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Revised Emergency Appeal

Liberia: EVD outbreak

 International Federation
of Red Cross and Red Crescent Societies

Revised Emergency Appeal
n° MDRLR001

1.5 million people to be assisted

DREF allocated **CHF 101,388**

Appeal timeframe: 9 months

Revised Appeal budget **CHF 1.9M**

Glide n° **EP-2014-000039-LBR**

End date: December 2014

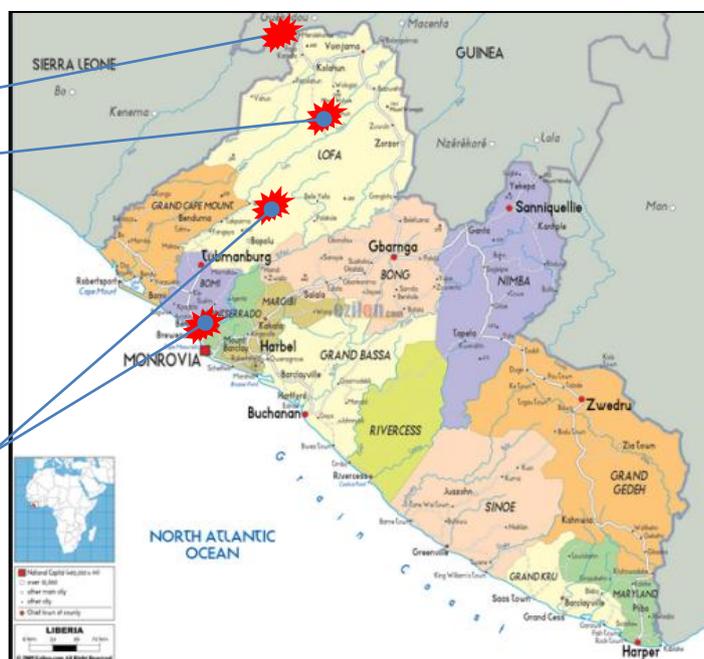
Launched: April 2014; revised July
2014

This revised Emergency Appeal for a total of CHF **1,931,240** (increased from CHF 517,766) enables the IFRC to support the **Liberian National Red Cross Society (LNRCS)** to deliver assistance and support to some **1.5m people**, with a focus on information and communication, education, awareness raising, and social mobilization, surveillance, case identification and contact management, case management (including management of dead bodies), psychosocial support, and regional preparedness and response. With the Emergency Response Unit (ERU) component valued at some CHF 96,000, the total amount sought amounts to CHF 1.8m. The revised plan reflects an extended timeframe, an increase in activities and the number of volunteers (including dead body management), and an enlarged geographic scope (from 5 to 8 counties). The response reflects the current situation and information available at this point of the evolving operation, and will be adjusted based on further developments and more detailed assessments.

Details are available in the Emergency Plan of Action (EPoA) [<click here>](#)

The disaster and the response

- March 2014: Ebola outbreak occurred in Guinea
- March 2014 first cases detected in Liberia, remaining constant at 12 until May 2014
- April 2014: IFRC Field Assessment and Coordination team (FACT) deployed (rapid assessment); CHF 101,388 DREF allocated; Emergency Appeal launched for CHF 517,766
- May 2014: IFRC Emergency Response Unit (ERU) deployed.
- June 2014: second wave of outbreak begins, spreading in Lofa and Montserrado counties
- 16 July 2014: 173 cumulative cases in the following counties: 109 in Lofa, 56 in Montserrado, 3 in Margibi, 2 in Bomi, and 1 in Bong
- March-July 2014: community mobilization efforts succeeded in training 415 volunteers in basic community mobilization, supported by weekly radio broadcasts and drama groups in market places and other public areas to pass key messages. 112 volunteers were trained in contact tracing.
- 21 July: IFRC issues revised appeal for CHF 1.9m



The operational strategy

The **overall objective** is to contribute to the reduction of mortality and morbidity related to the Ebola virus disease in Liberia through awareness messaging and social mobilization and provide psychosocial support to those affected.

Needs assessment: Knowledge of the Ebola virus disease and mode of transmission is limited within the population and there are rumours and misconceptions regarding the mode of transmission, as well as denial that it exists. Due to the highly-infectious nature of the disease many people are fearful and stigma remains high. There is a need to scale-up social mobilization and awareness-raising within the affected counties, with strategies to reach urban and rural areas

The Liberian Red Cross Society 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. The campaign also includes activities related to anti-stigma.

Within the affected areas, isolation units are being set up and infection control needs to be strengthened within all locations. The Ministry of Health and Social Welfare has set up epidemiological surveillance for the outbreak and plans 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. The Ministry of Health and Social Welfare has also reported a lack of personal protective equipment at primary health care levels, and referral pathways as well as ambulances for the transportation of suspected cases to isolation centres. The initial National Society response will concentrate on this element of education, tracking and referral and will develop as the situation evolves. Psychosocial support for those affected by ebola and their families, health workers and communities was also identified as a priority by the Ministry of Health and Social Welfare.

Due to the highly contagious nature of the disease, a priority for Movement partners is support to the Liberian Red Cross Society to protect volunteers while carrying out planned activities. The LNRCS is starting dead body management and disinfection activities with the intention of duplication this in other counties.

Proposed sector of intervention: Health and care

Outcome 1: The immediate risks to the health of affected populations are reduced
Output 1.1: The capacity of Liberian Red Cross Society to manage Ebola virus disease response has been strengthened
Activities planned:
<ul style="list-style-type: none"> Establish a National Society task force at headquarters level to coordinate with internal and external partners Longer term capacity is provided through the deployment of an Operations Manager, Health, Logistics and Psychosocial support delegates
Output 1.2: Community-based disease prevention and health promotion is provided to the target population
Activities planned:
<ul style="list-style-type: none"> Develop communication strategy for targeted awareness Train a total of 1000 volunteers in Ebola virus disease signs, symptoms, prevention measures and referral. Refresh volunteers on community-based awareness-raising and social mobilization techniques Produce and disseminate context-specific Information, Education and Communication materials Procure visibility equipment and materials Produce radio spots in line with the government communication plan and broadcast in areas of risk Organize drama performance and role plays at markets and other public gatherings as a mean to attract mass attention to pass the key messages Conduct health promotion campaigns using house-to-house, community sensitization, group sessions and media campaign in targeted counties Develop strategies to reach the local leaderships, religious leaders, traditional healers, Town Chiefs, Clan Chiefs playing key roles in forming the opinion of the populations.

<ul style="list-style-type: none"> Disseminate key messages through SMS broadcast
Output 1.3: Epidemic prevention and control measures carried out
Activities planned:
<ul style="list-style-type: none"> Establish Community Disaster Response Teams in affected communities Recruitment of additional health officers for the now 8 chapters Provide transportation/rented vehicle for Community Emergency Response Teams (CERT) Train volunteers for contact daily surveillance for 21 days in order to detect the possible onset of symptoms Establish coordination and clear referral mechanism with County Health Teams Train volunteers in the 8 Counties in basic personal protective measures for contact tracing Train and deploy Dead Body Management Teams (safe transport, burial and disinfection) Train a total of 1,000 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) Initiate cross border collaboration for contract tracing and follow up. Establish monitoring and reporting system
Output 1.4: Psychosocial support provided to the target population
Activities planned:
<ul style="list-style-type: none"> Recruit and integrate five certified counsellors into the Community Disaster Response Teams Provide psychosocial counselling to affected persons, family members, and volunteers Train volunteers who are following up contact in psychosocial first aid. As part of the Community Disaster Response Teams, conduct community visits for mitigation and reduction of stigma and fear to those directly affected Prepare communities for re-integration / acceptance of suspects / probable / confirmed cases. Accompany and support individuals discharged from isolation back to their communities to assist in re-entry and re assure community Establish volunteer care mechanisms and systems Establish monitoring and reporting system
Output 1.5: Provide support to individuals contacts who are encouraged to stay in their homes
Activities planned:
<ul style="list-style-type: none"> Provide contacts with food parcels and non-food items – survival kits Provide conditional cash or in-kind replacement for belongings lost due to disinfection and epidemic control measures
Outcome 2: Regional Ebola preparedness measures and coordination mechanisms are in place
Output 2.1: Sierra Leone and bordering National Societies are prepared and respond in a coordinated manner
Activities planned:
<ul style="list-style-type: none"> Organize field level regional workshop on learning Organize regional headquarter level workshop on learning Deploy IFRC ebola response coordinator Develop IFRC guideline management of an EVD epidemic that crosses borders
Outcome 3: The management of the operation is informed by a comprehensive monitoring and evaluation system
Output 3.1: A process of monitoring and evaluation maintained and reported on throughout the program
Activities planned:
<ul style="list-style-type: none"> Establish regular monitoring system to map cases and National Society field capacity

Coordination and Partnerships

The National Task Force, of which Liberian Red Cross Society is a member, convenes to share information and coordinate the response. County coordination meetings continue to support coordination, surveillance and health promotion efforts. Liberian Red Cross Society county level branches participate in coordination meetings organized in their respective counties with county health teams and partners. The Ministry of Health and Social Welfare formally requested Liberian Red Cross Society to lead on awareness and social mobilization campaigns at the county level due to its large team of volunteers on the ground. The ICRC is involved in the coordination and is planning further support to the response.

Budget

Click [here](#) to see the attached IFRC Secretariat budget for details.

Walter Cotte
Under Secretary General
Programme Services Division

Bekele Geleta
Secretary General

Reference documents



Click [here](#) for:

- Emergency Plan of Action (EPoA)

Contact Information

For further information specifically related to this operation please contact:

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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 (NGOs) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian 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:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote social inclusion
and a culture of
non-violence and **peace.**

Liberia: EVD Outbreak Revised Budget

21/07/2014

Budget Group	Multilateral Response	Bilateral Response	Budget CHF
Medical & First Aid	67,055		67,055
Teaching Materials	33,400		33,400
Emergency Response Units		96,000	96,000
Cash Disbursements	55,000		55,000
Total RELIEF ITEMS, AND CONSTRUCTION SUPPLIES	155,455	96,000	251,455
Land & Buildings			0
Vehicles Purchase	86,000		86,000
Computer & Telecom Equipment	10,000		10,000
Office / Household Furniture & Equipment			0
Medical Equipment			0
Other Machinery & Equipment			0
Total LAND, EQUIPMENT AND VEHICLES	96,000	0	96,000
Storage, Warehousing			0
Distribution & Monitoring	154,600		154,600
Transport & Vehicle Costs	149,400		149,400
Total LOGISTICS, TRANSPORT AND STORAGE	304,000	0	304,000
International Staff	360,000		360,000
National Society Staff	299,381		299,381
Volunteers	275,600		275,600
Total STAFF	934,981	0	934,981
Consultants	25,000		25,000
Total CONSULTANTS & PROFESSIONAL FEES	25,000	0	25,000
Workshops & Training	70,400		70,400
Total WORKSHOP & TRAINING	70,400	0	70,400
Travel	15,000		15,000
Information & Public Relations	57,400		57,400
Office Costs	26,935		26,935
Communications	26,200		26,200
Financial Charges	6,000		6,000
GENERAL Total Expenditures	131,535	0	131,535
Programme and Supplementary Services Recovery	111,629	6,240	117,869
Total INDIRECT COSTS	111,629	6,240	117,869
TOTAL BUDGET	1,829,000	102,240	1,931,240