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Emergency appeal operations update

Liberia: EVD Outbreak



International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal n° MDRLR001	Glide n° : EP-2014-000039-LBR
Appeal launch date: 30 April 2014; Revised on 09 September 2014 and 28 November 2014	
Operation manager (responsible for this EPoA): Peter Schleicher	Point of contact: Precious Dennis, Programme Focal point, Liberia National Red Cross Society
Operation start date: 09 April 2014	Expected timeframe: 15 months (End date: 30 June 2015)
Overall operation budget: CHF 24.5 million (previously CHF 8.5 million)	
Number of people affected: 3.8 million	Number of people to be assisted: 3.8 million
Host National Society presence (n° of volunteers, staff and branches): 3,800 volunteers and 75 staff from Liberian Red Cross Society (LNRCS) with present additional ongoing recruitment, all of the country's 15 Chapters/Counties are now actively involved in the Ebola intervention.	
Red Cross Red Crescent Movement partners actively involved in the operation: ICRC and Danish Red Cross	
Other partner organizations actively involved in the operation: Ministry of Health and Social Welfare, Ministry of Internal Affairs, World Health Organisation, UNICEF, Centre for Disease Control, Médecins Sans Frontières and Samaritan's Purse, Semi Darby, Global Communities	

Summary:

The first confirmed cases of Ebola in Liberia were announced in March 2014 and appeared under control with 12 cases. Then, in June 2014, a second wave of the outbreak began spreading in Lofa and Montserrat counties. Since then, the Ebola virus has continued to spread in the country with an increasing number of cases in the capital, Monrovia. The Liberian Red Cross (LNRCS) requested support from IFRC. The resulting international emergency appeal has been expanded several times, as the severity of the epidemic has increased. This report describes progress in the initial 6 months of the operation. It is based on the plan and budget totalling CHF 8M as set out in the [EPoA revised on 9 September 2014](#).

During the period under review, the LNRCS operation initiated and scaled up activities related to social mobilization and awareness, psychosocial support (PSS) to the affected, survivors and family members, contact tracing and safe and dignified burials (SDB), as well as the provision of home protection kits to families with limited access to Ebola treatments units (ETUs). Since September, weekly updates on the progress of the operation have been provided on www.ifrc.org and can be accessed [here](#). The [6 month financial report](#) is attached.

Although the response to date reflects the current situation; there is now need to start transitioning into an early recovery phase, to address the immediate post disaster needs of affected families. Consequently the LNRCS/IFRC have further increased the scope of the emergency appeal by including activities meant to recover household economic security, health risk management, community cohesion and health system strengthening. Initially, six counties are targeted under early recovery and adjustments will be made based on further developments and findings of a more detailed assessment. Although the numbers of new cases and reported deaths are declining (according to WHO sitreps in Week 40 to 44); the operation will continue scaling up SDB and disinfection teams by: increasing the number of teams from 20 to 32; providing refresher training and improving the conditions of service to avoid the teams making mistakes. The National Society (NS) has also decided that all existing projects should mainstream EVD awareness activities as part of cross cutting interventions. Moreover, this [third emergency appeal revision](#) totalling CHF 24.5 million also includes institutional and operational capacity strengthening of the LNRCS in order to better meet the recovery challenges beyond the emergency response phase.

Coordination and partnerships

The National Society and IFRC teams participate in the daily epidemic response coordination meetings attended by all in-country stakeholders at the WHO, MOHSW and Ministry of Internal Affairs (MIA) offices. In addition, LNRCS holds regular Movement Coordination meetings with in-country partners including the Danish and German Red Cross Societies, IFRC and ICRC. Partners are updated on the IFRC's support to LNRCS through the EPoA and developments along with possible mutual/collaborative action points are discussed.

The IFRC Country Representation supports the LNRCS in its operational and institutional capacity building in the Ebola response. It is further supported by the IFRC West Coast Regional Representation office in Cote d'Ivoire and the sub-regional Ebola response team in Guinea. The overall IFRC response is coordinated from the IFRC Ebola coordination center in Conakry supporting the coordinated response in multiple countries following the same response strategy but adapted to specific contexts and National Society's capacity, role and mandate.

The regional and zone coordination team provides technical guidance and support including resource mobilization/grant management, logistics, finance development, health, PSS, reporting, HR, communications and beneficiary communications in order to ensure sufficient capacity for the response and preparedness operations.

IFRC and LNRCS participate at coordination meetings held at the WHO, MoHSW and Ministry of Internal Affairs (MIA) offices. Internally, the LNRCS chairs regular coordination meetings attending by in-country partners: Danish Red Cross, IFRC, ICRC and recently the Germany Red Cross. Bilateral support is provided by Danish, Spanish, Japanese and Canadian Red Cross in EVD operation and other long-term developmental projects. An MOU signed between the MOHSA, LNRCS, IFRC (for coordination) and the German Red Cross which completed carrying out an assessment with a view to set up ETUs in the country and have confirmed running and establishing an ETUs at the National Samuel K. Doe sports (SKD) complex in Monrovia, Montserrado County.

County coordination meetings continues at Margibi, Lofa, Bong, Nimba and Montserrado with eight national officers including WHO staff who were deployed to Lofa and Montserrado counties to support coordination, surveillance and health promotion efforts of the counties.

The LNRCS has the support of in-country partners/donors such as Sime Darby, Exxon Mobil and French Companies, UNICEF, Swiss Government, and Global Communities. Recently the sister national society – the Botswana Red Cross donated five land cruisers in support of the operation. A memorandum of understanding (MoU) has been signed with UNICEF for delivery of 10,000 community care kits, to be delivered to designated LNRCS Chapters and warehouses. IFRC/LNRCS will be responsible for managing the use of the vehicles.

The initiatives of ICRC are highly relevant and coherent with IFRC EVD PoA, which include support to MoHSW with technical experts, logistical and administrative aspects of the SDB at juridical level. ICRC is collaborating with MSF in supplying food items at the ETUs and with LNRCS in running an interactive hotline on PSS in Montserrado.

The WHO, USAID and CDC donated to the MoHSW and the county health teams (CHTs) substantial amount of protective materials and technical personal; more is expected. MSF has transferred staff to Liberia with more than 50 expatriates deployed in Lofa and in Montserrado primarily assisting in case management within the treatments centres. MSF will also offer LNRCS/IFRC SDB trainings.

Health ministers and technical staff from 11 countries, representatives from IFRC, MSF, WHO and key international partner organizations met in an Emergency Ministerial meeting in Accra, Ghana on second and third July to address the ongoing EVD outbreak in West Africa. After updates and country and field experiences were shared, they agreed on a strategy for an accelerated operational response to control the outbreak. Since then, WHO opened a regional coordination hub in Conakry, Guinea, and urged governments to work with religious and community leaders to improve awareness and understanding of EVD.

The Red Cross is providing leadership on SDB in standardisation, information management and coordination as guided by the UN Mission for Ebola Emergency Response (UNMEER). This is the first-ever UN emergency health mission, set up in response to the unprecedented EVD outbreak; prioritising prevention, treatment and provision of essential services. WHO is responsible for overall health strategy

and advice within the Mission, while other UN agencies will act in their area of expertise. The Mission works closely with governments and national structures in the affected countries, regional and international actors to ensure a rapid, effective, efficient and coherent response to the crisis.

Operational implementation

Overview

Overall objective

To contribute to the eradication of mortality and morbidity related to the EVD in Liberia through four of the five pillars of IFRC Ebola response support strategy¹: awareness raising through messaging and social mobilization, providing PSS to the affected, assisting the community health teams (CHTs) in contact tracing, assisting the national authorities in SDB and disinfections, provision of home protection kits and community-based early recovery activities.

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 EVD response has been strengthened	
Activities planned:	
<ul style="list-style-type: none"> Establish a National Society task force at headquarter level to coordinate with internal and external partners Develop and maintain a detailed emergency plan of action Longer term capacity is provided through the deployment of an operations manager, health, logistics and psychosocial support delegates 	
Progress	
<ul style="list-style-type: none"> LNRCS/ IFRC taskforce is in place and meets weekly to review progress and discuss operational issues. Detailed EPoA in place and revised in November 2014. The number of international staff (IFRC delegates) has been increased to include: An Operations Manager, Deputy Operations Manager, 4 Emergency Health Delegates, 1 ERU-Health, 1 Logistics Delegate, 1 Communications Delegate, 1 PMER Delegate, 2 PSS Delegates, 1 Finance Delegate, 1 Coordinating SDB Delegate and 1 IT/Telecoms Delegate. 	
Output 2: Community-based disease prevention and health promotion is provided to the target population	
Activities planned:	
<ul style="list-style-type: none"> Develop communication strategy for targeted awareness Train a total of 3,800 volunteers in EVD signs, symptoms, prevention measures and referral. Refresh volunteers on community-based awareness-raising and social mobilization techniques Produce and disseminate context-specific IEC materials Procure visibility equipment and materials Produce radio spots in line with the government communication plan and broadcast in areas of risk Organize drama performance and role plays at markets and other public gatherings as a mean to attract mass attention to pass the key messages Conduct health promotion campaigns using household visits, community sensitization, group sessions and media campaign in targeted counties Develop strategies to reach the local leaderships, religious leaders, traditional healers, town chiefs, clan Chiefs playing key roles in forming the opinion of the 	

populations.	
<p>Progress</p> <ul style="list-style-type: none"> In September, the regional beneficiary communication coordinator conducted a scoping mission in Liberia after which it was decided that there were significant opportunities available to LNRCS by engaging in beneficiary communication. In early October, the Irish Red Cross seconded a delegate to the IFRC to provide beneficiary communication support for a period of one month to LNRCS. During October, each SDB team was allocated a dedicated beneficiary communication/ community engagement/ (BC/CE) team member, who also support data entry of cases for analysis and adjustment of programmes. Each member was specifically trained in BC/CE, as well as data entry. A further four staff members were trained. Radio broadcasts (1 hour per week) are ongoing while drama groups in market places and other gatherings are also used to disseminate key messages. The LNRCS radio programme, focused on dissemination and dialogue through dial-in and talk-back, continued on a national-level station (Truth FM). Agreements also were established for local media shows with a further seven community level stations in Lofa, Nimba, Bomi, Grand Bassa, Grand Gedeh and Maryland. The IFRC intends to support the society in scaling up to a total of 45 weekly radio shows at community level. In order to support all programmes of LNRCS, a BC/CE team will be being established at NHQ level to support activities at county and district level. LNRCS has mobilized 2,900 volunteers for the EVD operation to date and will increasingly scale-up to 3,800. These volunteers have reached over 700,000 people through social mobilization. The cumulative number of households reached is 101,026 in 2,185 communities. 	
Output 3: Epidemic prevention and control measures carried out	
Activities planned:	
<ul style="list-style-type: none"> Establish community emergency response teams (CERT) in affected communities Recruitment of additional health officers for 15 chapters Provide transportation (vehicle and motor bikes) for Community Emergency Response Teams (CERT) Train volunteers for contact daily surveillance for 21 days in order to detect the possible onset of symptoms Establish coordination and clear referral mechanism with county health teams Train volunteers in the 15 counties on basic personal protective measures for contact tracing Train and deploy 20 DBM (safe transport, swap, burial and disinfection of homes and bodies) Train a total of 3,800 volunteers and supervisors in different modules (monitoring community base, tracing and referrals, awareness techniques door-to-door and at the weekly market and other public places) Initiate cross border collaboration for contract tracing and follow up. 	
<p>Progress</p> <ul style="list-style-type: none"> The SDB team has conducted over 2,500 burials/cremations. LNRCS has been assisting in SDB in Montserrado County since July 2014, with 12 SDB teams (7 members per team) and six disinfection teams. This could possibly be extended to other counties with the prospect of replication in other counties. A total of 5,152 contacts have been traced by 106 trained volunteers. The number of health officer is now 11, with 10 supervisors also working in the counties. <p>Challenges:</p> <ul style="list-style-type: none"> Contract tracing is extremely difficult due to resistance and denial. Lack of cooperation from the contacts and their families is common. County health teams surveillance officers face challenges when looking for contacts. LNRCS volunteers are assisting as they are generally accepted and respected in their communities. 	

<ul style="list-style-type: none"> SDB teams have sometimes faced violent resistance from communities refusing to have their members bodies collected 	
Output 4: Psychosocial support provided to the target population	
Output 4.1: Psychosocial support provided to affected individuals, families and communities	
Activities planned:	
<ul style="list-style-type: none"> Recruit and integrate 15 certified counsellors into the CERT Provide psychosocial counselling to affected persons, family members, and volunteers Train volunteers who are following up contact in psychosocial first aid. Conduct community visits for mitigation and reduction of stigma and fear to those directly affected Prepare communities for re-integration / acceptance of suspects / probable / confirmed cases. Accompany and support individuals discharged from isolation back to their communities to assist in re-entry and re assure community Establish volunteer care mechanisms and systems 	
Progress	
<ul style="list-style-type: none"> A total of 12 PSS officers are working in eight counties (Montserrado - 2, Lofa - 4, Margibi - 1, Bomi - 1, Grand Bassa - 1, River Cess -1, Grand Cape Mount – 1, Bong – 1). A total of 16 PSS counsellors have been engaged locally in the counties and reintegration support has been initiated. A total of 50 volunteers were trained in community -based psychosocial support and psychological first aid in Bomi, Bong and Margibi. 	
Output 4.2: Economical support is provided to individuals or families who have lost belongings due to disinfection and epidemic control measures	
Activities planned:	
<ul style="list-style-type: none"> Provide contacts with food parcels and non-food items – survival kits Provide conditional cash or in-kind replacement for belongings lost due to disinfection and epidemic control measures 	
Progress	
<ul style="list-style-type: none"> - A total of 22 people received survival kits.² - An arrangement for cash assistance is being worked out for those who have lost family members in collaboration with ICRC 	
Outcome 2: Regional Ebola preparedness measures and coordination mechanisms are in place	
Output 1: Liberia and bordering National Societies are prepared and respond in a coordinated manner	
Activities planned:	
<ul style="list-style-type: none"> Organize field level regional workshop on learning Organize regional headquarter level workshop on learning Develop IFRC guideline management of an EVD epidemic that crosses borders 	
Progress	
<ul style="list-style-type: none"> One regional meeting was held in Gueckedou, Guinea attended by representatives from the three EVD affected countries (Sierra Leone, Guinea and Liberia) in August, 2014 	
Outcome 3: Outcome 3: The management of the operation is informed by a comprehensive monitoring and evaluation system	
Output 1: A process of monitoring and evaluation maintained and reported on throughout the program	

² Each kit contains rice, palm oil, toothpaste, toothbrush, bath soap, washing soap, sardine, salt, dried fish (items are procured locally and assembled to fit the context)

Activities planned:	
<ul style="list-style-type: none"> Establish regular monitoring system to map cases and National Society field capacity across all counties. 	
Progress	
<ul style="list-style-type: none"> There is an LNRCS chapter structure in all 15 counties with field officers, supervisors, health officers, and PSS officers that monitor activities and supervise the volunteers on a daily basis. In addition there are also social mobilisation and contact tracing focal persons. These are overseen by a National Ebola Coordinator who coordinates activities and capacity needs across all 15 counties. To further enhance overall PMER capacity a PMER Delegate is in place and two additional PMER officers have been recruited by LNRCS 	

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 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.

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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 - EVD Outbreak

Timeframe: 09 Apr 14 to 30 Jun 15

Appeal Launch Date: 29 Apr 14

Annual Report

Selected Parameters

Reporting Timeframe	2014/4-2014/9	Programme	MDRLR001
Budget Timeframe	2014/4-2015/6	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
A. Budget		8,387,155				8,387,155	
B. Opening Balance							
Income							
Cash contributions							
American Red Cross		451,884				451,884	
British Red Cross		16,700				16,700	
British Red Cross (from British Government*)		303,240				303,240	
China Red Cross, Hong Kong branch		23,395				23,395	
European Commission - DG ECHO		280,451				280,451	
Finnish Red Cross		52,699				52,699	
Japanese Red Cross Society		63,700				63,700	
Norwegian Red Cross		28,485				28,485	
Red Cross of Monaco		12,142				12,142	
Sime Darby Berhad		146,283				146,283	
Swedish Red Cross		96,990				96,990	
The Canadian Red Cross Society (from Canadian Government*)		58,428				58,428	
United States Government - USAID		429,068				429,068	522,543
C1. Cash contributions		1,963,464				1,963,464	522,543
Inkind Personnel							
British Red Cross		16,181				16,181	
Danish Red Cross		37,189				37,189	
Finnish Red Cross		26,700				26,700	
C3. Inkind Personnel		80,069				80,069	
Other Income							
Fundraising Fees		-3,664				-3,664	
C4. Other Income		-3,664				-3,664	
C. Total Income = SUM(C1..C4)		2,039,870				2,039,870	662,236
D. Total Funding = B + C		2,039,870				2,039,870	662,236

* Funding source data based on information provided by the donor

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		2,039,870				2,039,870	662,236
E. Expenditure		-1,209,380				-1,209,380	
F. Closing Balance = (B + C + E)		830,491				830,491	662,236

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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	
BUDGET (C)			8,387,155			8,387,155		
Relief items, Construction, Supplies								
Construction Materials			145			145	-145	
Clothing & Textiles	2,960		1,450			1,450	1,510	
Food			904			904	-904	
Water, Sanitation & Hygiene	43,900		19,828			19,828	24,072	
Medical & First Aid	657,000		22,348			22,348	634,652	
Teaching Materials	28,800		15,234			15,234	13,566	
Utensils & Tools	7,250						7,250	
Other Supplies & Services	275,000		9,963			9,963	265,037	
Total Relief items, Construction, Sup	1,014,910		69,873			69,873	945,037	
Land, vehicles & equipment								
Vehicles	340,500		154,357			154,357	186,143	
Computers & Telecom	96,500		32,515			32,515	63,985	
Office & Household Equipment	12,000						12,000	
Total Land, vehicles & equipment	449,000		186,873			186,873	262,127	
Logistics, Transport & Storage								
Storage	50,000		802			802	49,198	
Distribution & Monitoring	30,000		17,899			17,899	12,101	
Transport & Vehicles Costs	1,206,900		111,331			111,331	1,095,569	
Logistics Services			14,369			14,369	-14,369	
Total Logistics, Transport & Storage	1,286,900		144,401			144,401	1,142,499	
Personnel								
International Staff	1,332,000		151,707			151,707	1,180,293	
National Staff			2,101			2,101	-2,101	
National Society Staff	1,062,053		113,709			113,709	948,344	
Volunteers	2,238,640		111,038			111,038	2,127,602	
Other Staff Benefits			11,915			11,915	-11,915	
Total Personnel	4,632,693		390,470			390,470	4,242,223	
Consultants & Professional Fees								
Consultants	78,000		15,420			15,420	62,580	
Total Consultants & Professional Fees	78,000		15,420			15,420	62,580	
Workshops & Training								
Workshops & Training	83,300		15,841			15,841	67,459	
Total Workshops & Training	83,300		15,841			15,841	67,459	
General Expenditure								
Travel	45,000		29,485			29,485	15,515	
Information & Public Relations	74,000		9,395			9,395	64,605	
Office Costs	74,500		21,647			21,647	52,853	
Communications	95,985		12,559			12,559	83,426	
Financial Charges	7,000		26,815			26,815	-19,815	
Other General Expenses	33,975		62			62	33,913	
Shared Office and Services Costs			67			67	-67	
Total General Expenditure	330,460		100,029			100,029	230,431	
Operational Provisions								
Operational Provisions			208,925			208,925	-208,925	
Total Operational Provisions			208,925			208,925	-208,925	
Indirect Costs								

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Subsector:	*		

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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	
BUDGET (C)			8,387,155			8,387,155		
Programme & Services Support Recove	511,892		68,365			68,365	443,528	
Total Indirect Costs	511,892		68,365			68,365	443,528	
Pledge Specific Costs								
Pledge Earmarking Fee			7,420			7,420	-7,420	
Pledge Reporting Fees			1,763			1,763	-1,763	
Total Pledge Specific Costs			9,183			9,183	-9,183	
TOTAL EXPENDITURE (D)	8,387,155		1,209,380			1,209,380	7,177,776	
VARIANCE (C - D)			7,177,776			7,177,776		

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Subsector:	*		

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IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	8,387,155		2,039,870	2,039,870	1,209,380	830,491	662,236
Subtotal BL2	8,387,155		2,039,870	2,039,870	1,209,380	830,491	662,236
GRAND TOTAL	8,387,155		2,039,870	2,039,870	1,209,380	830,491	662,236