

Emergency appeal operations update

Liberia: Ebola Virus Disease outbreak

Emergency appeal n° MDRLR001		GLIDE n° EP-2014-000039-LBR	
Operations update n° 2		Timeframe covered by this update: April 8 – May 30 2014	
Emergency Appeal operation start date: 30 April 2014		Timeframe: 6 months, end on 31 October 2014	
Appeal budget: CHF 517,766	Appeal coverage: 56 %	Total estimated Red Cross and Red Crescent response to date: CHF 400,000	
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 5 county chapters directly involved in the operation			
Red Cross Red Crescent Movement partners actively involved in the operation: Danish Red Cross, Spanish Red Cross, Chinese Red Cross, Canadian Red Cross, ICRC			
Other partner organizations actively involved in the operation: Ministry of Health and Social Welfare, World Health organization, Médecins Sans Frontières and Samaritan purse			

Summary: On the 29 of May 2014 a new Ebola virus disease (EVD) case was confirmed in Lofa County of Liberia, and the patient died. The trace goes back to Guinea whilst a list of 11 contacts was released from the Ministry of Health (MoH) thus five health workers and relatives. This comes in the aftermath of confirmed cases from Guinea and Sierra Leone in the week beginning 18 May (between 19 and 22 of May). In Guinea eight cases have been confirmed, three in Gueckedou and three in Macenta (close to the border of Lofa) - and two confirmed cases close to the border to Guinea Bissau (which is far from Liberia). In Sierra Leone (neighbouring Cape Mount County in Liberia) five new cases have been reported of which four were confirmed positive and the patients have died, and one suspected case was confirmed negative. At least five of the contacts have fled into the bush with the risk of escaping to Liberia as the border is easily accessible.



Volunteer training in Kolahun. Photo: LNRCS

The caseload summary since March 24 stands as below including the last case from Lofa:

Table 1: Geographical distribution of Ebola Virus Disease cases and deaths in Liberia

Counties	Suspected cases/deaths	Probable Case/deaths	Confirmed Case/deaths	County total Cases/deaths
Montserrado				0/0
Lofa	1/1	2/2	5/5	8/8
Margibi			2/2	2/2
Nimba	2/0			2/0
Bong	1/0			1/0
Total	4/1	2/2	7/7	13/10

Source: Liberian Ministry of Health and Social Welfare May 29 2014.

The Ebola threat in Liberia is increasing as the situation is deteriorating in the neighbouring countries Sierra Leone and Guinea, where the situation is far from under control. The operational strategy of the Liberia National Red Cross Society (LNRCS) up till now implies that 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 EVD cases. Lofa is close to the Guinean border and the epicentre of the regional outbreak. Margibi and Montserrado (where the capital Monrovia is located) are considered high risk areas due to high population density.

This strategy of the LNRCS will be revised and adjusted to this new development. LNRCS and IFRC already visited the county health teams (CHT) and the Chapter in Cape Mount in order to assess the situation and initiate mobilisation of volunteers. It is being considered to include Cape Mount County in the action.

Coordination and partnerships

The Liberian Ministry of Health and Social Welfare (MoHSW) is continuously coordinating the national response, with the technical support from its main partners such as WHO, MSF and the LNRCS particularly in planning and implementation of the response activities as well as monitoring of the situation. Weekly coordination meetings are held at the MoHSW offices attended by the different actors involved in the operation.

The Red Cross Red Crescent response is being led by the LNRCS with support from the IFRC Liberia Country Representation. The field assessment and coordination team (FACT) and health emergency response unit (ERU) teams have finished their assignment and left Liberia. It was possible to facilitate handover to the operations manager who assumed mission on the 12th of May 2014. A health nurse to attend to health issues has been identified and will be deployed for three months.

The Canadian Red Cross and the Hong Kong Red Cross have provided multilateral funding to the emergency appeal and in-country movement partners (Canadian Red Cross, 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:

Table 2: Contributions to the Appeal

Movement partner	Multilateral	Bi-lateral
American Red Cross	44,827	
British Red Cross	55,000	
Canadian Red Cross	28,485	
Danish Red Cross (in-kind personnel)	15,000	
Finnish Red Cross	36,639	
Hong Kong Red Cross	13,134	
Japanese Red Cross	17,100	
Swedish Red Cross	100,000	
Chinese Red Cross		17,500
Canadian Red Cross		2,600
Danish Red Cross		54,250
Spanish Red Cross		18,250
Total	310,185	92,600

The bi-lateral contribution 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 and Japanese Red Cross have supported deployment of a FACT team, and the Hong Kong Red Cross has deployed a three member ERU to support health promotion and project management at chapter level. The IFRC Haiti office has deployed a beneficiary communication officer through the regional disaster response team (RDRT) mechanism. In addition to this surge capacity, the Danish Red Cross are supporting with an operation manager for an initial two months with possible extension whilst the Finnish Red Cross is supporting with the health delegate for three months.

The current partner response to the Emergency Appeal will allow the response to continue as planned for the next three to four months. In the light of the latest development, (1 new case confirmed in Lofa and several new cases confirmed in both Sierra Leone and Guinea very close to Liberian borders) additional funding support is needed to allow scaling up of community mobilization and preparedness alongside continuing the operation in the five already active counties. It is strongly recommended to put necessary preparedness

measures in place in Liberia to prevent vulnerabilities due to new EVD outbreak – especially after the latest development in the two neighbouring countries.

Operational implementation

Overview

The operation is now up running implemented by LNRCS with the support of IFRC. A total of 300 volunteers have been mobilized and trained in five counties and are deployed on a daily basis to carry out community mobilization, EVD awareness, key messaging - and providing psychosocial support.

Table 3: The following provides geographical breakdown of activities to date.

Activity	Lofa	Margibi	Montserrado	Bong	Nimba	Total
# of volunteers trained and activated	75	50	75	50	50	300
# of people reached through awareness campaign	30,387 (6,077 HH)	7,863 (1,573 HH)	13,217 (2,125 HH)	3,191 (638)	5,477 (1,369 HH)	60,135 (11,782 HH)
# of school sessions		5	-	-	5	10
# of contacts traced	83	3	2	-		88
# of PSS counselling sessions	30	3	14	-		47
# of community re-integration sessions	30	3	-	-		33

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 Thursday 8 of May 2014. The programme is broadly attended to and radio communicated key messages prove to pass: knowledge of EVD, prevention and symptoms, engaging the population in discussions around stigma, denial and psychosocial consequences etc. The programme, which is aired for one hour on Thursdays between 15:00 and 16:00 hours, is efficient and highly appreciated.

The Knowledge, Attitude and Practice (KAP) baseline survey has been carried out in two phases in the affected areas analysing the current EVD awareness level and guiding on possible changes to the operational strategy and implementation methods. The 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 (RAMP) survey tool. The first KAP survey-report is now available.

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	60,135 direct beneficiaries reached to date.
Output 1.3 Epidemic prevention and control measures carried out	60,135 direct beneficiaries reached to date.
Output 1.4 Psychosocial support provided to the target population	100% - All so far planned counselling sessions have been carried out. May be revised if new cases appear.
Output 1:5 Provide support to individuals contacts who are encouraged to stay in their homes	12% - 6 “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 (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

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



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

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