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Emergency Plan of Action (EPoA) Liberia: Ebola virus disease outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation	Operation n° MDRLR001; Glide n° EP-2014-000039-LBR
Date of issue:	10 April 2014
Operation manager (responsible for this EPoA): Mesfin ABAY, IFRC Liberia country office	Point of contact: Precious Dennis, Programme Focal point, Liberia Red Cross Society
Operation start date: 9 April 2014	Expected timeframe: 9 April – 9 July 2014; 3 months
Overall operation budget: CHF 101,388	
Number of people affected: Country population at risk	Number of people to be assisted: At-risk communities in Bong, Lofa Nimba, Margibi and Monstarrado districts
Host National Society presence (n° of volunteers, staff, branches): Liberia Red Cross Society, up to 300 volunteers to be mobilized	
Red Cross Red Crescent Movement partners actively involved in the operation: International Committee of the Red Cross, Canadian Red Cross, Danish Red Cross and Spanish Red Cross	
Other partner organizations actively involved in the operation: Ministry of Health & Social Welfare, WHO, UNICEF, Centre for Disease Control (CDC) and Médecins Sans Frontières (MSF)	

A. Situation analysis

Description of the disaster

Guinea recorded early this year 134 suspected cases of febrile illness and 83 deaths in Forest Guinea Region, with a fatality rate of 69 per cent. The highest concentration of cases and deaths are in the following areas: Guékédou (80 cases/ 54 deaths); Macenta (26 cases/ 14 deaths) and Conakry (15 cases/ 4 deaths).

Faced with this situation, the health authorities in the region of N'Zérékoré, together with the Institute of Public Health, Infectious Diseases University Hospital, World Health Organisation and Médecins Sans Frontières worked together to confirm the nature of this unusual pathology. A total of 36 samples were taken, of which 12 were sent to the Laboratory of Lyon, France for confirmation in mid-March 2014. The results of these samples revealed six positive samples, including three positive for EVD. Of the three cases positive for EVD, one case reached Liberia.

In Liberia, as of 4 April, there are a total of two confirmed cases, 18 suspected cases and 7 deaths (case fatality rate 31%, of these, only one case was confirmed as death as a result of the EVD), with two cases discharged and 46 others under follow up. There are concerns that close contacts of confirmed deaths of EVD have travelled from the affected areas. Current regions with confirmed and/or probable cases are Lofa, Margibi, Bong, Nimba and Montserrado. Isolation centres have been set up in Lofa, Margibi, Bong and Nimba, while the Ministry of Health & Social Welfare are planning to set up a further centre in JFK Hospital in Monrovia (Montserrado region). A specialist from Médecins Sans Frontières was in-country from 2 April for a three-day assessment with the Ministry of Health & Social Welfare, to support case management, conduct training with emphasis on isolation and ensure proper set up of isolation units. Médecins Sans Frontières have sent a 3-4 person team to Monrovia on 7 April to support the set-up of the Isolation Unit at JFK hospital, together with a WASH specialist for training in infection control.

Specialists from Centre for Disease Control and World Health Organisation arrived on 4 April to provide epidemiology support to the Ministry of Health & Social Welfare. Daily task force meetings are being chaired under the Leadership of the Chief Medical Officer. Present challenges are coordination of the response at county level, information campaign not reaching all parts of the communities and number of contact tracing is very limited, and in some counties, non-existent. Planned activities include mobilisation of resources to scale-up epidemiological surveillance and social mobilization activities and psychosocial interventions.

Summary of the current response

Since the alert that suspected cases may have crossed the border, Liberia National Red Cross Society (LNRCS) coordinated its support with the Ministry of Health & Social Welfare and provided 50 cartons of its prepositioned personal protective equipment (PPE) to the government. The National Society also provided 13 cartons of PPE to the international airport upon request. LNRCS county level branches were informed to be part of the coordination meetings organized in their respective counties with the county health teams and partners. On 1 April, the Ministry of Health & Social Welfare formally requested LNRCS to lead on awareness and social mobilization campaigns at the county level due to its large team of volunteers on the ground. A further meeting was held with the Ministry of Health & Social Welfare on 4 April in which assistance was requested for volunteers to support contact tracing and psychosocial support activities.

The National Task Force, of which LNRCS is a member, convenes daily in the Ministry of Health & Social Welfare to share information and coordinate the response. A joint assessment team which included World Health Organisation, the Ministry of Health & Social Welfare and United Nations Mission in Liberia were deployed Lofa county to assess the magnitude of the cases and determine existing capacities and capabilities. The authorities pledged to provide logistical support and assured the counties and partners of its commitment and alleviate health workers' fears. County coordination meetings continues at Margibi, Lofa, Bong, Nimba and Grand Cape Mount with eight national officers including World Health Organisation staff who were deployed to Lofa and Grand Cape Mount counties to support coordination, surveillance and health promotion efforts of the counties. The authorities also plan to:

- Mobilize resources to scale-up surveillance and social mobilization/health promotion activities including schools, religious gatherings, market places and work places
- Continue health professionals training in targeted counties
- Alert major hospitals in Montserrado and counties bordering Guinea to identify isolation units and medical staff
- Urgently procure and supply health facilities with personal protective equipment
- Mobilize resources to support psychosocial and contact tracing and follow-up activities

Overview of Red Cross Red Crescent Movement in-country

To date, LNRCS participates in the daily coordination meetings with other actors in response to epidemics with all other actors' present in-country at the World Health Organisation office. The epidemiological situation is monitored closely and shared with partners including IFRC and ICRC.

IFRC has a country representation supporting LNRCS in its organizational development, and is further supported by the IFRC West Coast regional office based in Abidjan, Cote d'Ivoire. A field assessment and coordination team (FACT) health member from IFRC arrived in-country on 3 April to provide additional support. A beneficiary communication Regional Disaster Response Team member will be deployed in the coming days and additional surge capacity personnel are being planned in health, psychosocial support, water sanitation and hygiene promotion and logistics.

LNRCS holds regular Movement coordination meetings with in-country partners which include Canadian, Danish and Spanish Red Cross, as well as IFRC and ICRC to discuss the evolving situation. Partners were also updated with IFRC's support to LNRCS through the emergency plan of action process.

Needs analysis, beneficiary selection, risk assessment and scenario planning

Needs Assessment

Knowledge of EVD and mode of transmission is very limited within the population and there are rumours and misconceptions regarding the mode of transmission. Due to the highly-infectious nature of the disease many people are fearful. There is a need to scale up social mobilization and awareness-raising within the affected counties, with different strategies employed to reach for the urban and rural areas.

In general, the population does not know enough about this disease regarding the mode of transmission and prevention behaviour as it has not experienced it.

The LNRCS response operation aims to help raise awareness about the disease, its mode of transmission and proper behaviour to avoid risks and to strengthen the capacity of volunteers to respond to the needs.

Within the affected areas, isolation units are being set up and for the moment coordination is limited and infection control needs to be strengthened within all locations. The Ministry of Health & Social Welfare has set up epidemiological surveillance for the outbreak and plan to strengthen this further with support from Centre for Disease Control-World Health Organisation. One of the major gaps in the current response is contact tracing within all

locations. Ministry of Health & Social Welfare have also reported lack of personal protective equipment at primary health care levels, and referral pathways as well as ambulances / transportation of suspected cases to isolation centres. The initial NS response will concentrate on this element of education, tracking and referral and will develop as the situation evolves.

Psychosocial support for those affected by EVD and their families, health workers and communities was identified as a priority by the Ministry of Health & Social Welfare.

Risk Assessment

Due to the highly contagious nature of the disease, Movement partners are supporting LNRCS to protect volunteers while carrying out planned activities to mitigate the spread of the disease.

IFRC is providing technical assistance through a specialized FACT and RDRT deployment as well as technical support from its health advisors. IFRC, through the emergency appeal launched in Guinea, procured personal protective equipment designed for protection against EVD for low, medium and high risk activities planned to be carried out. Of these procured, an initial 100 low-risk kits are on its way to Liberia, with 10 high-risk kits to be prepositioned at the National Society's headquarters in Monrovia in case of need. This initial response was designed based on previous experience and lessons learnt by National Societies in the continent in responding to EVD outbreaks.

B. Operational strategy and plan

Overall objective

Contribute to the reduction of mortality and morbidity related to the EVD outbreak in Liberia through awareness messaging and social mobilization and provide psychosocial support to those affected.

Proposed strategy

Three LRCNS regional disaster management coordinators have been identified to be deployed to the affected counties to coordinate response with country health teams, Ministry of Health & Social Welfare and Red Cross field officers and volunteers and further assess the needs and plan response at the branch level. Psychosocial support has been identified as a priority, and LRCNS has identified five trained counsellors with experience working with individuals and communities in conflict resolution and trauma. These counsellors will be based at the county-level branches to provide psychosocial support to volunteers and their families who will be conducting contact tracing and daily follow-up, training of volunteers and working with the communities to minimize fear, stigma and mitigate potential conflict within the affected communities. The counsellors will be coordinated and supported by a psychosocial surge capacity person who also will provide technical support and guidance to the Ministry of Health & Social Welfare in supporting health workers within the isolation units. These proposed activities will be included in the revised DREF operation plan of action once the logistics of availability and deployment are finalized.

Community-based activities will be coordinated with Ministry of Health & Social Welfare and World Health Organisation. It is important that the clinical services provided by Ministry of Health & Social Welfare are supplemented by high levels of community engagement. This is important to help identify possible new cases early, facilitate their transfer to isolation, and manage on-going contact follow-up at the community level. These are all vital tasks to stop the outbreak and the LRCNS is in a good position to respond with volunteers already in place within the affected counties and has capacity to scale up response activities.

The number of dedicated volunteers needed for each county to support contact tracing has been identified as well as volunteers needed to conduct social mobilization and awareness activities. These volunteers will also be involved in work to provide information and education to raise awareness of the disease and knowledge around how to responsibly prevent its spread:

To ensure the success of this operation, LNRCS intends to develop strategies and achieve the following results:

1. Train volunteers on the disease, its prevention, social mobilization skills, proper utilization of personal protective equipment and hygiene promotion;
2. Promote health in the community through a communication plan to educate the community about the disease, prevention, mobilization for the fight against the epidemic;
3. Support prefectural committees in the coordination and supervision of activities;

4. Provide training and support to volunteers in case tracing and referral (to be included in actual budget and activity in the revision)
5. Support trained counsellors to provide psycho-social support (PSS) and conflict / trauma resolution (to be included in actual budget and activity in the revision)
6. Monitor and evaluate the impact of response activities;
7. Strengthen capacity of the LNRCS in the management and control of epidemics.

Beneficiary selection

LNRCS will focus its initial response in the counties affected by the epidemic including Lofa, Bong, Margibi, Nimba and Montserrado counties. The FACT member in-country will determine the extension to other areas based on World Health Organisation-Ministry of Health & Social Welfare strategy and development of the outbreak.

Operational support services

Human resources

LNRCS plans to mobilize up to 300 volunteers and supervisors to carry out the activities outlined in this operation. Additional staff will also be mobilized as necessary to monitor the implementation of the operation.

IFRC deployed a FACT health and RDRT beneficiary communication member to provide technical assistance to the LNRCS in its response to the EVD outbreak. Based on feedback from the field and results of the assessment on the situation, the emergency plan of action will be revised in the coming weeks and additional surge capacity in human resources will be identified to cover gaps, particularly in areas such as logistics and psycho-social support.

Logistics and supply chain

The specialized personal protective equipment kits will be procured by IFRC to ensure they meet the necessary standards. All other necessary items will be procured locally. Information, education and communication materials are being reproduced from messages prepared by IFRC in response to the outbreak and will be printed locally.

Communications

Visibility of the work of the LNRCS volunteers will be ensured during the operation through local media and visibility material. The LNRCS management team will also periodically inform the authorities and public regarding the progress of the operation. Meanwhile, IFRC have prepared a fact sheet and identified spokespersons for media interviews, and aim to provide regular updates on the operation. An RDRT specializing in beneficiary communications is being mobilized to support the National Society in utilizing radio and SMS messaging to share information and updates about the outbreak.

Security

Security risks will be reviewed and responded to accordingly. IFRC has prepared a security brief for its staff deployed to the country, and close consultation will be carried out with the LNRCS and ICRC who have permanent presence in the country.

Planning, monitoring, evaluation, & reporting (PMER)

LNRCS, in close cooperation with the IFRC in-country, will monitor the progress of the operation and provide necessary technical expertise. The monitoring and reporting of the operation will be undertaken by the LNRCS and FACT deployed in the initial weeks of the operation. Brief weekly updates will be provided by the National Society to the IFRC on general progress of the operation, and regular monitoring reports will provide detailed indicator tracking. This plan may be revised to reflect emerging needs in the coming weeks, based on the evolution of the outbreak.

Administration and Finance

LNRCS has a permanent administration and finance set up which ensures the proper use of financial resources in accordance with conditions laid down in the memorandum of understanding between the National Society and IFRC. Financial resource management will be according to LNRCS regulations and DREF guidelines. In addition, LNRCS's own procedures will be applied to the justification of expenses process and will be done on IFRC formats.

C. DETAILED OPERATIONAL PLAN

Health & care

Needs analysis: While information has been received on the overall situation, the detailed needs, aside from personal protective equipment and targeted health education and promotion campaigns, are yet to be confirmed. A specialized FACT and RDRT has been deployed to gather more detailed information and revise the plan of action as needed in the coming days and weeks.

Population to be assisted: The operation will mainly focus on engaging community based volunteers to undertake intensified health education and promotion campaigns at household levels to improve on community knowledge of the symptoms and signs of the disease and the procedure to follow while protecting the house hold members and ensure appropriate referral of suspected cases. Volunteers will be trained to conduct health promotion campaigns, active case search, follow up of contacts and referral of acute suspected cases. There will be a strong focus on psychosocial support for those affected including volunteers and communities, and this component will be included once the planned response and subsequent budget is finalized and agreed upon.

In order to reduce risk of wide transmission of the epidemic, mass media and other forms of culturally acceptable and context-specific information, education and communication campaigns will be employed to promote knowledge and awareness about the disease, its risks of transmission, actions to take for suspected cases and preventive measures. This will target the whole of the Lofa, Bong, Nimba, Margibi and Monstarrado districts, since there is a lot of cross-border population movement to and from these areas.

Outcome 1: The immediate risks to the health of affected populations are reduced												
Output 1.1: The community-based surveillance in epidemic areas is enhanced												
Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12
Conduct a rapid assessment and analyse the current outbreak in order to ensure that all activities of the chain of transmission are identified and measures to prevent future infections are implemented												
Reproduce and disseminate guidance and tools of community supervision cases												
Procure personal protective equipment and train volunteers on their use												
Train 200 volunteers and supervisors in different modules (monitoring community base, tracing and referrals, awareness techniques door to door and at the weekly market and other public places)												
Monitor and report on activities carried out												
Output 1.2: Increased public awareness about EVD (signs and symptoms, transmission risk factors, actions for suspected cases, its prevention and control measures)												
Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12
Select, train and deploy 100 volunteers on EVD signs and symptoms, prevention measures and referral mechanisms as well as personal protection												
Develop key messages												
Produce and disseminate context-specific Information, Education and Communication materials, including 2,000 leaflets												
Conduct media campaigns through radio spots on EVD												
Conduct health promotion campaigns using house-to-house, community sensitization and media campaign in targeted counties												

Budget

See attached budget below

Contact information

For further information specifically related to this operation please contact:

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For Resource Mobilization and Pledges:

- **In IFRC Zone:** Martine Zoethouthmaar, Resource Mobilization Coordinator; Addis Ababa; phone: + 251 93-003 6073; email: martine.zoethoutmaar@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting)

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

DREF BUDGET

10/04/2014

Liberia - Ebola virus disease outbreak (MDRLR001)

Budget Group	DREF Budget CHF
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	0
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	0
Medical & First Aid	0
Teaching Materials	9,800
Utensils & Tools	0
Other Supplies & Services	0
Emergency Response Units	0
Cash Disbursements	0
Total RELIEF ITEMS, AND CONSTRUCTION SUPPLIES	9,800
Land & Buildings	0
Vehicles Purchase	0
Computer & Telecom Equipment	0
Office / Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
Total LAND, EQUIPMENT AND VEHICLES	0
Storage, Warehousing	0
Distribution & Monitoring	1,000
Transport & Vehicle Costs	3,000
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	4,000
International Staff	6,000
National Staff	0
National Society Staff	0
Volunteers	60,900
Total STAFF	66,900
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	2,000
Total WORKSHOP & TRAINING	2,000
Travel	8,000
Information & Public Relations	1,200
Office Costs	0
Communications	2,300
Financial Charges	1,000
Other General Expenses	0
Shared Support Services	0
GENERAL Total Expenditures	12,500
Programme and Supplementary Services Recovery	6,188
Total INDIRECT COSTS	6,188
TOTAL BUDGET	101,388