えたエボラ出血熱の感染を最小限に抑えることを目的として、国境地域における保健システムの能力強化、エボラや他の感染症への対策に関するコミュニティ支援を実施している。

「日本の支援のおかげで、入国ポイントにおけるギニア政府の能力強化や、国境間移動による感染拡大の予防に貢献することができています。今般のエボラの流行は、感染症に国境はないことを示しました。国境を越えた感染を防ぐためには継続的な努力が必要です。」と、カブラ・アミエールIOMギニア事務所代表は言う。



ギニア 保健局への機材寄贈のセミナー IOM 2015

2013年12月の流行以来、ギニアでは3,792名以上がエボラに感染した。今年8月30日時点では、1,270名がエボラ治療センターで治療を受け、2,529名の死亡が確認されている。発症件数はピーク時より減っているが、ギニアでは未だに新たなケースが報告されており、感染撲滅を目指し、将来の再発生を防ぐためにはまだすべきことが残っている。IOMは協力団体とともに、引き続きギニア政府をサポートしている。

IOMは流行の初期段階から、感染地域の人々への支援、政府・地方行政に対する調整メカニズムの強化、国境地域におけるプライマリヘルス・システムの強化、入国ポイントにおける保健システムの能力強化、感染影響地域における人口移動のマッピング、新規発症例の調査、コミュニティへの支援に力を入れてきた。

今後、IOMはエボラ復興段階における支援を継続し、国境地域における地域行政やコミュニティに対して伝染病監視体制の能力強化に取り組む予定。

[ページトップへ](#)

## 6.8. Annex 8: Guinea, IOM Tokyo HP Japanese staff activity report (Japanese)

西アフリカにおけるエボラ出血熱対策支援プロジェクト 2015年12月[IOM JAPAN]

2015/12/15 9:27

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## 西アフリカにおけるエボラ出血熱対策支援プロジェクト 2015年12月

2015年12月8日

国際移民機関 (IOM) ギニア事務所 プロジェクトマネージャー  
小村 陽平

私は、西アフリカのギニア、マリ、コートジボワール、セネガルを対象国としたエボラ出血熱対策支援プロジェクトのプロジェクトマネージャーとしてギニアの首都コナクリにあるIOMギニア事務所にて業務に従事しています。

ギニアは大西洋に面し、ギニア・ビサウ、セネガル、コートジボワール、マリ、リベリア、シエラレオネと国境を接しています。ギニアは1958年にフランスから独立し、公用語はフランス語ですが、複数の現地語も話されている国です。内陸部は自然が非常に美しく、ギニア高地はアフリカで3番目に大きなニジェール川の源流となっています。季節は乾季と雨季に分かれており、年間降水量は約4,000mmと非常に雨量の多い国であり（日本の年間降水量は1,200mm）、雨季には毎日のように激しい雨が降ります。ギニアは、ボーキサイト、ダイヤモンド、金という恵まれた主産物があるにもかかわらず、ガバナンス問題があるため経済状況は悪化しており、貧困層が増大している状況にあります。



首都コナクリの島 ©IOM 2015



ギニア内陸部の山 ©IOM 2015

エボラ出血熱の大流行は、2013年12月にギニアで始まり、その後、主にギニア、シエラレオネ、リベリアの3カ国にて多数の死者と感染者をもたらしました。エボラ出血熱はギニアにおいて約3,800名の感染者と2,532名の死者をもたらした（2015年9月20日時点）、ギニア国の経済状況に更なる打撃を与えました。そのような中、各国、各国際機関、NGOはこれらの国におけるエボラ出血熱の感染拡大を防止するため、また、世界的な大流行につながることを防止するため資金援助や現地活動による支援を開始しました。

IOMも、日本やアメリカを中心としたドナーによる活動資金を通じてギニア、シエラレオネ、リベリアにおいてエボラ対策支援活動を開始し、IOMが得意とする人の移動に着目したエボラ流行防止活動を国境や主要幹線道路におけるエントリ・チェックポイントにおいて実施しています。

私は地域プロジェクトマネージャーとして、ギニアを拠点に、ギニアにおけるプロジェクト活動の実施と他の3カ国の活動モニタリングを行っています。各国の活動コンポーネントは同じであり、各国政府のエボラ出血熱対策を支援することを目指し、(1) 国境におけるヘルススクリーニングポイントの設置と運営、(2) コミュニティ監視体制の構築の活動を実施しています。

ヘルスクリーニングポイントの設置 ©IOM 2015  
(右・左写真とも)

ヘルスクリーニングポイントの設置と運営では、最近までエボラの感染例が見られた沿岸地域と首都コナクリにおける港や漁港を対象に、漁港メンバー、警察、憲兵隊などに研修を実施し、海路による国境通過者に対するヘルスチェック（体温検査や手洗い指導）方法の指導を行うとともに、必要機材（体温計、手洗い台、石鹸、塩素など）を供与して、ヘルスクリーニングポイントの設置と運営の活動を実施しています。

コミュニティ監視体制の構築の活動では、沿岸地域のコミュニティを対象地域とし、コミュニティヘルスワーカーと呼ばれるボランティアに対する研修を実施することにより、コミュニティにおけるエボラを含む伝染病監視体制の強化を実施しています。エボラの完全に対処するためには、感染例の早期発見を行わなければ再度の感染拡大につながってしまうため、コミュニティ監視体制の構築はエボラゼロケースを目指すために非常に重要な活動となります。



ヘルスチェックポイントにおけるモニタリングと研修の様子 ©IOM 2015 (右・左写真とも)



2015年12月、ギニアでは最後の感染者が回復し、現在では42日間の観察期間を待っている状況にあり、観察期間が経過するとギニア政府から終息宣言が政府から出されることになります。隣国のリベリアでは9月に終息宣言をしたものの、11月に新規感染者が確認された状況にあり、ギニアにおいても引き続きヘルスクリーニングポイントの運営を継続するとともに、エボラ出血熱の早期発見と啓発活動を実施するためにコミュニティにおける監視体制の構築を行う必要があります。しかし、ギニア政府のエボラ対策予算は縮小しつつあるとともに、エボラ出血熱は既に終わったと楽観的な考え方をしている人々も多いため、エボラが終息しつつある期間においてエボラを含む感染症対策支援を地域コミュニティとともに実施することは容易ではありませんが、エボラの完全な終息を目指して活動を継続していく必要があります。

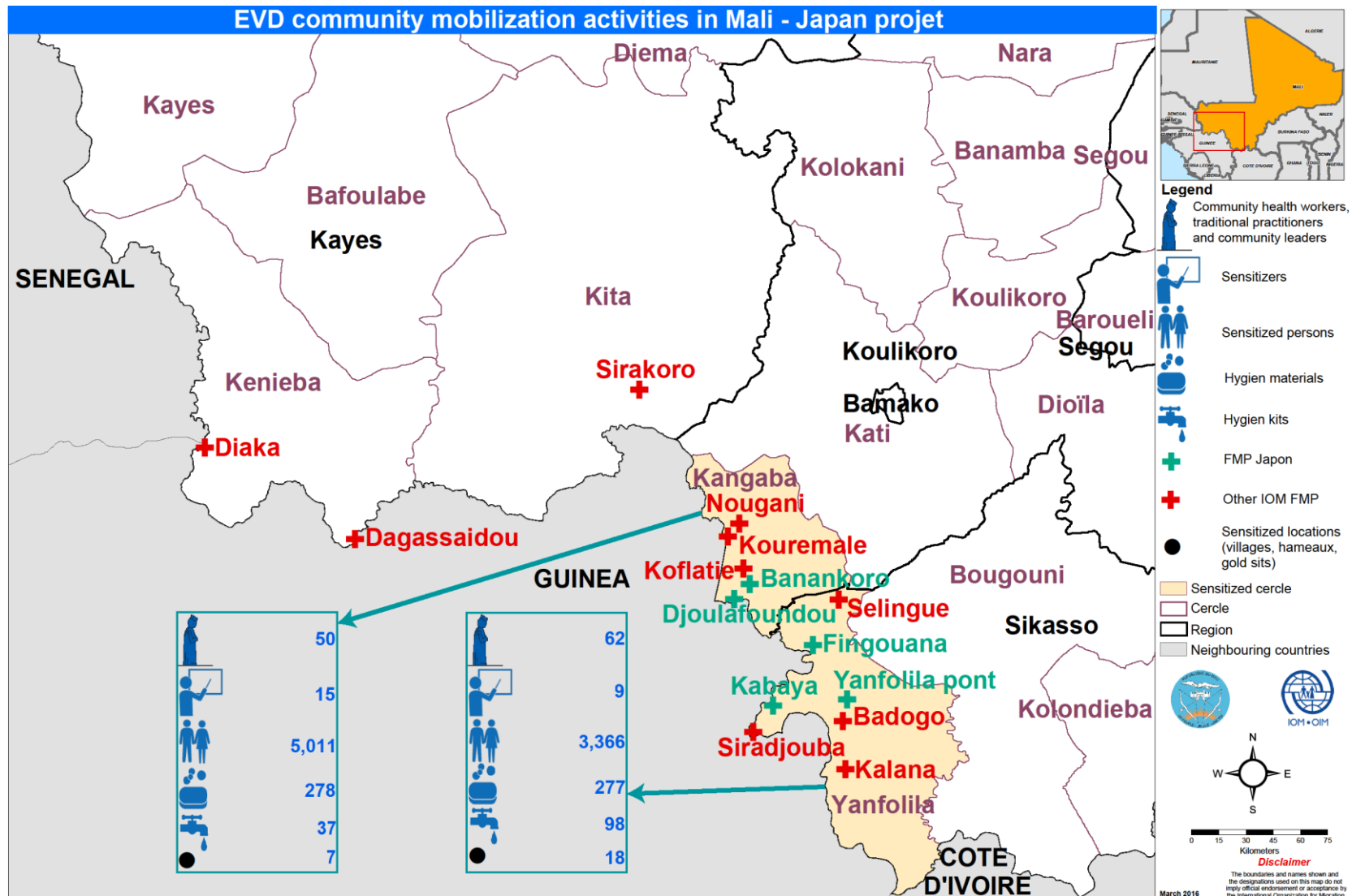


マリにてIOMの同僚たちと（最前列中央が筆者） ©IOM 2015

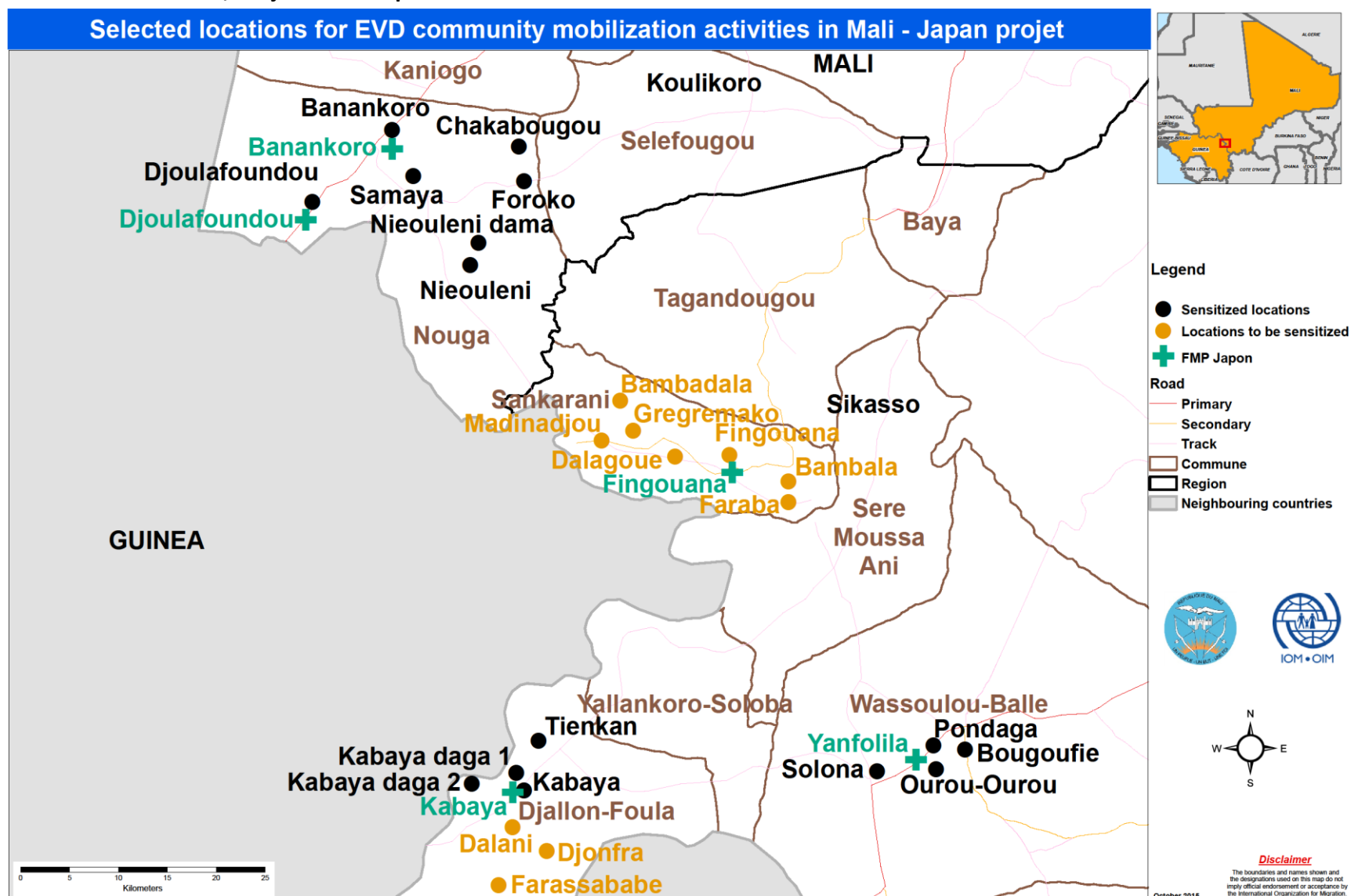
[ページトップへ](#)



## 6.9. Annex 9: Mali, Project Site Map1



# 6.10. Annex 10: Mali, Project Site Map2



## 6.11. Annex 11: Mali, Project Launching Ceremony Report



### Cérémonie de lancement officiel des Projets OIM financés par le Gouvernement du Japon au Mali

#### Déroulement de la cérémonie

La Cérémonie de lancement officiel des Projets OIM financés par le Gouvernement du Japon au Mali s'est déroulée le 19 novembre 2015, à Bamako au sein de l'hôtel Salam Azala.

À cette occasion, plusieurs personnalités ont pris successivement la parole pour célébrer l'événement.

Monsieur Bakary Doumbia, Chef de Mission de l'OIM au Mali a inauguré la cérémonie par son discours d'ouverture et de bienvenue aux invités. Mme Mbaranga Gasarabwe, DSRSG/HC/RC des Nations-Unies au Mali, lui a succédé pour remercier l'engagement du Japon au Mali avant de céder la parole à Son Excellence Monsieur Akira Matsubara, Ambassadeur du Japon au Mali. Ce dernier a tenu à souligner la nécessité pour son pays d'appuyer le Mali et a évoqué les liens d'amitié construits au fil du temps entre les deux pays. Enfin, le Représentant du Gouvernement du Mali, Monsieur Hamadou Konaté, Ministre de la Solidarité, de l'Action Humanitaire et de la Reconstruction du Nord a conclu ces prises de parole officielles par des remerciements adressés au Gouvernement du Japon pour sa contribution au développement du Mali.

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## Projets OIM financés par le Gouvernement japonais au Mali

Avec l'appui du Gouvernement japonais, l'OIM exécute **quatre projets** au Mali qui ont pour objectifs d'améliorer la situation sécuritaire au Nord, soutenir le Gouvernement malien dans sa gestion coordonnée des frontières, prévenir les risques de maladie à potentiel épidémiologique, comme la Maladie à Virus Ebola (MVE) .



Soutenir une gestion coordonnée des frontières entre le Mali, le Niger, la Mauritanie, et le Burkina Faso



Améliorer la capacité collective de gestion des frontières et la protection des communautés frontalières vivant entre le Mali et la Mauritanie



Contribuer à l'accomplissement de solutions durables dans le Nord du Mali

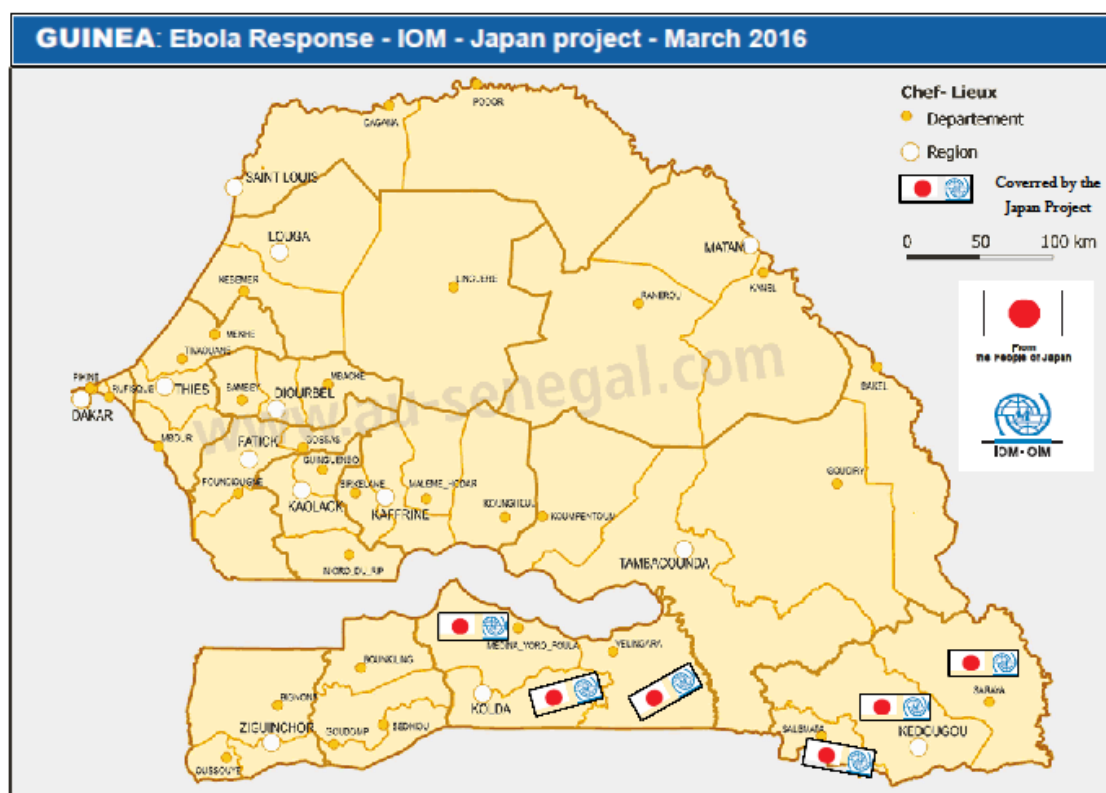


Améliorer la prévention de la Maladie à Virus Ebola au Mali et réduire les risques de transmission chez les migrants et les communautés frontalières de Guinée et des pays voisins





## 6.12. Annex 12: Senegal, Project Site Map



### 6.13. Annex 13: Côte d'Ivoire, Project Site Map



#### 6.14. Annex 14: Activity Photos in four countries

### Project Activity Photos

#### Training at the Health Screening Point in Guinea



#### Training for Community Health Workers in Senegal and Mali



#### Hygiene material and equipment donation in Mali





### Installation of Health Screening Point in Guinea



### Health Screening Point in Guinea



### Monitoring for Health Screening Point in Guinea



## Community mobilisation in Senegal



## Simulation training at the Point of Entry in Mali

