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# Emergency Plan of Action Final Report

## Liberia: Ebola Virus Disease (EVD) Outbreak

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency appeal n° MDRLR001</b>	<b>GLIDE n° EP-2014-000039-LBR</b>
<b>Appeal Launch Date: 30 April 2014; EPoA revisions published in July, September and November 2014, June 2015 and September 2016.</b>	
<b>Operation start date: 30 April 2014</b>	<b>Operation end date: 31 December 2016</b>
<b>Host National Society: Liberia National Red Cross Society (LNRCS)</b>	<b>Operation budget: 22.15 million Swiss francs</b>
<b>Number of people assisted (target):</b> Emergency phase: 3.8 million and Recovery phase: 60,000	
<b>Host National Society presence (n° of volunteers, staff, branches):</b> There are LNRCS chapters in all 15 counties of Liberia (Bomi, Bong, Gbarpolu, Grand Bassa, Grand Cape Mount, Grand Gedeh, Grand Kru, Lofa, Margibi, Maryland, Montserrado, Nimba, River Cess, River Gee and Sinoe) with up to 2,000 volunteers and 100 staff actively involved in EVD response and recovery operations.	
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> Danish Red Cross, German Red Cross and ICRC	
<b>Other partner organizations actively involved in the operation include;</b> The Ministry of Health and Social Welfare (MoHSW), Ministry of Internal Affairs, World Health Organisation (WHO), UNICEF, Centre for Disease Control, Médecins Sans Frontières, Samaritan's Purse, SIME Darby and Global Communities	

## A. Situation analysis

### Description of the disaster

#### The disaster and the Red Cross Red Crescent response to date

- ❖ **March 2014:** First cases detected in Liberia, following initial outbreak in Guinea
- ❖ **April 2014:** IFRC Field Assessment and Coordination Team (FACT) deployed; 101,388 Swiss francs DREF allocated. Emergency Appeal launched for 517,766 Swiss francs
- ❖ **May 2014:** Emergency Response Unit (ERU) deployed
- ❖ **July 2014:** Revised Appeal n° 1 issued for 1.9 million Swiss francs
- ❖ **September 2014:** Revised Appeal n° 2 issued for 8.5 million Swiss francs
- ❖ **November 2014:** Revised Appeal n° 3 issued for 24.5 million Swiss francs
- ❖ **May 2015:** WHO declares Ebola outbreak in Liberia over for the first time (subsequent minor outbreaks recorded in June and November 2015 and March 2016)
- ❖ **June 2015:** Revised Appeal n° 4 issued, budget revised to CHF 46,3 million Swiss francs
- ❖ **September 2016:** Revised Appeal n° 5 issued, budget revised to 22.1 million Swiss francs

The Ebola Virus Disease (EVD) epidemic in West Africa was the largest ever recorded, both in terms of caseload and geographical spread, and the first in West Africa. In Liberia, the first EVD cases were reported in March 2014, eventually spreading to all of the country's 15 counties of Liberia triggering fear, stigma, denial due to limited awareness and knowledge of the disease. By June 2016, a cumulative total of 10,672 cases and 4,810 deaths had been recorded in Liberia, of which 192 deaths had occurred amongst health care workers. International aid organizations scaled up efforts to reinforce the Liberian government's capacity to respond to the EVD outbreak which devastated the already poorly equipped, understaffed and inadequate healthcare infrastructure. Community engagement to ensure proper supervision and education on safe burial practices and contact tracing accompanied by extensive education and awareness campaigns were prioritised to reduce the risk of transmission.

Following the end of the EVD emergency, recovery programming commenced with a focus on enhancing capacity and building resilience to minimise the risk and impact of future epidemics and other disasters. Recovery interventions were linked to longer-term development plans to enhance sustainability without losing emergency response capabilities. The institutional memory, lessons learned and capacity developed during the Ebola operation were maintained and incorporated into recovery phase of the operation. The success of recovery interventions relied heavily on a strong and effective National Society. Following an integrity crisis of the LNRCS which began in the third quarter of 2015, a transitional plan supported by Movement partners was initiated to ensure that the National Society was stabilized and strengthened to enable it to carry out its humanitarian mandate and deliver services to the most vulnerable.

## **Summary of response**

### **Overview of Host National Society**

EVD response and recovery activities carried out by LNRCS with the support of IFRC and other Movement partners complement those of the Government and other local and international stakeholders in a multi-sector EVD response mechanism. The LNRCS was operational in all 15 counties, providing integrated EVD interventions including:

- Community engagement, beneficiary communication and social mobilisation
- Case management, through distribution and training in the safe use of Community-Based Protection Kits
- Active case surveillance
- Safe and dignified burials and disinfection of houses.
- Provision of psychosocial support to individuals and communities affected by EVD, including Red Cross personnel
- Capacity strengthening of LNRCS national headquarters and chapters
- Interagency coordination through the National Task Force and pillar coordination meetings, and provision of support to the Ministry of Health and Social Welfare and Ministry of Education.
- Recovery programming focused on health and care, disaster risk reduction and food security and livelihoods.

### **Overview of Red Cross Red Crescent Movement in country**

The IFRC supported to the LNRCS extensively throughout the EVD response and recovery operation providing financial, material and technical resources through the Liberia Country Office, Regional EVD Coordination Office, West Coast Country Cluster, Africa Region and Geneva headquarters. An in-country operations team comprised of international delegates managed the EVD operation and national staff, working in coordination with the LNRCS programmes team.

A number of in-country Movement partners supported the EVD response phase and continued their bilateral support in the recovery phase i.e. the American Red Cross, Canadian Red Cross, Danish Red Cross and German Red Cross. In 2015, the Botswana Red Cross, with the support of the Botswana Government, donated five Land Cruisers to the National Society to support the EVD operation, while numerous other National Societies channeled their support multilaterally through the IFRC EVD appeal.

### **Overview of non-RCRC actors in country**

The IFRC and LNRCS participated at national and county level coordination meetings and relevant cluster meetings. In addition, the LNRCS chaired regular Movement Coordination meetings with in-country Movement partners.

## Summary of response to date (emergency and recovery)

- 3,825 Safe and Dignified Burials.
- 2,818 houses and public facilities disinfected
- Up to 2,000 volunteers trained and active in the EVD operation
- 7,827 contacts traced and followed up by the Red Cross volunteers
- 2,409,593 people reached through door-to-door Social Mobilisation campaigns
- More than 9,000 people were reached through psychosocial support activities
- Over one million people with EVD information, education and anti-stigma messaging through Red Cross radio shows
- Up to 60,000 community members reached through recovery interventions

Following minor outbreaks of EVD cases reported in June and November 2015 and March 2016, the LNRCS supported by the IFRC conducted response activities upon request of the Ministry of Health as follows:

- Assisting county health team with line listing of potential contacts.
- Mobilising volunteers to support infection prevention and control through social mobilisation and awareness activities and provision of psychosocial support in affected communities.
- Distributing IEC materials, hygiene kits, hand sanitizers, hand washing buckets and chlorine to households and institutions in affected communities.

## Risk Assessment

There remained significant risk that any new cases could reignite the epidemic and derail recovery efforts, which necessitated reinforcing the health system, and maintaining surveillance and infection prevention and control measures in order to prevent or quickly contain transmission in the event of another outbreak. Emergency response capacity was maintained until the end of 2016 in line with the agreed strategy and contingency plan of the Liberian government and partners. The recovery plan placed an emphasis on the comprehensive analysis of needs, integrated and participatory programming approaches

## B. Operational strategy and plan

### Overall Objective

To support 60,000 people in 60 communities in five counties to restore and improve their health status, livelihoods, access to basic services, prepare for future risks and strengthen resilience.

Programme	Specific Objectives
Health and Care	To contribute to national health system strengthening post-EVD outbreak through integrated community-based health interventions and improving access to safe water and sanitation.
Disaster Risk Reduction	To reduce the vulnerability of targeted communities to epidemics and other disasters through strengthened capacities and the application of disaster preparedness and response measures
Food Security and Livelihood	To strengthen and make sustainable the livelihoods and food security capacity of communities affected by the EVD epidemic

The recovery plan sought to:

### 1. Stay at zero and maintain EVD response capacity

Surge capacity was maintained in the areas of active case finding and tracing, safe and dignified burials and case management, through on-going training of volunteers and staff, contingency planning and prepositioning of stock, including personal protection equipment and community protection kits. Response capacity was further strengthened through community engagement and psychosocial support activities.

## **2. Strengthen early warning systems for quality and timely interventions for regular epidemics and other disasters**

Early warning, disease surveillance and rapid response systems were strengthened through the formation and reactivation of emergency response teams at field level, and through the formation of Community-Based Action Teams (CBATs), and increased cross-border activities. Refresher trainings were conducted for volunteers and CBATs in epidemic control, psychosocial support and early warning systems.

## **3. Build community resilience through health-focused disaster risk reduction and management**

An integrated and community-based programming approach formed the basis for this recovery plan with communities targeted with a package of activities that include community-based health, PSS, water, sanitation and hygiene (WASH), disaster risk reduction and livelihoods interventions.

## **4. Strengthen National Society capacity**

With the objective of rebuilding and strengthening the organisational and operational capacities of the LNRCS, a number of areas were identified for support, including; leadership and governance, resource mobilisation, volunteer management, administration, human resources, logistics and planning, monitoring, evaluation and reporting (PMER).

## **5. Establish and maintain community engagement activities**

Embedding beneficiary communications and social mobilisation strategies in all programmes was essential to ensure coordinated approach towards effective community engagement. This contributed towards, information sharing, enabled community feedback, promoted measurable behaviour change and enhanced participatory approaches in programmes delivery.

## **Proposed strategy**

The Red Cross recovery strategy was aligned to priorities outlined in the LNRCS Strategic Development Plan 2014-2018 and is also in line with the strategic recovery planning of the Liberian government and other relevant stakeholders. During the recovery phase of the EVD response operation, activities were focused around health, water sanitation and hygiene, livelihoods, nutrition, food security and disaster risk reduction in addition to maintaining EVD emergency response capacity. The Appeal was closed on 31 December 2016. Recovery activities will be incorporated into the 2017 Operational Plan (MAALR001).

## **Operational support services**

### **Human resources (HR)**

The emergency phase of the operation required drastic scale up of human resources in line with the magnitude of the outbreak. During recovery however staffing has been rationalised in line with the changing operational context and also to ensure competence and performance. Both IFRC and LNRCS reviewed their existing staff structures, streamlining them and realigning them to recovery needs.

### **Logistics and supply chain**

The IFRC supported the National Society to strengthen its logistics systems (fleet, warehousing and procurement) and also supported the setup and equipping of the LNRCS multi-purpose centre to increase logistical capacity and disaster preparedness.

### **Communications**

The IFRC through the EVD appeal supported the LNRCS to expand its communications capacity across varied media platforms through provision of equipment and training. Communicating with key audiences and maintaining visibility is critical to growing and sustaining public, government and donor support, locally and internationally. Content was provided for targeted global and regional campaigns, the IFRC website, social media channels, IFRC publications, operational updates and stories profiling the EVD response and recovery.

## Beneficiary Communication/ Community engagement (BC/CE)

Concerted efforts were made to ensure effective engagement of communities across all programme areas to encourage ownership and understanding of interventions. Strategies included integration of feedback mechanisms into programmes in addition to face-to-face interaction, community notice boards, suggestion boxes, radio programmes and beneficiary satisfaction surveys. In May, 2016, the beneficiary communications unit facilitated the signing of a memorandum of understanding with each of the 60 communities selected for EVD recovery activities. This process is intended to ensure communities' commitment and participation in interventions. The BC/CE approach was integrated in all programme activities within the National Society.

## Planning, Monitoring, Evaluation, and Reporting (PMER)

Performance and accountability of the operation was strengthened through PMER process to track progress and inform operational planning. LNRCS programme staff are supported to ensure collection of accurate information, analysed and regular reporting. Relevant assessments, surveys and evaluations were also conducted during the recovery phase. IFRC has a reporting framework for emergency operations that includes standard operations updates and financial reports. These are readily available on the IFRC's public website ([www.ifrc.org](http://www.ifrc.org)). Additionally, pledge-specific reports are prepared upon donors' request.

## Security

IFRC Africa EVD Security Delegate and Security Unit in Geneva work closely with the IFRC Country Office to monitor the security situation and provide support as needed. Security Guidelines are in place and these are periodically revised based on context and situational analysis.

## Administration and Finance

Financial resources are managed in line with LNRCS regulations and IFRC guidelines. The National Society's own procedures will be applied to the justification of expenses process and will be completed in IFRC formats. In order to enhance financial management and analysis, IFRC supports the LNRCS in the use of financial management software and systems. Relevant finance procedures and systems are in place and relevant training is provided to further strengthen finance development of the National Society.

## C. DETAILED OPERATIONAL PLAN

**Needs analysis:** A recovery assessment was conducted in Liberia, Guinea and Sierra Leone from 9 February to 20 March 2015, to identify recovery needs and options for implementation. The assessment team engaged directly with the National Society leadership and senior management team, delegates and staff from IFRC, Partner National Societies (PNSs), and ICRC, in addition to government representatives, external agencies, donors, NGOs and sector coordination groups involved in the EVD response. The recommended recovery options were further refined by the National Society with support from IFRC and Movement partners into more detailed recovery plans incorporated into the operational strategy. Priorities identified were; health, water, sanitation and hygiene (WASH), livelihoods; nutrition; food security and disaster risk reduction.

**Population to be assisted:** In the first quarter of 2016, an assessment was conducted to identify communities in which the EVD recovery programme would be rolled out. The IFRC and LNRCS in collaboration with county authorities and county health teams carried out the community selection process. A total of 60 communities were selected (12 communities per chapter) using criteria that took into consideration factors including the effects (direct or indirect) of EVD on the communities, population size of 200 or more and high levels of vulnerability. The selection of communities was participatory with involvement of community structures, local government authorities and other relevant stakeholders.

County	Districts	Total Population <sup>1</sup>
Margibi	Kakata, Gibi, Firestone, Mamba Koba	12,000
Bomi	Dewion, Klay, Senjeh	12,000
Montserrado	Todee, Careysburg	12,000
Grand Cape Mount	Porkpa, Tewor, Garwula, Commonwealth	12,000
Gbarpolu	Bopolu, Gbama, Goun Walaila, Bokomo, Belleh	12,000

<sup>1</sup> 12 communities per county each with a population of up to 1,000 people.



## Health and Care

### ***Outcome 1: To contribute to Liberia's national health system strengthening post EVD outbreak through integrated community-based health interventions***

Output 1.1: Increased knowledge and skills of LNRCS NHQ and Chapter personnel to manage the community-based health (CBH) programme

Output 1.2: Sustainable community event-based disease surveillance (CEBS) system is operational in 36 communities in Bomi, Margibi and Montserrado

Output 1.3: Psychosocial support (PSS) interventions provided to survivors and affected orphans, families and communities, staff and volunteers

Output 1.4: Maintenance of SDB preparedness including staff, vehicles, stocks and supplies and close collaboration with the Ministry of Health.

Output 1.5: Strengthen the capacity of LNRCS volunteers in surveillance/Social Mobilization/PSS

### **Achievements**

#### **Community Based Health**

- From 22 – 28 March 2016, the LNRCS provided support to the Ministry of Health's Expanded Programme on Immunization (EPI) in Bomi, Margibi, Montserrado, Gbarpolu and Grand Cape Mount. A total of 250 volunteers (50 in each county) conducted a social mobilisation and awareness campaign to increase public awareness of the second round of the Polio vaccine campaign. It was estimated that the awareness campaign increased the vaccination coverage up to 95-99%. A total of 206,681 persons were reached with campaign messages.
- A two-day Community-Based Health and First Aid (CBHFA) training was conducted from 2 - 4 May 2016 in Senjeh District, Tubmanburg in Bomi County for community based health volunteers. A total of 24 volunteers and two team leaders were trained from the 12 selected communities in Bomi County. Polio and Vitamin A vaccination campaign
- In September 2016, LNRCS chapters (Gbarpolu, Grand Cape Mount and Bomi) conducted a four-days of social mobilization in support of the Ministry of Health's vaccination campaign for polio, vitamin A and deworming. The chapters mobilized 150 volunteers (50 per county) and reached 162 communities in three counties (103 in Gbarpolu, 26 in Grand Cape Mount and 33 in Bomi). LNRCS volunteers conducted social mobilization in public places, markets, schools, checkpoints and homes. Approximately 46,425 people (25,441 in Gbarpolu, 6,018 in Bomi and 14,966 in Grand Cape Mount) were reached with the polio campaign messages. Community leaders were actively involved in mobilization of children for vaccination. In addition, assorted Information, Education and Communication materials were distributed to volunteers and communities. County health teams were supported with fuel, vehicles and motorbikes.
- In November 2016, a total of 90 first aid boxes were repositioned in the five recovery programme counties. Out of the 90 boxes, 60 were repositioned at community level and 30 at the five chapter offices. Each chapter received 18 FA boxes one for each community and six for the chapter. Sensitisation was done at each community by chapter first aid team on the usage and sustainability of the first aid boxes with a total of 360 persons participating (150 male and 210 female). There were 72 participants from each chapter (four volunteers and two community leaders /members from each community). At the end of the sensitization meeting, a cash box system was established where a sustainable amount of \$ 25.00 Liberian dollars will be given for every first aid service provided. FA kits at community levels will strengthen targeted communities in building resilient community that are intended to reduce the health risks of vulnerable communities.
- Health promotion outreach sessions were conducted in the 60 communities through health talks and home visits by RC volunteers. A total of 9,520 people (5591 females and 3479 males) of the five EVD-RP chapters were reached with health awareness and information on the various topics including the importance of hospital delivery and breast feeding, prevention of malaria and diarrhoeal diseases, importance of immunization, safe drinking water, community and household hygiene etc.

## **Community Event Based Surveillance (CEBS)**

During the period under review, 103 alerts were recorded by LNRCS CEBS volunteers and reported to county health authorities. Alerts included suspected cases of EVD, measles, polio, neonatal tetanus, rabies, unknown causes of death, maternal deaths and diarrhoea. All suspected EVD specimens were collected by CHTs and results were negative. A total of 1,652 people (965 females and 787 males) were reached with surveillance activities. A total of 103 alerts have been recorded and reported to county health authorities.

### **EVD response activities**

A confirmed case of Ebola was reported in Montserrado County on April 1, 2016. The LNRCS supported the Ministry of Health (MOH) with social mobilization. A total of 50 volunteers (40 volunteers for Social Mobilization and awareness and 10 for PSS) were mobilized and deployed in affected communities (Jacob's Town and Soul Clinic) to conduct sensitization and disseminate infection prevention and control (IPC) messages reaching a total of 31,889 people from April 8 to June 9, 2016. Hand sanitisers, hand washing buckets and chlorine were distributed to households and institutions in the affected communities. The LNRCS further responded to the government of Liberia's appeal to partners to continue with Social Mobilization for additional 21 days. A debriefing meeting was held at Montserrado Chapter on 27 May 2016 for 25 volunteers engaged in Social Mobilization and PSS support to affected families and communities during the heightened surveillance period following the last Ebola cases in March/April 2016. The purpose of the meeting was to enhance peer support among volunteers during their follow-up visit to affected communities.

### **Psychosocial Support (PSS)**

In 2016, a total of 102 volunteers (56 females and 44 males) trained in PSS from the five EVD-RP chapters reached a total of 1,858 people including 572 men, 860 women, 423 children (gender unspecified) with PSS interventions. Additionally, LNRCS volunteers conducted 750 sessions on PSS issues including psychological first aid, stress management for EVD survivors, orphans and affected families, psycho talks in schools and home visits. The team also carried out one to one lay-counseling session with orphans and families affected by stress, domestic violence, stigma, grief and loss. A total of 136 survivors, 224 orphans, and 1,501 families were reached through 700 PFA sessions. Two family mediation sessions were also conducted to address situations of domestic violence. A total of 12 persons (nine females and four males) were referred to county mental health clinicians in three of the five recovery counties. The HQ PSS team conducted coaching, supervision and technical support sessions to five PSS officers and 100 volunteers in the five Recovery chapters.

A total of six psycho education sessions conducted along with the Girls Unit team in six schools in EVD-RP counties on the topic; "The importance of Peer Support in Schools". During the period under review, two community mobilization sessions were conducted with 42 community leaders in EVD-RP.

### **Capacity development for volunteers and staff**

The following trainings were conducted:

- In February 2016, The PSS team conducted refresher training for PSS volunteers and government health staff on Psychological First Aid (PFA) in collaboration with UNICEF and the Ministry of Gender and Social Protection.
- A PSS ToT session was held on April 18, 2016 with 43 participants from HQ, the Field Officers, Health Officers, Branch Leaders, Psychosocial Support Officers and Beneficiary Communication Officers from the five Recovery chapters. A total of 48 volunteers in Bomi and Montserrado (24 volunteers per chapter) were also trained.
- DRR training was conducted in Gbarpolu and Grand Cape Mount in four communities (two communities in each chapter) from 27 March to 1 April 2016. A total of 100 Community Based Action Teams (CBATs) were trained (50 participants in each chapter). The training covered various topics including hazard and risk mapping, early warning systems and community engagement.
- Trainers (ToT) workshop for Community Event-Based Surveillance (CEBS) was conducted from 18 – 22 April 2016 in Bomi for participants from headquarters and Bomi, Cape Mount, Gbarpolu, Margibi, and Montserrado counties along with some chapter staff from Maryland, Grand Gedeh, Bong, Nimba and River Gee counties. The training was held to disseminate the newly developed strategy (CEBS) by WHO and the MoH to combat priority diseases that are of public health concern.
- A CBHFA training of trainers (TOT) refresher session was conducted on April 21, 2016 for 23 LNRCS staff from the five EVD-Chapters including field officers, health officers, branch leaders, PSS officers and

communication officers. A total of 420 volunteers/participants (279 females and 41 males) were trained from the five recovery chapters and ten team leaders. CBHFA manuals (facilitator's guides, volunteer 's manuals and tool kits).

- A PSS refresher training was conducted from 16 – 20 May 2016 at Bomi Chapter for 25 PSS staff and field and recovery programme staff from eight chapters (Bomi, Montserrado, Margibi, Cape Mount, Gbarpolu, Lofa, Bong and Nimba) and HQ. All the participants previously participated in the first National PSS training of trainers in December 2015. The objectives of the training were to strengthen the LNRCS core team of national PSS trainers in facilitation skills as well as planning for the different PSS trainings and also to develop the capacity of the staff in basic lay counselling skills.
- CBHFA trainings were held in Margibi, Cape Mount and Gbarpolu chapters in July 2016, bringing 420 (total numbers of trained volunteers and 10 team leaders). Following the training health promotion was conducted through health talks and home visits. A total of 9,520 (5,591 females 3,479 males) people were reached on various topics: Breast feeding, Diarrheal prevention, Important of immunization, Safe drinking water etc. All the 60 recovery communities were covered by these particular activities.
- From June to August 2016, 98 volunteers were trained in CEBS (55 females and 43 males' volunteers).
- From 7 - 22 July 2016, a total of 256 volunteers and six team leaders were trained on CBHFA in three counties as follows:
  - Montserrado County - A total of 96 volunteers (70 male and 26 female) and two team leaders participated in the CBHFA training in Monrovia from 7 - 10 July 2016.
  - Bomi County - Training was simultaneously conducted for 96 volunteers and two team leaders (59 male and 37 female) from 19 - 21 July 2016 in the following three locations of Sass Town, Todien and Tubmanburg in Bomi with 32 participants registered per training.
  - Grand Cape Mount County - CBHFA training was conducted for 28 volunteers and two team leaders (19 male and 11 female) from 12 -14 July 2016.
  - Gbarpolu County - Training was conducted for three days from 12 - 14 July 2016 in Bopolu City for 28 volunteers and two team leaders (22 males and eight female)
- From 15 – 19 July 2016 a total of 54 volunteers (42 Males and 12 Females) were trained in PSS skills in Gbarpolu, Grand Cape Mount and Montserrado counties. The training was geared towards equipping community volunteers with basic knowledge and skills in PSS in order to identify and support individuals, families, communities' etc., experiencing distress due to crisis. Volunteers were familiarized with crisis events (understanding of crisis events and how to recognize them in the community). Participants were also trained to understand stress and how people react to it. Basics skills in Psychological First Aid were also thought through adult participatory learning process, role-play, brainstorming and presentations. PSS brochures on psychosocial first aid, stress and coping were distributed for use by volunteers in identifying and supporting individuals experiencing stress due to crisis.
- During the Margibi floods response operation in July 2016, 50 volunteers from Margibi chapter were trained in CEBS and Epidemic Disease Control (EPI), including 26 volunteers from the flood communities. In total, 98 volunteers were trained along with two team leaders (this activity is conducted in three of the five Recovery chapters; Montserrado, Margibi and Bomi. Following the training, the volunteers commenced implementation by educating members of their communities on priority diseases and public health events under surveillance.
- In Bomi County, training was conducted for 24 volunteers and two team leaders (22 Males and 4 Females) from 22 - 23 July 2016. A combination of case scenarios, role-play, brainstorming and lectures were the main methods used in delivering the training. Volunteers acquired knowledge to enable them to identify and report triggers of these priority diseases and events in the community. CEBS Job Aids were distributed to all participants of the training to enable them identify triggers within the communities that are of public health concern.
- DRR training aimed at building community resilience and community understanding of levels of vulnerability and risk was conducted for 78 participants (26 per chapter) from target communities in Bomi, Margibi and Montserrado.

- A PSS refresher training was conducted for 44 participants including 2 team leaders from the 12 selected communities within Bomi County and 20 staffs from 9 chapters: Bomi, Montserrado, Margibi, Gbarpolu, Grand Cape Mount, Lofa, Bong, Nimba and River Gee counties including programme staff from HQ and a mental health clinician from Bomi County Health Team. The participants were trained as national TOTs to determine and strengthen their facilitation skills, and increase their understanding in the seven PSS training modules to enable them roll it out to the LNRCS volunteers.



## Water, Sanitation and Hygiene (WASH)

### **Outcome 2: Reduced death and illness related to water and sanitation related diseases in the targeted communities**

*Output 2.1: Village committees established and volunteers recruited to implement community based health and WASH programme in villages*

*Output 2.2: Provision of safe clean water and sanitary facilities in target communities*

#### **Achievements**

The WASH interventions under the EVD-RP were aimed at providing safe drinking water through the construction and rehabilitation of water points; enhancing safe disposal of faecal matter through the construction of latrines and providing health education and promotion to advance the ideals of personal and general hygiene. During the period under review, the WASH unit conducted technical water and sanitation assessments in 36 communities in three chapters (Bomi, Margibi and Montserrado). WASH technicians were recruited and deployed in each county. Materials for the construction and rehabilitation of WASH facilities were procured and prepositioned in Bomi, Margibi, and Montserrado.

A 12-day training on both the hardware and software components of the project was conducted for 108 volunteers and six team leaders on management of the WASH facilities. A community cash box system was also established to ensure longer-term sustainability and community involvement and financial contribution towards the maintenance of WASH facilities. The trained volunteers are now serving on the WASH committees in their various communities. A WASH knowledge, attitude and practice (KAP) survey was conducted in 36 communities in three chapters (Montserrado, Margibi and Bomi). The WASH unit visited the 36 project communities in Montserrado, Margibi and Bomi to monitor cash box collection, cleanup campaigns, identify community warehouses for storage of materials and site selection for the construction of wells and latrines in those communities. A total of 14,561 community members including 8,332 females, 5,806 males and 423 children (gender unspecified) benefited directly from the WASH intervention.

The LNRCS WASH supervisor together with County WASH coordinator from the Ministry of Public Works (MoPW), and Environmental Health Officers from Bomi, Margibi and Montserrado County health teams (CHT) completed training for community WASH committees (CWCs) in Bomi, Margibi and Montserrado respectively as follows:

- In Bomi, training was conducted for 40 Community Red Cross volunteers in two sessions. The first session of the training was held from the 8<sup>th</sup> to the 9<sup>th</sup> of August 2016 and had the total of 20 participants (three females and 17 males), 18 community volunteers and two volunteer supervisors. The second training was held from the 10<sup>th</sup> to the 11 of August 2016; the training also had 20 participants (6 females and 14 males); 18 of the participants came from the communities and the two volunteer team leaders.
- In Margibi, training was conducted for 38 Community Red Cross volunteers in two separate sessions. The first session of the training was held in Dolo Town, Mamba Kaba district from the 22<sup>nd</sup> to the 23<sup>rd</sup> of August 2016 for 17 participants (8 females and 9 males) including two volunteers' supervisors. The second session was held in Weala, Gibi district from August 25<sup>th</sup> to 26, and had the total of 21 participants (7 females and 14 males) including two volunteers' team leaders
- In Montserrado, training was also conducted for 38 Community Red Cross volunteers in two separate sessions. The first session of the training was held in Todee district, Montserrado County from 15 to 16 of August 2016. The first session of the training had the total of 23 participants (nine females and 14 males) including two volunteer supervisors. The second session was held in Bentol City, Carey Burg district from the 18 to the 19 of August for 17 persons participated (six females and 11 males) including two volunteers team leaders. Physical field demonstration of hand pump repair and other practical lessons were included in the training. The objectives of the training were:

- To strengthen, support and increase the capacity and knowledge of Red Cross community volunteers in both hardware and software issues relating to community water, sanitation hygiene (WASH)
- To implement the continue function of the WASH facilities in their communities through community cash box system, repair of broken down water points (hand pump), maintenance of latrines and hygiene promotion through awareness communities.
- The project target was to complete 30 latrines, 15 new wells and 30 rehabilitations however, 10 new wells, 21 rehabilitations and 17 new latrines were completed (see tables below). The balance of unused WASH materials was placed in the three chapters' warehouses.

#### Montserratado WASH Activities

Activities	Well construction	Well rehabilitation	Latrine construction
Target	5	10	10
Completed	2	2	3
Pending	3	8	8

#### Margibi WASH Activities

Activities	Well construction	Well rehabilitation	Latrine construction
Target	5	10	10
Completed	4	9	4
Pending	1	1	6

#### Bomi WASH Activities

Activities	Well construction	Well rehabilitation	Latrine construction
Target	5	10	10
Completed	4	10	10
Pending	1	0	0



### Livelihoods; Nutrition; Food Security

**Outcome 3: The immediate and long term food needs of families and communities affected by EVD significantly improved**

**Output 3.1: Targeted EVD affected families to be supported in livelihoods activities**

#### Achievements

A livelihoods assessment was conducted in the locations of Bomi, Gbarpolu, Grand Cape Mount, Margibi, and Montserratado between 11-26 May 2016 to identify specific needs of the communities that were most affected by EVD and the present conditions of the affected communities.

In May 2016 a livelihood assessment was conducted in Bomi, Cape Mount, Margibi, Montserratado, and Gbarpolu (four communities per county). Beneficiary identification and community selection exercises were conducted to identify the most vulnerable communities and community members affected by EVD including widows and widowers, orphans and survivors. A total of 1714 people participated in the assessment. The purpose of the assessment was to determine the living conditions and level of vulnerability in EVD affected communities. A total of 1,000 people (389 females and 611 males) were selected to receive gardening seeds and tools and 300 people (210 females and 90 males) were registered for skills training from the five (EVD-RP chapters (three communities per chapter.)

Following the beneficiary identification and community selection exercise, entrepreneurship training was conducted for the 300 community members selected for skills training. The training covered six topics and a group exercise. The topics covered were:

- Assets and liabilities
- Who is an Entrepreneur and Entrepreneurism?
- Cash flow
- Four Ps of business management; Product, Price, Promotion and Place
- What is business management and why we do business

- Key success factors for running a business

The livelihoods activities however could not be implemented before the end 2016 due to operational constraints and will be incorporated into the Operational Plan for 2017 (MAALR001).



## Disaster preparedness and risk reduction

Restoring family links

***Outcome 4a: Disaster Preparedness - Community -Based Action Teams (CBATs) functional enabling effective early warning for epidemics and natural disasters***

*Output 4.1a: Establish and train community based action teams (CBATs)*

***Outcome 4b: Disaster Response - Capacity of LNRCS staff and volunteers strengthened to effectively and efficiently respond to epidemics and other disasters***

***Output 4.1b: Establish and train disaster response teams***

***Output 4.2b: Contingency Plans (CP) developed at district and national level***

***Output 4.3b: Emergency response materials strategically pre-positioned for easy deployment in emergency***

***Outcome 4c: Reduce the risk of disaster and improve community resilience in targeted communities***

***Output 4.1c: The target communities sensitized on risks***

### Achievements

During the period under review, the Disaster Management (DM) team established 19 CBATs in Grand Cape Mount and Gbarpolu chapters and conducted training for 100 persons, 50 per chapter and the setup of cross border response teams to enhance the surveillance of people moving across the borders with Sierra Leone and Guinea.

The CBATs developed community level hazard and risk mitigation action plans in the 58 target communities. The plans were implemented through cleanup campaigns, fire prevention awareness and roads reconditioning. Clean-up tools were distributed from 1 - 8 November 2016 to CBATs in 58 communities in Bomi, Gbarpolu, Grand Cape Mount, Margibi and Montserrado. Cleaning up activities and community plans were developed in each of the communities. Community risk maps updated and posted at central points in each community. A total of 1,884 people (916 females and 968 males) were reached with DRR awareness messages in 58 communities.

## CHALLENGES

Although the EVD recovery programme was underway, from January, it was greatly impacted by the integrity issues that destabilized the National Society. This was further exacerbated by financial and procurement restrictions placed after the 2015 IFRC audit recommendations, which slowed down the rate of implementation and expenditure. Most of the restrictions were lifted in July 2016; however, restriction on transfer of working advances to the National Society was maintained. Despite the difficult operational circumstances some progress, although not optimal was achieved.

## LESSONS LEARNED

Involvement of community members in planning and implementation of programme activities encourages community ownership and sustainability of interventions.

## D. THE BUDGET

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## Contact information

### Reference documents

Click here for:

- Previous Appeals and updates

**For further information specifically related to this operation please contact:**

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[Click here](#)

1. Revised Emergency Appeal budget (*if needed*) [below](#)
2. Click [here](#) to return to the title page

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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.

[www.ifrc.org](http://www.ifrc.org)  
Saving lives, changing minds.



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.

## Disaster Response Financial Report

## MDRLR001 - Liberia - Ebola Virus Disease

Timeframe: 09 Apr 14 to 31 Dec 16

Appeal Launch Date: 29 Apr 14

Final Report

Selected Parameters			
Reporting Timeframe	2014/4-2018/8	Programme	MDRLR001
Budget Timeframe	2014/4-2016/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>A. Budget</b>			<b>22,155,411</b>			<b>22,155,411</b>	
<b>B. Opening Balance</b>							
<b>Income</b>							
<b>Cash contributions</b>							
Airbus			2,740			2,740	
American Red Cross			451,884			451,884	
Australian Red Cross			81,647			81,647	
Austrian Red Cross (from Austrian Government*)			582,579			582,579	
Belgian Federal Government			2,411,481			2,411,481	
Bill & Melinda Gates Foundation			462,608			462,608	447,162
British Red Cross			128,803			128,803	
British Red Cross (from British Government*)			298,311			298,311	
British Red Cross (from Children's Investment Fund Foundation*)			2,376,364			2,376,364	
British Red Cross (from DEC (Disasters Emergency Committee)*)			168,417			168,417	
ChevronTexaco Corp.			1,369			1,369	
China Red Cross, Hong Kong branch			122,487			122,487	
European Commission - DG ECHO			1,172,040			1,172,040	
Finnish Red Cross			53,548			53,548	
Finnish Red Cross (from Finnish Government*)			290,516			290,516	
French Red Cross			-304			-304	
French Red Cross (from Total*)			179,962			179,962	
Freshfields			3,150			3,150	
Infoma			2,657			2,657	
Japanese Government			3,970,637			3,970,637	1,647
Japanese Red Cross Society			303,232			303,232	
KPMG Disaster Relief Fund			2,196			2,196	
KPMG International Cooperative(KPMG-I)			32,349			32,349	
Louis Berger			31			31	
Nestle			1,924			1,924	
Nethope INC.			45,668			45,668	
Norwegian Red Cross			47,390			47,390	
Olam			2,389			2,389	
On Line donations (from Andorra - Private Donors*)			1			1	
On Line donations (from Australia - Private Donors*)			387			387	
On Line donations (from Austria - Private Donors*)			43			43	
On Line donations (from Azerbaijan Private Donors*)			6			6	
On Line donations (from Bahrain - Private Donors*)			138			138	
On Line donations (from Barbados - Private Donors*)			1			1	
On Line donations (from Belarus - Private Donors*)			2			2	
On Line donations (from Belgium - Private Donors*)			5			5	
On Line donations (from Brazil - Private Donors*)			245			245	
On Line donations (from Bulgaria - Private Donors*)			30			30	
On Line donations (from Canada - Private Donors*)			488			488	
On Line donations (from China - Private Donors*)			300			300	
On Line donations (from Colombia - Private Donors*)			3			3	
On Line donations (from Costa Rica - Private Donors*)			5			5	
On Line donations (from Czech private donors*)			11			11	
On Line donations (from Denmark - Private Donors*)			19			19	
On Line donations (from Dominican Republic - Private Donor*)			1			1	
On Line donations (from Egypt - Private Donors*)			115			115	
On Line donations (from Fiji Private Donors*)			2			2	
On Line donations (from Finland - Private Donors*)			14			14	

## Disaster Response Financial Report

### MDRLR001 - Liberia - Ebola Virus Disease

Timeframe: 09 Apr 14 to 31 Dec 16

Appeal Launch Date: 29 Apr 14

Selected Parameters			
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Budget Timeframe	2014/4-2016/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

On Line donations (from France - Private Donors*)	124	124
On Line donations (from Georgia Private Donors*)	4	4
On Line donations (from Germany - Private Donors*)	65	65
On Line donations (from Great Britain - Private Donors*)	1,684	1,684
On Line donations (from Greece - Private Donors*)	132	132
On Line donations (from Greenland - Private donors*)	1	1
On Line donations (from Hong Kong - Private Donors*)	289	289
On Line donations (from Hungarian - Private Donors*)	36	36
On Line donations (from icelandic RC*)	3	3
On Line donations (from India - Private Donors*)	56	56
On Line donations (from Indonesia - Private Donors*)	46	46
On Line donations (from Ireland - Private Donors*)	117	117
On Line donations (from Israel - Private Donors*)	8	8
On Line donations (from Italy - Private Donors*)	51	51
On Line donations (from Japan - Private Donors*)	441	441
On Line donations (from Jordan - Private Donors*)	4	4
On Line donations (from Kazakhstan - Private Donors*)	3	3
On Line donations (from Kenya - Private Donors*)	16	16
On Line donations (from Kuwait - Private Donors*)	230	230
On Line donations (from Latvia - Private Donors*)	3	3
On Line donations (from Lebanese - Private Donors*)	24	24
On Line donations (from Lithuania- Private Donors*)	1	1
On Line donations (from Luxembourg - Private Donors*)	1	1
On Line donations (from Macao - Private donors*)	20	20
On Line donations (from Malaysia - Private Donors*)	88	88
On Line donations (from Maldives Private Donors*)	1	1
On Line donations (from Malta - Private Donors*)	1	1
On Line donations (from Mauritius Private Donors*)	9	9
On Line donations (from Mexico - Private Donors*)	32	32
On Line donations (from Myanmar - Private Donors*)	1	1
On Line donations (from Namibia - Private Donors*)	1	1
On Line donations (from Nepal Private Donors*)	1	1
On Line donations (from Netherlands - Private Donors*)	39	39
On Line donations (from New Zealand - Private Donors*)	94	94
On Line donations (from Nigeria private donors*)	3	3
On Line donations (from Norway - Private Donors*)	156	156
On Line donations (from Oman - Private Donors*)	113	113
On Line donations (from Pakistan Private Donors*)	10	10
On Line donations (from Panama Private donors*)	9	9
On Line donations (from Philippines - Private Donors*)	39	39
On Line donations (from Poland - Private Donors*)	19	19
On Line donations (from Portuguese - Private Donors*)	44	44
On Line donations (from Puerto Rico - Private donors*)	5	5
On Line donations (from Qatar Private Donors*)	190	190
On Line donations (from Republic of Korea - Private Donors*)	115	115
On Line donations (from Romania Private Donors*)	1	1
On Line donations (from Russia - Private Donors*)	58	58
On Line donations (from Saudi Arabia - Private Donors*)	181	181
On Line donations (from Sierra Leone - Private Donors*)	33	33
On Line donations (from Singapore - Private Donors*)	477	477

## Disaster Response Financial Report

## MDRLR001 - Liberia - Ebola Virus Disease

Timeframe: 09 Apr 14 to 31 Dec 16

Appeal Launch Date: 29 Apr 14

Selected Parameters			
Reporting Timeframe	2014/4-2018/8	Programme	MDRLR001
Budget Timeframe	2014/4-2016/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

## Final Report

All figures are in Swiss Francs (CHF)

On Line donations (from Slovakia Private Donors*)	4	4	
On Line donations (from Slovenia - Private Donors*)	1	1	
On Line donations (from South Africa - Private Donors*)	23	23	
On Line donations (from Spain - Private Donors*)	178	178	
On Line donations (from Sri Lanka - Private Donors*)	34	34	
On Line donations (from Swedish - Private Donors*)	203	203	
On Line donations (from Switzerland - Private Donors*)	345	345	
On Line donations (from Taiwan - Private Donors*)	263	263	
On Line donations (from Tajikistan - Private Donors*)	1	1	
On Line donations (from Thailand - Private Donors*)	72	72	
On Line donations (from Trinidad & Tobago - Private Donors*)	2	2	
On Line donations (from Turkey - Private Donors*)	22	22	
On Line donations (from Ukraine private donors*)	10	10	
On Line donations (from Unidentified donor*)	1	1	
On Line donations (from United Arab Emirates - Private Donors*)	470	470	
On Line donations (from United States - Private Donors*)	7,853	7,853	
On Line donations (from Vietnam - Private Donors*)	5	5	
Other	4,954	4,954	
Red Cross of Monaco	12,142	12,142	
Sime Darby Berhad	142,227	142,227	
Spanish Government	1,613,715	1,613,715	
Swedish Red Cross	1,298,842	1,298,842	
Swiss Red Cross (from Swiss Government*)	1,000,000	1,000,000	
The Canadian Red Cross Society (from Canadian Government*)	919,690	919,690	
The Netherlands Red Cross	585,700	585,700	
The Netherlands Red Cross (from Netherlands Government*)	723,726	723,726	
UNICEF - United Nations Children's Fund	140,110	140,110	
United States Government - USAID	759,979	759,979	
<b>C1. Cash contributions</b>	<b>20,413,535</b>	<b>20,413,538</b>	<b>448,809</b>
<b>Inkind Goods &amp; Transport</b>			
British Red Cross	100	100	
The Netherlands Red Cross	9,762	9,762	
UNICEF - United Nations Children's Fund	531,291	531,291	
<b>C2. Inkind Goods &amp; Transport</b>	<b>541,153</b>	<b>541,153</b>	
<b>Inkind Personnel</b>			
Australian Red Cross	65,515	65,515	
British Red Cross	62,009	62,009	
Danish Red Cross	209,713	209,713	
Finnish Red Cross	73,035	73,035	
Kenya Red Cross Society	0	0	
New Zealand Red Cross	46,797	46,797	
Other	0	0	
<b>C3. Inkind Personnel</b>	<b>457,070</b>	<b>457,070</b>	
<b>Other Income</b>			
Fundraising Fees	-9,557	-9,557	
<b>C4. Other Income</b>	<b>-9,557</b>	<b>-9,557</b>	
<b>C. Total Income = SUM(C1..C4)</b>	<b>21,402,203</b>	<b>21,402,203</b>	<b>448,809</b>
<b>D. Total Funding = B +C</b>	<b>21,402,203</b>	<b>21,402,203</b>	<b>448,809</b>

\* Funding source data based on information provided by the donor

**Disaster Response Financial Report**

MDRLR001 - Liberia - Ebola Virus Disease

Timeframe: 09 Apr 14 to 31 Dec 16

Appeal Launch Date: 29 Apr 14

Final Report

**Selected Parameters**

Reporting Timeframe	2014/4-2018/8	Programme	MDRLR001
Budget Timeframe	2014/4-2016/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

**II. Movement of Funds**

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income			21,402,203			21,402,203	448,809
E. Expenditure			-20,643,143			-20,643,143	
F. Closing Balance = (B + C + E)			759,061			759,061	448,809

## Disaster Response Financial Report

### MDRLR001 - Liberia - Ebola Virus Disease

Timeframe: 09 Apr 14 to 31 Dec 16

Appeal Launch Date: 29 Apr 14

Final Report

Selected Parameters			
Reporting Timeframe	2014/4-2018/8	Programme	MDRLR001
Budget Timeframe	2014/4-2016/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## III. Expenditure

Account Groups	Budget	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	Expenditure	
							TOTAL	Variance
	A						B	A - B
<b>BUDGET (C)</b>				<b>22,155,411</b>			<b>22,155,411</b>	
<b>Relief items, Construction, Supplies</b>								
Shelter - Relief	52,961			52,961			52,961	0
Construction - Facilities	41,302			46,805			46,805	-5,503
Construction Materials	434,666			133,471			133,471	301,195
Clothing & Textiles	101,660			14,459			14,459	87,201
Food	20,310			38,607			38,607	-18,297
Seeds & Plants	53,150			80,646			80,646	-27,496
Water, Sanitation & Hygiene	612,654			486,481			486,481	126,173
Medical & First Aid	1,102,880			1,105,261			1,105,261	-2,381
Teaching Materials	58,541			101,120			101,120	-42,579
Utensils & Tools	184,211			188,010			188,010	-3,799
Other Supplies & Services	270,570			218,573			218,573	51,997
Cash Disbursement	734			734			734	0
<b>Total Relief items, Construction, Sup</b>	<b>2,933,639</b>			<b>2,467,126</b>			<b>2,467,126</b>	<b>466,513</b>
<b>Land, vehicles &amp; equipment</b>								
Vehicles	253,750			263,889			263,889	-10,139
Computers & Telecom	416,904			427,192			427,192	-10,288
Office & Household Equipment	105,600			66,461			66,461	39,139
Others Machinery & Equipment				1,098			1,098	-1,098
<b>Total Land, vehicles &amp; equipment</b>	<b>776,254</b>			<b>758,639</b>			<b>758,639</b>	<b>17,615</b>
<b>Logistics, Transport &amp; Storage</b>								
Storage	55,500			49,866			49,866	5,634
Distribution & Monitoring	407,605			407,633			407,633	-28
Transport & Vehicles Costs	1,948,497			1,933,588			1,933,588	14,909
Logistics Services	182,420			130,043			130,043	52,377
<b>Total Logistics, Transport &amp; Storage</b>	<b>2,594,022</b>			<b>2,521,131</b>			<b>2,521,131</b>	<b>72,891</b>
<b>Personnel</b>								
International Staff	4,680,000			4,576,493			4,576,493	103,507
National Staff	16,948			86,269			86,269	-69,321
National Society Staff	2,081,657			2,055,618			2,055,618	26,039
Volunteers	2,790,040			2,737,285			2,737,285	52,755
Other Staff Benefits	125,576			125,576			125,576	0
<b>Total Personnel</b>	<b>9,694,221</b>			<b>9,581,242</b>			<b>9,581,242</b>	<b>112,980</b>
<b>Consultants &amp; Professional Fees</b>								
Consultants	150,190			118,714			118,714	31,476
Professional Fees	380,000			499,348			499,348	-119,348
<b>Total Consultants &amp; Professional Fees</b>	<b>530,190</b>			<b>618,062</b>			<b>618,062</b>	<b>-87,872</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	1,239,207			680,501			680,501	558,706
<b>Total Workshops &amp; Training</b>	<b>1,239,207</b>			<b>680,501</b>			<b>680,501</b>	<b>558,706</b>
<b>General Expenditure</b>								
Travel	632,520			646,884			646,884	-14,364
Information & Public Relations	585,650			488,597			488,597	97,053
Office Costs	584,300			557,730			557,730	26,570
Communications	227,035			206,184			206,184	20,851
Financial Charges	276,500			147,104			147,104	129,396
Other General Expenses				16,580			16,580	-16,580
Shared Office and Services Costs	557,232			533,514			533,514	23,718

## Disaster Response Financial Report

MDRLR001 - Liberia - Ebola Virus Disease

Timeframe: 09 Apr 14 to 31 Dec 16

Appeal Launch Date: 29 Apr 14

Final Report

## Selected Parameters

Reporting Timeframe	2014/4-2018/8	Programme	MDRLR001
Budget Timeframe	2014/4-2016/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>				<b>22,155,411</b>			<b>22,155,411</b>	
<b>Total General Expenditure</b>	2,863,237			2,596,593			<b>2,596,593</b>	<b>266,644</b>
<b>Depreciation</b>								
Depreciation and impairment	3,489			4,710			<b>4,710</b>	<b>-1,221</b>
<b>Total Depreciation</b>	3,489			4,710			<b>4,710</b>	<b>-1,221</b>
<b>Contributions &amp; Transfers</b>								
Cash Transfers National Societies	41,547							<b>41,547</b>
Cash Transfers to 3rd Parties				41,547			<b>41,547</b>	<b>-41,547</b>
<b>Total Contributions &amp; Transfers</b>	41,547			41,547			<b>41,547</b>	<b>0</b>
<b>Indirect Costs</b>								
Programme & Services Support Recove	1,343,927			1,222,811			<b>1,222,811</b>	<b>121,116</b>
<b>Total Indirect Costs</b>	1,343,927			1,222,811			<b>1,222,811</b>	<b>121,116</b>
<b>Pledge Specific Costs</b>								
Pledge Earmarking Fee				131,030			<b>131,030</b>	<b>-131,030</b>
Pledge Reporting Fees	135,677			19,750			<b>19,750</b>	<b>115,927</b>
<b>Total Pledge Specific Costs</b>	135,677			150,781			<b>150,781</b>	<b>-15,103</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>22,155,411</b>			<b>20,643,143</b>			<b>20,643,143</b>	<b>1,512,268</b>
<b>VARIANCE (C - D)</b>				<b>1,512,268</b>			<b>1,512,268</b>	