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Emergency Appeal Liberia: EVD outbreak

 International Federation
of Red Cross and Red Crescent Societies

Revised Emergency Appeal
n° MDRLR001

Glide n° EP-2014-000039-LBR

4.5 million people to be assisted

Appeal timeframe 15 months

Launched April 2014; revised July,
September and November 2014; End
date June 2015

DREF allocated **CHF 101,388**

ERU deployment **CHF 96,000**

Revised Appeal budget **CHF 24.5M**

This revised Emergency Appeal for a total of CHF **24.5m** (increased from CHF 8.5m) enables the IFRC to support the **Liberian National Red Cross Society (LNRCS)** to respond to the escalating Ebola Virus Disease (EVD) outbreak by delivering assistance and support to some **4.5m people**, with a focus on **information and communication, education, awareness raising, and social mobilization, surveillance, case identification and contact management, safe and dignified burials (SDB), psychosocial support, and regional collaboration**. With the Emergency Response Unit (ERU) component valued at some CHF 96,000, the total appeal budget is CHF 24.5m. With available resources of CHF 9.6m, the net appeal amount sought is CHF 14.8m. The revised plan reflects a significant increase in all activities and the number of volunteers (including dead body management), and an enlarged geographic scope (nation-wide response) and additional response components - home-based protection and early recovery. 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.

Click here for the [detailed Emergency Plan of Action \(EPoA\)](#)

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; CHF 101,388 DREF allocated; Emergency Appeal launched for CHF 517,766

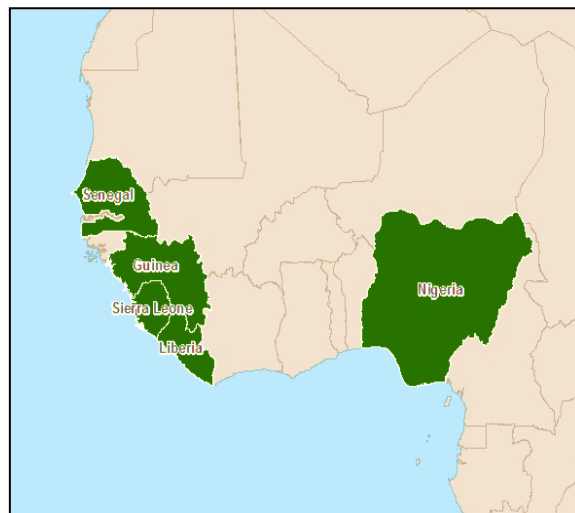
May 2014: Emergency Response Unit (ERU) deployed

June 2014: second wave of outbreak, spreading in Lofa and Montserrado counties

July 2014: 173 cumulative cases. Emergency Appeal revised to CHF 1.9m

8 September: cumulative caseload in Liberia reaches 1,923 with a total of 1,125 deaths. Revised Appeal issued for CHF 8.5m

March - November: more than 5,000 LNRCS volunteers trained, over 2,500 safe and dignified burials completed, 17,600 recorded Ebola contacts traced and monitored, and more than 650,000 people reached through direct social mobilization



November 2014: Cumulative caseload of 6,878 cases with 2,836 deaths. Revised emergency appeal for CHF 24.5m

The operational strategy

Overall objective: stop the transmission of EVD and bring an end to the current epidemic through the following outcomes:

- **Outcome 1:** The prevalence of EVD in Liberia is reduced / eliminated through establishment of an appropriate response structure, local authorities and community engagement, beneficiary communication and social mobilisation, contact tracing and surveillance, provision of psychosocial support, safe and dignified burials, disinfection and Case management and treatment.
- **Outcome 2:** The existing capacity of the Liberia Red Cross National Society and IFRC management and technical support is enhanced and effective and sustainable action ensured.
- **Outcome 3:** Support is provided to national authorities for countrywide coordination and information management of the overall safe and dignified burial and disinfection of houses response.
- **Outcome 4:** reduction of longer-term effects of the EVD outbreak through initiation of early recovery assessments and interventions, addressing increased vulnerability caused by food security and livelihood challenges and decreased capacity of health and care systems.

Proposed strategy: To ensure the success of this operation the LRCS has developed strategies and continues to improve them in order to achieve the following results:

1. Train volunteers on EVD prevention, social mobilization skills, hygiene promotion and proper utilization of personal protective equipment.
2. Promote health in the community through a communication campaign to mobilise and educate communities regarding the EVD, and reduce stigma.
3. Support community-level committees in the coordination and supervision of activities.
4. Provide training and support to volunteers in case identification, referrals and contact tracing.
5. Support the Government authorities with services including SDB, cremation and disinfection of households.
6. Support trained counsellors to provide psychosocial support and conflict/trauma resolution, monitor and evaluate the impact of response activities.
7. Strengthen capacity of the LRCS in the management and control of epidemics.
8. Pilot the community-based protection approach, ensuring proper and safe care is given to the sick pending availability of bed space in the treatment centres or community care centres while also ensuring safety of the family and community members.
9. Conduct assessments to identify the broader impacts of the disease on livelihood and economic security, and develop recovery programming aiming to mitigate these effects.

Proposed sectors of intervention

Coordination and partnerships

The National EVD Task Force, of which LRCS is a member, convenes to share information and coordinate the response. County coordination meetings continued in Margibi, Lofa, Bong, Nimba, Montserrado and now all the 15 counties where there are now 15 national officers who are technical assistants to the county health team (CHTs) including WHO staff who were deployed to Lofa, Montserrado and other counties to support coordination, surveillance and health promotion efforts of the counties.

The overall IFRC response is coordinated from the IFRC Ebola coordination unit in Conakry (moving to Accra) where the IFRC head of emergency operation leads a team of programme support functions in order to maintain a coordinated response in multiple countries following the same response strategy but adapted to specific contexts and National Society capacity, role and mandate.

Health and care

Outcome 1: Community-based diseases prevention and health promotion are timely provided to the affected population.

Output 1: Community engagement, beneficiary communication and social mobilization -- community-based disease prevention and health promotion is provided to the target population

Activities planned
<ul style="list-style-type: none"> • Train 3,800 volunteers in case identification (EVD signs, symptoms and referrals), prevention measures, awareness campaign methods, and data collection at community level
<ul style="list-style-type: none"> • Conduct regular refresher trainings for volunteers active in EVD operation
<ul style="list-style-type: none"> • Conduct health promotion campaigns using household visits, community sensitization, group sessions and media campaign in targeted counties
<ul style="list-style-type: none"> • Produce and disseminate prevention and control IEC material
<ul style="list-style-type: none"> • Procure and distribute visibility equipment and materials
<ul style="list-style-type: none"> • Disseminate key messages through drama performance and role plays at markets and other public community.
<ul style="list-style-type: none"> • Engaging opinion leaders such as religious leaders, traditional healers, town chiefs, clan chiefs in social mobilization and awareness campaigns
Output 2: Beneficiary communication and community engagement -- LRCS engages affected communities in meaningful dialogue, addressing stigma, dispelling rumours, etc. and provides them with a voice using different communication mediums throughout the EVD response operation
Activities planned
<ul style="list-style-type: none"> • Increasing capacity of LRCS to deliver BC activities nationally (systems, radio, advocacy, training teams respectively)
<ul style="list-style-type: none"> • Train and manage 400 volunteers in basic BC/CE strategies (dissemination of EVD information and feedback, data collection using mini-KAPS (RAMP))
<ul style="list-style-type: none"> • Establish system of data and information collection and management to disseminate using broadcast mediums, SMS, IVR
<ul style="list-style-type: none"> • Scaling-up of radio activities to include two weekly national and 45 community level one hour interactive broadcasts and outside broadcasts
<ul style="list-style-type: none"> • Produce radio dramas (5 min / 20 x 15 minute) including CDs to be distributed
<ul style="list-style-type: none"> • Distribution of solar/dynamo radio to communities to increase listenership to our radio programme
<ul style="list-style-type: none"> • Establish IVR (pre-recorded information exchange) system and deployment of the TERA system
<ul style="list-style-type: none"> • Deliver 30 community forums (2 per county) engaging with “community resource oriented persons” (Chiefs, traditional healers, teachers, soldiers and police, musicians, sport personalities)
<ul style="list-style-type: none"> • Production of IEC materials e.g. print, billboards, wall murals
Output 3: Safe and Dignified Burials and disinfection of houses -- risk of transmission of disease in the communities at household level and in health facilities reduced through disinfection and safe and dignified burials (SDB).
Activities planned
<ul style="list-style-type: none"> • Establish community emergency response teams (CERT) in affected communities
<ul style="list-style-type: none"> • Recruitment of additional health officers for 15 chapters
<ul style="list-style-type: none"> • Provide transportation (vehicles and motor bikes) for CERT
<ul style="list-style-type: none"> • Train volunteers for contact daily surveillance for 21 days to detect possible onset of symptoms
<ul style="list-style-type: none"> • Establish coordination and clear referral mechanism with country health teams (CHT)
<ul style="list-style-type: none"> • Conduct training and refresher and deploy 20 SDB teams (safe transportation, swabs, burial and disinfection of homes and bodies)
Output 4: Psychosocial and economical support -- psychosocial support provided to affected individuals, families, community members and volunteers. Food and non-food items provided to individuals and families who lost belongings due to epidemic control measures (disinfections and burning).
Activities planned
<ul style="list-style-type: none"> • Establish community emergency response teams (CERT) in 15 affected counties
<ul style="list-style-type: none"> • Recruit and integrate 15 certified counsellors into the CERT
<ul style="list-style-type: none"> • Mapping of MHPSS¹¹ 4Ws²¹ to avoid duplication of efforts and resources
<ul style="list-style-type: none"> • Provide psychosocial counselling to affected persons, family members and volunteers
<ul style="list-style-type: none"> • Train volunteers who are following up contacts in psychosocial first aid
<ul style="list-style-type: none"> • Provide ToTs on PSS targeting counsellors and CERT members
<ul style="list-style-type: none"> • Conduct anti-stigma campaign through community visits to challenge attitudes and change behaviour
<ul style="list-style-type: none"> • Assess community beliefs and understanding of EVD including fears

<ul style="list-style-type: none"> Identify and prevent rumours and actions that may harm epidemic control efforts (use of hotline)
<ul style="list-style-type: none"> Prepare communities for re-integration and anti-stigmatization of suspects/ probable/ confirmed cases
<ul style="list-style-type: none"> Establish volunteer care mechanism consistent with organizational policy and MoHSW
<ul style="list-style-type: none"> Psychosocial support for the SSDB team and staff at all levels
<ul style="list-style-type: none"> Provide contacts with food parcels and non-food items (survival kits)
<ul style="list-style-type: none"> Provide unconditional cash or in-kind replacement for belongings lost due to epidemic control measures
<p>Output 5: Community surveillance and contact tracing -- in coordination with partner agencies, an effective alert investigation and contact tracing system is implemented to ensure rapid referral and care.</p>
<p>Activities planned</p>
<ul style="list-style-type: none"> Recruit additional health officers for 15 chapters
<ul style="list-style-type: none"> Train volunteers for contact daily surveillance for 21 days in order to detect the possible onset of symptoms
<ul style="list-style-type: none"> Establish coordination and clear referral mechanism with country health teams (CHT)
<ul style="list-style-type: none"> Train volunteers in the 15 counties on basic personal protective measures for contact tracing
<ul style="list-style-type: none"> Initiate cross border collaboration for contact tracing and follow-up
<p>Output 6: Community home-based protection -- communities with limited access to ebola treatment units (ETUs) or community care centres (CCCs) are provided with hygiene and protective equipment kits.</p>
<p>Activities planned</p>
<ul style="list-style-type: none"> Support targeted communities with provision of protection kits where necessary
<ul style="list-style-type: none"> Conduct ToT for identified communities members on use of protection kits
<ul style="list-style-type: none"> Distribute to survivors, orphans, and contact replacement, recovery and resettlement kits in high risk quarantine communities

<p>National Society capacity building and support</p>
<p>Outcome 2: Sustainable impact achieved through strengthening of existing capacity of the LRCS and provision of necessary IFRC management, technical and support resources.</p>
<p>Output 1: National Society capacity development -- the National Society has the necessary capacity to lead the operation and ensure sustainable impact</p>
<p>Activities planned</p>
<ul style="list-style-type: none"> Construction of a disaster management center for the coordination of disasters (including 25 bed rooms, conference facilities and warehouse facilities)
<ul style="list-style-type: none"> Establish a EVD task force at headquarter level to coordinate activities and partnerships (internal and external)
<ul style="list-style-type: none"> Develop and maintain a detailed emergency plan of action
<ul style="list-style-type: none"> Establish and roll-out regular monitoring system to track progress, National Society field capacity across all key results areas and pillars
<ul style="list-style-type: none"> Institutional strengthening of LRCS HQ and chapter structures.
<p>Output 2: IFRC support to the National Society -- necessary IFRC resources are provided to support the operation</p>
<p>Activities planned</p>
<ul style="list-style-type: none"> Intensified capacity is provided to the National Society through the deployment of an operations manager, emergency health, psychosocial support, beneficial communication, logistics/fleet, finance, information technology and PMER delegates
<ul style="list-style-type: none"> IFRC coordination and support staff (not technical staff)
<ul style="list-style-type: none"> IFRC supporting the operational running costs
<ul style="list-style-type: none"> External communication
<ul style="list-style-type: none"> Organize headquarters and field level review and learning workshops
<ul style="list-style-type: none"> Adapt IFRC guidelines
<ul style="list-style-type: none"> Extra office annexes to accommodate increasing needs for operational working spaces for the EVD Response Teams (LRCS)

Outcome 3: Safe and Dignified Burials (SDB) coordination -- National level SDB support is provided to national authorities for country-wide coordination and information management of the overall Safe and Dignified Burial and Infection of Houses response

Output 1: Establishment of SDB coordination and information management hub in Monrovia

Activities planned

- Recruitment of SDB coordinator and SDB information manager
- Contribute to national coordination of the SDB work performed by all partners involved in the Ebola response
- Identification of key partners
- Assessment of SDB needs and response
- Consolidate, review and disseminate current standards.
- Collect, analyse and present key SDB response information
- Reporting of SDB indicator progress to the UNMEER response monitoring dashboard

Early recovery

Outcome 4: Early recovery from the longer term-effects of the EVD outbreak is supported through livelihood, food security and health and sanitation activities

Output 1: The most vulnerable population affected by the direct and indirect effects of the outbreak are supported through livelihoods and food security related interventions

Activities planned

- Deployment of recovery delegate
- Rapid assessment and initial program planning
- Household economic survey and detailed assessments / plans
- Distribution of farming tools and supplies combined with necessary training
- Integration of early recovery into longer-term community resilience building

Output 2: Health risk management -- improved knowledge, attitude and practice of communities on prevention and control in health emergencies and provision of necessary water, sanitation and hygiene promotion services in six counties

Activities planned

- Conduct hazard and risk assessments and develop a community disaster risk reduction (CDRR) plan
- Train communities and volunteers in establishing community maps and identifying hazards and vulnerabilities
- Reactivate and train community-based risk reduction structures
- Community sensitization on measures to prevent and control disease outbreaks
- Train volunteers as hygiene promoters and conduct refresher training
- Conduct health and hygiene promotion activities in EVD affected communities (WASH)

Budget

See attached IFRC Secretariat [budget](#) for details. With the ERU component valued at some CHF 96,000, the total appeal budget is CHF 24.5m. With available resources of CHF 9.6m, the net appeal amount sought is CHF 14.8m.

Walter Cotte
Under Secretary General
Programme Services Division

Eljajd As Sy
Secretary General

Reference documents



Click [here](#) for:

- Emergency Plan of Action (EPoA)

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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.

REVISED BUDGET

Budget Group	Multilateral Response	SDB Coordination	Bilateral Response	Appeal Budget CHF
Shelter - Relief	0	0		0
Shelter - Transitional	0	0		0
Construction - Housing	0	0		0
Construction - Facilities	0			0
Construction - Materials	0			0
Clothing & Textiles	19,460			19,460
Food	571,562			571,562
Seeds & Plants	100,000			100,000
Water, Sanitation & Hygiene	1,661,309			1,661,309
Medical & First Aid	3,767,465			3,767,465
Teaching Materials	28,800			28,800
Utensils & Tools	0			0
Other Supplies & Services	526,850			526,850
Emergency Response Units			96,000	96,000
Cash Disbursements	0	0		0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	6,675,446	0	96,000	6,771,446
Land & Buildings	1,475,520			1,475,520
Vehicles Purchase	518,000			518,000
Computer & Telecom Equipment	234,350	4,000		238,350
Office/Household Furniture & Equipment	176,000			176,000
Medical Equipment	0			0
Other Machinery & Equipment	0			0
Total LAND, VEHICLES AND EQUIPMENT	2,403,870	4,000	0	2,407,870
Storage, Warehousing	62,500			62,500
Distribution & Monitoring	70,000			70,000
Transport & Vehicle Costs	1,315,400	18,000		1,333,400
Logistics Services	201,400			201,400
Total LOGISTICS, TRANSPORT AND STORAGE	1,649,300	18,000	0	1,667,300
International Staff	2,412,000	144,000		2,556,000
National Staff	0			0
National Society Staff	2,256,295			2,256,295
Volunteers	4,171,340			4,171,340
Total PERSONNEL	8,839,635	144,000	0	8,983,635
Consultants	181,000			181,000
Professional Fees	40,000			40,000
Total CONSULTANTS & PROFESSIONAL FEES	221,000	0	0	221,000
Workshops & Training	1,253,580			1,253,580
Total WORKSHOP & TRAINING	1,253,580	0	0	1,253,580
Travel	62,600	20,000		82,600
Information & Public Relations	710,000			710,000
Office Costs	439,400	30,000		469,400
Communications	206,635	12,000		218,635
Financial Charges	255,500	2,000		257,500
Other General Expenses	1,040			1,040
Shared Support Services	23,811			23,811
Total GENERAL EXPENDITURES	1,698,986	64,000	0	1,762,986
Programme and Supplementary Services Recovery	1,478,218	14,950		1,493,168
Total INDIRECT COSTS	1,478,218	14,950	0	1,493,168
TOTAL BUDGET	24,220,035	244,950	96,000	24,560,985
Available Resources				
Multilateral Contributions	9,604,137			9,604,137
Bilateral Contributions			96,000	96,000
TOTAL AVAILABLE RESOURCES	9,604,137	0	96,000	9,700,137
NET EMERGENCY APPEAL NEEDS	14,615,898	244,950	0	14,860,848