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Emergency appeal operations update Liberia: Ebola Virus Disease outbreak

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRLR001		GLIDE n° EP-2014-000039-LBR
Operations update n° 1		Timeframe covered by this update: 8 April – 11 May 2014
Emergency Appeal operation start date: 30 April 2014		Timeframe: 6 months, end on 31 October 2014
Appeal budget: CHF 517,766	Appeal coverage: 9%	Total estimated Red Cross and Red Crescent response to date: CHF 194,000 (Including DREF start-up loan)
Disaster Relief Emergency Fund (DREF) allocated: CHF 101,388		
N° of people being assisted: 1,500,000		
Host National Society presence: 30 staff, 300 volunteers of five chapters directly involved in the operation		
Red Cross Red Crescent Movement partners actively involved in the operation: , Spanish Red Cross, International Committee of the Red Cross, Danish Red Cross Chinese Red Cross and Canadian Red Cross		
Other partner organizations actively involved in the operation: Ministry of Health and Social Welfare, World Health Organization, Médecins Sans Frontières and Samaritan purse		

Summary: The last confirmed Ebola Virus Disease case in Liberia was reported on 6 April and the last contact tracing was concluded on 5 May. This means that clinical case management and contact tracing activities have been scaled down, while social mobilization, awareness raising and key messaging continue at full pace due to the continuous caseload in Guinea. The Liberian Red Cross Society support to the government in contact tracing is on hold (no active contacts), but psychosocial support to contacts of clinical cases is on-going at community level.

The Ministry of Health & Social Welfare continues to conduct reclassification of the Ebola Virus Disease removing the confirmed negative cases from the suspected caseload count, thus reducing the total number of confirmed, probable and suspected cases to a current total of 12 with 9 deaths. The caseload summary since 24 March stands as below:

Counties	Suspected cases/deaths	Probable Case/deaths	Confirmed Case/deaths	County total Cases/deaths
Montserrado				0/0
Lofa	1/1	2/2	4/4	7/7
Margibi			2/2	2/2
Nimba	2/0			2/0
Bong	1/0			1/0
Total	4/1	2/2	6/6	12/9

Source: Liberian Ministry of Health & Social Welfare 9 May 2014

Confirmed cases across the border in Guinea continue to occur, with new confirmed cases being reported in Guéckédou region on the 10 May. Therefore the Ministry of Health & Social Welfare recommends a continued high implementation of the social mobilization activities due to the high risk of imported cases and cross border movement. The lack of historical evidence of previous outbreaks in the region inhibits full scenario planning, however cultural and epidemiological factors mean that while active cases are still occurring in the area, a full response is warranted in Liberia. The Liberian Red Cross Society Ebola team supported by the IFRC FACT and surge capacity personnel through the ERU system continues to assess the risk, and risk analyses of open borders, a high number of Guinea residents seeking health care at the Liberian side of the border and movement behaviour of border communities recommends continued full scale prevention interventions.

The operational strategy of the Liberian Red Cross Society remains unchanged with the counties of Lofa, Montserrado and Margibi considered high-risk areas, and the counties of Bong and Nimba considered low to medium risk areas. Lofa and Margibi have both experienced confirmed Ebola Virus Disease cases are located close to the Guinea border and the epicentre of the regional outbreak, and Montserrado (where the capital Monrovia is located) is considered high risk due to population density.

Coordination and partnerships

Since the onset of the epidemic, the Ministry of Health & Social Welfare has been coordinating the national response, requesting support from its main partners such as World Health Organization, Médecins Sans Frontières and the Red Cross for planning and implementation of the response and monitoring of the situation. Coordination meetings are now held twice per week at the ministry, attended by the different actors involved in the operation, including a number of smaller humanitarian organisations.

The Red Cross Red Crescent response is being led by the Liberian Red Cross Society with support from the IFRC country delegation and the FACT team. The Canadian Red Cross and the Hong Kong Red Cross have provided multilateral funding to the emergency appeal and in-country movement partners (Danish Red Cross and Spanish Red Cross) have provided bilateral financial support to the operation as follows (covering activities included in the IFRC Emergency Plan of Action, but outside the multilateral budget)

Movement partner	Multilateral	Bi-lateral
Canadian Red Cross	28,485	
Hong Kong Red Cross	13,134	
Danish Red Cross (in-kind personnel)	15,000	
Chinese Red Cross		17,500
Danish Red Cross		54,250
Spanish Red Cross		18,250
Total	CHF 56,619	CHF 92,600

The bi-lateral contributions from the Danish Red Cross directly supports implementation activities in the counties of Lofa, Bong and Nimba, while the Spanish Red Cross contribution supports activities in Montserrado county.

In addition to the financial support, the British, Danish, Finnish, Japanese Red Cross and IFRC Haiti office have supported deployment of a FACT team, and the Hong Kong Red Cross have deployed a three members from the ERU roster to support health promotion and project management at chapter level. In addition to this surge capacity, the Danish Red Cross is supporting the operation with an Operations Manager for an initial two months with possible extension.

The current partner response to the Emergency Appeal will allow the response phase to continue as planned for the next 4-6 weeks, but additional funds are needed to continue the operation and put necessary preparedness measures in place.

Operational implementation

Overview

Implementation of response activities was commenced at the onset of the outbreak and was scaled up through allocation of IFRC DREF, deployment of a FACT team and the launch of an Emergency Appeal. 230 volunteers have been mobilized and trained in four counties (additional trainings planned this week for Bong and Nimba) and are deployed on a daily basis to provide psychosocial support, Ebola awareness and key messaging.

The following provides geographical breakdown of activities to date.

Activity	Lofa	Margibi	Montserrado	Bong	Nimba	Total
# of volunteers trained and activated	75	50	75	-	30	230
# of people reached through awareness campaign	17,180 (3,436 HH)	1,500 (300 HH)	2,520 (405 HH)	-	2,007 (501 HH)	23,207

# of school sessions		5		-	5
# of contacts traced	1	3	2	-	6
# of PSS counselling sessions	30	3	14		47
# of community re-integration sessions	30	3		-	33

*some field reports have not been registered and the presented figures may be lower than the actual figures

At the national level, the awareness and health promotion campaign is being supported through a live interactive national broadcast radio show, "The Red Cross Radio Show" which premiered on 8 May, and is planned as a weekly show to raise the population knowledge of Ebola prevention and symptoms and to engage the population in discussions around stigma, denial and psychosocial consequences of the epidemic.

A Knowledge, Attitude and Practice (KAP) baseline survey has been carried out in the affected areas to analyse the current Ebola Virus Disease awareness level and guide possible changes to the operational strategy and implementation methods. A second KAP survey is planned in two weeks, prior to the ERU end of mission, and a third final evaluation KAP survey is planned once the implementation has been completed. The KAP survey is making use of the IFRC Rapid Mobile Phone survey tool.

Planned interventions	Implementation (%)
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	60% - Coordination and operations management mechanisms established and well-functioning. Emergency plan of action developed and used. Preparedness and contingency measures need to be improved.
Output 1.2 Community-based disease prevention and health promotion is provided to the target population	20%, 23,207 direct beneficiaries reached to date.
Output 1.3 Epidemic prevention and control measures carried out	20%, 23,207 direct beneficiaries reached to date.
Output 1.4 Psychosocial support provided to the target population	22% - 31 counselling sessions out of 130 planned (if no further cases).
Output 1:5 Provide support to individuals contacts who are encouraged to stay in their homes	5% - 3 "survival kits" distributed.

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 (NGO's) 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.

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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.