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Emergency appeal operations 12-month update Liberia: Ebola Virus Disease (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 21 July, 09 September and 28 November 2014 and on 28 June 2015		
Operation manager (responsible for this EPoA): Ademola Alao, IFRC Programme Coordinator		Point of contact: Precious Dennis, LNRCS Head of Programmes
Appeal Timeframe: 30 April 2014 – 31 December 2017		Timeframe covered by this update: 12 months (9 April 2014 – 9 April 2014)
Current Appeal budget : CHF 46 million	Appeal coverage: 47%	Appeal expenditure rate: 26%
Appeal budget at end of reporting period : CHF 24.5 million	Appeal coverage: at end of reporting period: 69%	Appeal expenditure rate at end of reporting period: 42%
N° of people being assisted: 3.8 million		
Host National Society presence (n° of volunteers, staff, branches): 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 2,000 volunteers and 100 staff actively involved in EVD response operation.		
Red Cross Red Crescent Movement partners actively involved in the operation: Danish Red Cross, German Red Cross and ICRC		
Other partner organizations actively involved in the operation include; 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		

Summary:

The Ebola virus disease (EVD) Emergency Plan of Action (EPoA) and Appeal was launched in April 2014 for six months with a budget of CHF 517,766. It was revised three times; firstly in June to a budget of CHF 1.9 million for a period of nine months; then in September further extending the timeframe to 15 months until June 2015 with a budget of CHF 8.5 million. The third revision of the Appeal increased the scope and cost of the operation to CHF 24.5 million maintaining the same timeframe. The fourth revision in June 2015 extended the timeframe of the appeal up to the end of 2017 with a revised budget of CHF 46.3 million.

The latest revised appeal indicates a change in strategy, with the Liberia EVD operation transitioning from emergency response to recovery. The recovery plan is aimed at assisting individuals, families and communities affected by the epidemic to restore their socio-economic status and wellbeing.

During the reporting period, EVD response activities carried out by LNRCS with the support of IFRC and other Movement partners complemented those of the multi-sector response mechanism. The LNRCS has been operating in all 15 counties, providing integrated EVD activities including:



A child stands alongside an IFRC vehicle in Grand Cape Mount. Since the onset of the EVD outbreak, the LNRCS has been actively engaging communities in all of the 15 counties of Liberia.
Photo: Stephen Ryan/IFRC

- Community engagement (beneficiary communication and social mobilisation)
- Case management (distribution and training in the use of community-based protection kits)
- Active case surveillance/contact tracing
- Safe and dignified burials/cremations and disinfection of houses (SDB).
- Provision of psychosocial support to affected people and communities
- Support to strengthening of LNRCS national headquarters and chapters
- Provision of support to the Ministry of Health and Social Welfare and Ministry of Education as requested.

The LNRCS operation intensified activities related to social mobilization and awareness, psychosocial support (PSS) to survivors, affected families, and communities. The LNRCS also decided that all existing projects would integrate EVD awareness activities as a cross cutting intervention.

The joint intensive response efforts of the government and other stakeholders, including the LNRCS, contributed to the successful containment of the outbreak. Liberia had been declared Ebola-free by the government and the World Health Organisation (WHO) on Saturday 9 May 2015 and there was cautious optimism that having completed more than 100 days without any new confirmed cases, Liberia was well placed to begin the process of recovery. However, seven weeks after being declared Ebola-free on the 9 of May 2015, Liberia reported the first confirmed case after an EVD related death in Margibi County on 29 June, five related contacts subsequently tested positive for EVD. LNRCS and other stakeholders initiated response activities and are advocating for continued vigilance regarding preventive measures and strengthening of surveillance, particularly along areas bordering Guinea and Sierra Leone.

The systemic weaknesses of the health system that existed prior to the EVD outbreak must be addressed during the recovery phase, but care should be taken to avoid the development of parallel and unsustainable services. Recovery programming will focus on enhancing capacity and building resilience to minimise the risk and impact of future epidemics and other disasters. Recovery priorities must also be institutionalized in schools and health clinics and all recovery activities must be linked to longer-term development plans to enhance sustainability without losing emergency response capabilities. The institutional memory, lesson learning and capacity developed during the EVD operation must be maintained and adapted for recovery. Gains in EVD community engagement must also be strengthened as a first line of defence and for the building of resilience and response capacity.

[<click here for the interim financial report and here for the contact details>](#)

Coordination and partnerships

The IFRC Country Representation supports the LNRCS in its operational and institutional capacity building in the EVD response operation. The EVD operation is managed by an in-country operations team comprised of international delegates and LNRCS national staff. Further technical support was available from the IFRC West Coast Regional Representation office in Cote d'Ivoire and the sub-regional EVD response team in Accra 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.

The LNRCS and IFRC teams participated in the weekly epidemic response coordination and relevant cluster meetings attended by all in-country stakeholders at the WHO and MOHSW offices. In addition, LNRCS chairs weekly Movement Coordination meetings with in-country Movement partners including IFRC, ICRC and bilateral PNS (American, Canadian, Danish, German and Spanish Red Cross Societies). The LNRCS held a Partnership meeting from 25 – 26 June 2015 with the IFRC, ICRC, American, Canadian, Danish and German Red Cross Societies participating.

The Red Cross also provided leadership on safe and dignified burials (SDB) in standardisation, information management and coordination as guided by the UN Mission for Ebola Emergency Response (UNMEER). The Mission works closely with government and national structures, regional and international stakeholders to ensure a rapid, effective, efficient and coherent response in EVD interventions.

In line with the shared objective of eradicating EVD in Liberia, Guinea and Sierra Leone, cross border assessments were conducted jointly by the three National Societies, with regular meetings being held to enhance

effective coordination of surveillance along common borders. On 6 June 2015, the LNRCS also donated 500 hand washing buckets, four containers of chlorine and 50 thermometers to Sierra Leone border authorities in Grand Cape Mount (Jenemah town).

Operational implementation

The current report covers the implementation of the first 12 months of operation, from April 2014 to April 2015. As such it informs on the progress to achieve the emergency response objectives established on the Emergency Appeal Revision of November 2014.

Overview

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

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



The LNRCS SDB teams collecting bodies to prevent possible contamination. Photo: Victor Lacken/IFRC

Planned interventions vs. Implementation

Health and Care

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

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

Progress

During the reporting period, EVD programme trained a total of 1,905 volunteers in 15 counties. The training covered different topics relate to EVD i.e. basic knowledge of the disease, how it spreads, and prevention control as well as referral system to designated health care facilities. Most of counties conducted training from June 2014 co-facilitated by county health teams.

A total of 71 LNRCS staff from the national headquarters as well as the 15 chapters including 17 health officers received EVD training which included basic knowledge of the disease, transmission routes, prevention and control as well as referral to designated health care facilities. During the reporting period all counties conducted refresher training. Montserrado, Grand Cape Mount, Lofa and Margibi chapters conducted three each whilst the remaining counties carried out two each. House-to-house EVD health promotion campaigns reached a total of 2,036,437 people throughout the country. Volunteers also delivered EVD messaging through community forums as well as radio.



LNRCS social mobilisation volunteers conducted household visits in all 15 counties of Liberia to educate community members on EVD awareness and prevention.

In December 2014, four measles-related deaths were reported in Lofa county; in response to the outbreak, the MoHSW requested partners to join two national immunisation campaigns. LNRCS Montserrado Chapter mobilized a total of 300 volunteers to encourage communities to bring the children to immunization post. The campaign was not very successful with coverage lower than 80% of target children under 5.

LNRCS printed flyers with various key messages based on prevailing outbreak trends. Updated messages were shared regularly by the social mobilization working group in which LNRCS actively participated. A total of 14,500 Ebola fact sheets and prevention messages printed and distributed by social mobilization volunteers. LNRCS procured visibility equipment for all volunteers i.e. Red Cross bibs, name tag prior to the deployment to the field activity. Key messages disseminated through drama performance to communities in Grand Cape Mount County.

At all stages of programme implementation, including social mobilization and awareness campaign, the LNRCS engaged with community leaders including chiefs, religious leaders, traditional healers, and influential community members to ensure acceptance of initiatives and active participation from the community members.

Output 2. Beneficiary Communication and Community Engagement
LNRCS engages affected communities in meaningful dialogue, addressing stigma, dispel rumours, etc. and provides them with a voice using different communication mediums throughout the EVD response operation

Progress

A major focus of beneficiary communication was weekly radio programming on one national radio station in Montserrado and 15 county-based community radio stations; reaching over one million people with Ebola prevention and awareness messages. Radio transmissions started in November 2014 with a weekly one-hour radio show covering Monrovia and adjacent counties plus 14 county level radio stations.

The following trainings/workshops were conducted for beneficiary communications BC staff at national and field levels as follows:

- Beneficiary communications strategy for EVD response (30 persons trained in December 2014).
- Video production and audio recording (30 persons trained in March 2015)
- Problem Analysis and Objectives setting in April 2015
- Audio-visual reporting (photos, video and audio recording) was conducted in March 2015.

Output 3: Safe and Dignified Burials and Disinfection of Houses
Risk of transmission of disease in the communities at household level and in health facilities reduced through disinfection and safe and dignified burials (SDB).

Progress

Chapter Emergency Response Teams (CERTs) were established in all 15 counties. The LNRCS recruited a total of 17 health officers to support EVD operation activities. Prior to the EVD operation, LNRCS Chapters only had health officers recruited for the Swedish Red Cross-funded health programme in Grand Gedeh, River Gee and Maryland. A total of 15 motorbikes were purchased and distributed to the 15 CERT teams. Each CERT was also allocated a vehicle to support programme activities. Contact tracing activities were coordinated by the MOHSW which generated the list of contacts to be traced. The names were then allocated to partners for follow-up. LNRCS implemented contact tracing in nine counties i.e. Montserrado, Margibi, Grand Bassa, Grand Cape Mount, Gbarpolu, Bomi, Bong, Lofa and River Cess. From June 2014 to April 2015, 276 volunteers were trained and conducted contact tracing activity with a total of 7,827 contacts traced by LNRCS volunteers throughout the country. Coordination was established between LNRCS, MoHSW and other partners involved in SDB at county and national level.

LNRCS covered urban Montserrado county, where the highest number of EVD deaths were reported throughout the outbreak. The LNRCS teams responded within 24 hours to calls for collection of bodies mostly from the community but also from ETUs and hospitals. LNRCS established three SDB teams in response to a request from the Liberian government. Over the duration of the operation the number of SDB teams fluctuated; as high as 12 at the peak escalation of the outbreak and adjusted thereafter depending on operational needs. There were also disinfection teams responsible for disinfection of households after body collection. SDB teams generally comprised of a team leader, four body carriers, two sprayers, two drivers and one communicator. Each disinfection team consisted of one team leader, three sprayers and a driver. All SDB staff received training on basic knowledge of EVD, how to put on Personal Protection Equipment (PPE). In addition, one person from each team received training on how to collect oral swabs for laboratory testing. Refresher training was conducted every three months for all the teams.

The logistics department provided fleet, procurement and warehousing services for the SDB programme. A total of ten vehicles from the IFRC vehicle rental programme (VRP) were allocated to the SDB programme and another 40 vehicles were rented locally. A 40 foot refrigerated container was supplied in January 2015 to Disco Hill cemetery for storage of bodies along with a 20KVA generator.

The Red Cross SDB team was operating in urban Montserrado County in 20 out of 22 epidemiological zones of Monrovia (listed below), handling approximately 90% of the caseload.

EpiZones covered by Red Cross: New Kru Town; 2) Logan Town, 3) Clara Town, 4) West Point, 5) Soniwein, 6) Slipway, 7) Sinkor, 8) Larkpazee, 9) Old Road, 10) Congo Town, 11) Paynesville - Duport Road, 12) Paynesville – ELWA, 13) Paynesville – Pipeline, 14) Gardensville, 15) New Georgia, 16) Barnersville, 17) Commonwealth-Johnsonville, 18) Caldwell, 19) Careysburg, 20) Todee

At the beginning of the outbreak the teams also collected over 300 bodies from Bong, Margibi, Grand Cape Mount and Bomi Counties as no other agencies were involved in SDB at the time.

The number of burial/disinfection teams fluctuated (up to 17 teams) throughout the reporting period based on operational needs reaching a maximum of 140 personnel. Over ten months of operating, the Red Cross SDB teams had collected cumulative total 3,756 and facilitated their



The LNRCS burial teams were accompanied by sprayers who disinfected the households before, during and after body collection to prevent possible contamination. Photo: Victor Lacken/IFRC

burials/cremations along with the disinfection of 2,774 households by the end of the reporting period.

As the number of deaths began to reduce drastically around February, SDB teams were scaled down based on the prevailing situation. The Ministry of Health which has overall authority on SDB was able to handle the reduced caseload. The LNRCS officially handed back the responsibility for SDB burials to the government authorities on 30 April 2015. The focus of the Red Cross was redirected towards other EVD related activities. These included active case search, cross border surveillance, PSS, preparedness and IPC activities.

IFRC/LNRCS in recognition of the contribution of the SDB team members who were pulled out after the hand-over; organized an appreciation and medal award ceremony for the members. Some were reintegrated into recovery phase of the operation while a conditional grant was put in place to support others to further their education or set up their own income generating projects as a means of livelihoods.

The LNRCS/IFRC is however maintaining response capacity for possible SDB team reactivation in the event of large scale resurgence of EVD. This includes regular refresher trainings and stocks of SDB materials. Although none of the teams are currently active, there are three teams on standby. This includes a database of trained SDB team members, regular refresher trainings and prepositioned stocks of SDB materials (PPE, chlorine and body bags). The LNRCS's involvement in future SDB activity will be based on the request of the Government of Liberia and the Red Cross is prepared to respond should the need arise.

Considering that unsafe burial practices are a key transmission route for EVD; the provision of SDB services by the Red Cross was commended widely as one of the most important factors in reducing further transmission of EVD in Liberia.

IFRC has planned to commission a research on unsafe burials in Liberia and in the two other most affected countries (Guinea and Sierra Leone) as part of a sub-regional study on 'Measuring Impact of Safe and Dignified Burial programme in West Africa'. The study would be conducted in Montserrado County of Liberia in July 2015. This collaborative research is envisaged to generate qualitative and quantitative data that will detail events related to safe and unsafe burials during the 2014-2015 of the EVD crisis and the impact of the SDB pillar as evidence of the contribution of Red Cross SDB interventions to the EVD response mechanism.

Output 4: Psychosocial and economical Support:

***Psychosocial support provided to affected individuals, families, community members and volunteers
Food and non-food items provided to individuals and families who lost belongings due to epidemic control measures (disinfections and burning)***

Progress

The LNRCS coordinated with other agencies providing PSS, such as the Government of Liberia, WHO, CDC, and the Carter Centre, through the Ministry of Health and Social Welfare (MoHSW) Psychosocial Pillar Coordination Meetings at the National and County level. All PSS activities were coordinated with relevant partners and cluster mechanisms to ensure consistency in training, approach and implementation across all stakeholders concerned. While every effort was made to ensure good coordination, weak pillar structures at the County level and lack of LNRCS capacity to support staff and volunteers often made this challenging in practice.

The PSS team joined a sub group of the MoHSW meetings to standardise the Psychological First Aid and PSS training modules. Red Cross training modules were adjusted in coordination with the MoHSW to include two new topics i.e. domestic violence in context of Ebola outbreaks (male survivors and their female partners) and sex education for survivors and their families.

The PSS programme response at the chapter level included training for staff and volunteers on responding to stigma through the CBPSS training modules, providing one-one counselling to people experiencing stigma and, referral to county mental health systems (where these existed), discussions with community leaders and other members of the community, provision of transport to access specialist health facilities and supporting community mobilisation information campaigns to ensure accurate and reliable information reached communities. All 42 PSS staff members (two at the national headquarters, six operating the hotline and 34 based in chapters) are trained counsellors. PSS activities are being conducted in 11 counties (Bomi, Bong, Gbarpolu, Grand Bassa, Grand Cape Mount, Grand Kru, Lofa, Margibi, Montserrado, River Cess and Sinoe). A total of 355 volunteers from the 11 chapters, received training in community-based PSS and psychological first aid.

Training in Psychological First Aid (PFA) and stress and coping was conducted for 1,284 teachers and 3,449

students were across Montserrado, Gbarpolu, Bong and Grand Bassa Counties from September 2014 to March 2015. Principals, heads of school associations and parents also attended school information and training sessions.

A total of 371 survivors and their family members (1,869 people) whose belongings were destroyed during disinfection as part of infection prevention and control measures received dignity kits through the PSS programme. The kits included cooking utensils, clothing, school uniforms, bedding and other household items. They were also provided with food provisions, transport assistance and re-integration support. The LNRCS also provided PSS to patients discharged from the ETU after testing Ebola negative and assisted with their re-integration into their communities.



IFRC PSS staff and volunteers provided PSS support to EVD affected communities in 11 counties of Liberia. Photo: Victor Lacken/IFRC

The LNRCS also provided PSS to patients discharged from the ETU even if they had tested negative for Ebola and assisted with their re-integration into their communities. A total of 307 survivors have received counselling and reintegration support from LNRCS PSS staff and volunteers. Information and support has been provided to 1,334 members their families and 1,477 visits have been made to communities to assist with re-integration and reduction of stigma. PSS volunteers also provided daily support to persons undergoing quarantine/observation in the community. In addition to formal training, PSS staff capacity was increased in delivering training, report writing, monitoring and evaluation

of data and volunteer support through mentoring and coaching.

A total of 3,873 people were reached through individual PSS sessions. Volunteers were supported through regular mentoring, supervision, meetings, coaching sessions and group gatherings to ease of the stress and settle differences. A hotline was set up September 15, 2014 to provide psychosocial support over the phone. A total of 774\$ calls were made to the hotline requesting counselling and information regarding EVD.

Volunteer trainings: In August/September 2014 2 trainings on stress management and loss and grief were carried out for the SDB team volunteers by the IFRC PSS Delegate. Community Based PSS training was undertaken for 402 volunteers by the trainers in the 11 counties. Emotional debriefing was carried out for 84 Safe and Dignified Burial volunteers by an IFRC anthropologist in February 2014.

Community training: A total of 1,284 teachers and 3,449 students were trained in Psychological First Aid (PFA) and stress and coping across Montserrado, Gbarpolu, Bong and Grand Bassa Counties from September 2014 to March 2015. Principals, heads of PTA, parents and parents also attended school information and training sessions. Radio talk shows included information on PSS.

Capacity building: In addition to formal training, PSS staff capacity was increased in delivering training, report writing, monitoring and evaluation of data and volunteer support through mentoring and coaching. From August 12-16 2014, Training of Trainers (ToT) PSS training was undertaken in Montserrado for 18 PSS staff from the HQ and 6 counties of Bong, Lofa, Bomi, Margibi, Nimba and Montserrado. The training was facilitated by Hong Kong Red Cross, IFRC and ICRC supported by LNRCS PSS staff. Topics covered included psychological first aid, community based PSS, Stress and Coping, Loss and Grief, Supportive communication, supporting children, and supporting volunteers and staff

Output 5: Community Surveillance and contact tracing

In coordination with partner agencies, an effective alert investigation and contact tracing system is implemented to ensure rapid referral and care

Progress

All contact tracing activity was coordinated by the MoHSW which allocated contacts for follow-up to partners including the LNRCS. LNRCS contact tracing teams were well coordinated with respective county health teams who co-facilitated training at county level. A total of 276 volunteers from nine counties were recruited and trained in both contact tracing and active case surveillance. Training for contact tracing started from June 2014 while the training for active case finding was conducted in February and March 2015. All of the 276 contact tracing volunteers received training on basic personal protective measures as a part of their contact tracing training.

MoHSW established a referral system with all partners; once a suspected EVD case or death was identified, this was reported to county health and referrals made where necessary to an ETU and laboratory tests were done. A case investigator would then generate a list of people who were in contact with the suspected case after the onset of symptoms. The list submitted to responsible person in County Health Office, who would inform partners to mobilize trained contract tracers, including LNRCS.



LNRCS contact tracing volunteers followed up identified contacts for a total of 21 days. Photo: Stephen Ryan/IFRC

Contact tracing activities were taken over fully by the government at the end of March 2015, as the greatly reduced number of contacts being followed up did not require involvement of partners. By this time, a cumulative total of 7,827 contacts had been traced by LNRCS volunteers. The activity was carried out in nine counties (Gbarpolu, Bomi, Montserrado, River Cess, Margibi, Lofa, Grand Cape Mount and Grand Bassa) selection of counties was based on EVD case load.

When the number of cases started to decline in December 2014, the MoHSW began to focus on initiating active case finding. Grand Cape Mount Chapter mobilized a total of 16 volunteers to collaborate in cross border surveillance starting from March 2015; doing temperature checks on people crossing the border. At the end of the reporting period, a total of 186 trained volunteers were involved in active case finding in Grand Cape Mount, Gbarpolu, Bomi, Montserrado, Lofa, Bong and Grand Bassa counties in border communities in coordination with county health office.

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Output 6: Community home-based protection

Communities with limited access to Ebola treatment units (ETUs) or community care centres (CCCs) are provided with hygiene and protective equipment kits (HPE)

Progress

LNRCS Chapter staff delivered community-based protection (CBP) kits to affected communities upon report of suspected EVD cases. A total of sixteen suspected cases (14 in Grand Cape Mount and two in Grand Bassa) received supervised home-based support by care givers while waiting to be safely transferred to ETUs. In addition to this, about 415 kits were used for training and donations to schools and health facilities. Training for 281 volunteers was conducted along with the prepositioning of CBP kits; 16 suspected cases (14 Grand Cape Mount and two in Grand Bassa) received supervised home based support by care givers. Through its collaboration with UNICEF on Community Based Protection programme, IFRC received 5,376 home based protection kits, 5,000 hygiene kits and nutrition support i.e. 35 boxes of RUTF biscuit form – Ready to Use Therapeutic Food), 100 bottles of appropriate food for children aged 0-6 months (RUIF - Ready to Use Infant Formula) and 35 boxes age appropriate food (RUTF paste – Ready to Use Therapeutic Food).

Since the agreement with UNICEF was signed in October last year, LNRCS has trained 29 people including health officers from 15 Chapters and five IFRC emergency health delegates. The health officers are expected to train community volunteers in conjunction with distribution of the kits. A total of 3,080 kits were distributed to 15 RC LNRCS chapters; 835 kits were prepositioned at chief's offices in hard to reach communities for easy release to Ebola affected families according to the set criteria. It was difficult to preposition kits in remote areas due to inaccessible roads. Volunteers had to walk several hours with the few kits they could carry. There were 46 hot spots that LNRCS had trained community volunteers; Sinoe (1), Gbarpolu (5), Montserrado (1), Grand Bassa (1), River Cess (6) and Grand Cape Mount (32).



LNRCS National EVD Coordinator and IFRC Health Delegate training volunteers on use of CBP kits in Montserrado. Photo: Victor Lacken/IFRC

Hygiene promotion activities were conducted for 1,048 households living in EVD affected communities in five counties i.e. Bomi, Grand Cape Mount, Montserrado, Grand Bassa and River Cess County. The affected communities also received hygiene kits containing gloves, bars of soap, chlorine and buckets with taps; a total of 60 households in Grand Cape Mount county were supported to clean their houses. Other than protection and hygiene kits, the programme provided nutrition support for Ebola patients as well as children in the affected households; 289 Ebola patients/persons in Grand Bassa and Montserrado county received therapeutic nutrition support, 68 infants children aged 0-6 months in River Cess and Grand Bassa county and 100 children aged 6-24 months in River Cess and Grand Cape Mount county received age appropriate

food (RUTF paste – Ready to Use Therapeutic Food).

The number of ETUs established around the country along with the significant decline in the number of cases from the end of December 2014, impacted the use of the kits in the targeted community. IFRC initiated an internal review CBP kit programme. The review was carried out in 15 counties. The review team interviewed survivors (who benefited from the kit), care givers who used the kits, LNRCS staff, volunteers and partners like County Health Teams (CHTs) involved in the implementation of the programme. A mixed approach including both qualitative and quantitative data collection methods was used in this internal review for triangulation purposes. This included, key informant interviews for LNRCS, CHT, UNICEF and senior MOH staff who were engaged in strategic implementation level, while focus group discussions and quantitative semi-structured household questionnaires were used on care providers. To enhance innovation in real time data collection process, the Rapid Mobile Phone (RAMP) Survey methodology was used to collect and analyse data.

The majority of respondents acknowledged that the community protection strategy was good for preparedness and response, specifically at the initial phase of the EVD emergency response before referral for specialized care in ETUs. Despite the presence of ETUs, the kits may still be useful in remote areas where referral of suspected/probable EVD patients may face challenges due to lack of nearby ETUs, and ambulances, inaccessibility and limited communication. Proper training and supervision of care givers would reduce risk of transmission in such cases.

Key lessons learnt include:

- Prior to establishment of a network of ETUs, prompt distribution and training of care givers on Community Based protection kit could have significantly contributed to reduction in transmission of EVD at household level and consequently led to low mortality in Liberia.
- Community protection strategy supports and strengthens the health systems in the community by building their preparedness and response capacity. This strategy can be incorporated into other routine health programmes in Liberia. The knowledge and skills acquired by the communities can be used for other diseases.
- LNRCS visibility was enhanced as a result of distribution and training on community protection kit. LNRCS was called upon by CHTs and other partners to assist in distribution of the kit and training in hard to reach areas and health facilities where LNRCS was not present/known before.

Capacity and Support

Outcome 2: Sustainable impact achieved through strengthening of existing capacity of the LNRCS and provision of necessary IFRC management, technical and support resources.

Output 1: National Society capacity development:

The NS has the necessary capacity to lead the operation and ensure sustainable impact

Progress

A national disaster management training centre will be established in Monrovia towards the end of 2015. In the beginning of 2015, IFRC/LNRCS secured a leased space for the SDB operations centre in Monrovia. The compound is currently serving multi-purpose functions as a warehouse, fleet base with facilities for offices and meetings. Plans are underway to secure the property on a permanent basis to serve as the National DM training centre.

A detailed EPOA is in place. This plan was revised twice during the period of this report; in November 2014, scaling up emergency response and then in June 2015 to include the recovery period. A full complement of technical delegates, adjusted on a need basis is in place to support the EVD operation. The LNRCS/IFRC taskforce attended by all Movement partners remained in place and meeting on a weekly basis.

Output 2: IFRC support to the National Society: Necessary IFRC resources are provided to support the operation.

Progress

The LNRCS EVD response operation was funded mostly under the IFRC's EVD Appeal (MDRLR001) and the IFRC also provided relevant programme, financial and logistical technical support to the National Society.

The following logistical support was provided by IFRC:

- Deployment of vehicles to all 15 LNRCS chapters.
- Total of 65 drivers recruited to support the EVD operation.
- Assessment of the LNRCS power supply needs and subsequent provision of backup heavy duty generator to ensure continuous power supply at the headquarters. Another was also supplied at the SDB/Logistics base.
- Support to LNRCS procurement processes at national, regional hub and chapter levels.
- Lease of compound for SDB, fleet and logistics with seven prefabricated office containers installed for use as offices. A fleet parking lot for 50 vehicles and warehousing were also created in the same compound.
- Strengthening LNRCS logistics capacity, through training and workshops.
- Logistics organised workshops at HQ and field levels including ten procurement and warehousing training workshops for 97 NS and IFRC staff; warehouse/security/pest control/fire training for six Bomi Chapter staff members and fleet workshops in Monrovia on safe driving, preventive controls and maintenance.
- Continuous on job training and coaching is being provided to NS fleet staff.
- Warehouse development in all 15 chapters with the following facilities developed:
 - 105 m2 storage space at LNRCS HQ basement
 - Lease of 300 m2 warehouse in Sinkor, Monrovia
 - Lease of a 300m2 warehouse and 70 m2 UNICEF warehouse tent erected on the hospital compound in Tubmanburg.
 - Paynesville Chapter Warehouse (384m3)

The EVD response operation is supported by operations management and coordination by expatriate delegates in the areas of health, logistics, finance, information technology, human resources, PMER, information management, beneficiary communications, safe and dignified burials, psychosocial support and communications. Both IFRC and LNRCS have reviewed their existing staff structures and realigned them to recovery needs. IFRC plans to supplement current technical capacity with a recovery specialist, in addition to water, sanitation and hygiene expertise to support LNRCS in the early stage of the recovery operation, while ensuring the gradual transfer of knowledge and competencies to national staff. Specific support was provided in creation of finance and logistics procedures and processes.

As part of IFRC support to external communications, media strategy, key messages and releases were developed in addition to key events and advocacy initiatives with local and regional media for key campaigns which included:

- Red Cross song launch in February 2015
- Ongoing anti-stigma and anti-complacency activities
- International Women`s Day and Decoration Day celebrations in March 2015
- Words against Ebola—global anti-stigma campaign to combat the stigma faced by Ebola survivors, healthcare workers and volunteers in Liberia, and around the world.
- EVD one year anniversary on 1 April 2015.

- Facilitation of communication with international media
- Content and support for Movement newsletter
- Development of strategy and content for social media channels, (Facebook, Twitter, YouTube) and also for the LNRCS website.
- The following training workshops were conducted - Photography, video, media relations and content gathering skills and capacity (3 days) and social media basics and writing workshop (1.5 day)
- Ongoing mentoring in writing and strategy and photography
- Several communication materials were produced for the emergency appeal including the following:
 - Words against Ebola blogs, RCRC articles, advocacy report article, case studies, videos and photos.



LNRCS volunteer and Ebola survivor Jerald Dennis was part of the Words Against Ebola campaign.

Construction of office extension - Plans for construction of the office annex are in progress and construction should commence before the end of 2015.

Review and learning workshops - These are planned for the third and fourth quarters of 2015.

Safe and Dignified Burials Coordination

Outcome 3: Support is provided to national authorities for country-wide coordination and information management of the overall Safe and Dignified Burial and Infection of Houses response

Output 1: National level SDB support

Establishment of SDB coordination and information management hub in Monrovia

Progress

No specific assessment was conducted. LNRCS involvement on SDB was based on the request of MoHSW from July 2015 and subsequent operational requirements. An SDB supervisor was recruited to manage the SDB activities and related data and was supported by one SDB delegate and a health delegate. SDB update were shared daily with the MoHSW and also included in the IFRC weekly and bi-weekly regional updates. An IFRC-UNMEER Liaison delegate was recruited for three months (January to March 2015) to be the focal point for the SDB. Progress reports and information were shared regularly with partners.

The LNRCS and IFRC were actively involved in national SDB coordination meetings and. Internal meetings were held weekly and the Red cross was also represented at the daily Information Management System (IMS) Montserrado meetings and the weekly Montserrado case management meetings held at the MoHSW. Regular coordination was conducted with county health team as well as external partner in both county and national level. LNRCS/IFRC identified the MoHSW as well as Global Communities as their main partners on SDB.

LNRCS SDB team used WHO guidelines in implementing SDB activity in Liberia, but also drafted guidelines specific for three countries in 2014. These were finalised in 2015.

Early Recovery

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

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

Output 2: Health risk management: Improved knowledge, attitude and practice of communities on

prevention and control in health emergencies and provision of necessary water, sanitation and hygiene promotion services in six counties

Progress

The IFRC facilitated a recovery assessment in the three countries over a six-week period from the 9 February to the 20 March 2015, to identify recovery needs and response options, including steps to facilitate their delivery. The assessment team engaged directly with the National Society leadership and senior management team, delegates and staff from IFRC, PNS, 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 the foundation for a detailed recovery plan, incorporated into the operational strategy and the revised appeal. The Recovery Plan of Action (PoA) will be implemented from July 2015. It is based on a strategy focused on four integrated components as follows:

- ❖ *Health and Care - Strengthening community health and care, and community-based prevention, improving psychosocial health, reducing gender related vulnerabilities, enhancing protection and improving access to safe water and sanitation.*
- ❖ *Disaster management and risk reduction - Improving alert mechanisms within strengthened early warning systems, improving preparedness for future epidemics and supporting increased decentralization and decision making during emergency response.*
- ❖ *Food security and livelihoods: Providing agricultural inputs cash grants for income generating activities and vocational training.*
- ❖ *Organizational Development and Capacity Building: Includes LNRCs leadership; effective service delivery; volunteer management and retention; capacity building of the youth network; resource mobilisation; PMER; financial and human resource management.*

Emergency response capacity is being maintained until the end of 2015 in line with the agreed Government of Liberia and partners' strategy and contingency lines. The recovery plan places an emphasis on the comprehensive analysis of needs, integrated and participatory programming approaches

Contact information

For further information specifically related to this report, please contact:

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- **IFRC Africa Zone:** Lucia Lasso, Disaster Management Unit; Nairobi; phone: + +254 731-067469; email: lucia.lasso@ifrc.org
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For Resource Mobilization and Pledges:

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- **In IFRC Africa Zone:** Fidelis Kangethe, Partnerships and Resource Mobilization Coordinator; Addis Ababa; phone: +251 930 03 4013; email: fidelis.kangethe@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC Africa Zone:** Robert Ondrusek, PMER/QA Delegate for Africa; Nairobi; phone: +254 731 067277; email: robert.ondrusek@ifrc.org

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.

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 - EVD Outbreak

Timeframe: 09 Apr 14 to 31 Dec 17

Appeal Launch Date: 29 Apr 14

Interim Report

Selected Parameters

Reporting Timeframe	2014/4-2015/4	Programme	MDRLR001
Budget Timeframe	2014/4-2017/12	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
A. Budget		24,464,985				24,464,985	
B. Opening Balance							
Income							
Cash contributions							
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		664,379				664,379	1,742,811
Bill & Melinda Gates Foundation		68,129				68,129	841,641
British Red Cross		133,317				133,317	
British Red Cross (from British Government*)		298,311				298,311	
British Red Cross (from Children's Investment Fund Foundation*)		2,375,878				2,375,878	
British Red Cross (from DEC (Disasters Emergency Committee)*)		765,996				765,996	
Canadian Red Cross (from Canadian Government*)		918,779				918,779	
China Red Cross, Hong Kong branch		72,813				72,813	
European Commission - DG ECHO		1,163,459				1,163,459	
Finnish Red Cross		55,300				55,300	
Finnish Red Cross (from Finnish Government*)		288,815				288,815	
French Red Cross (from Total*)		179,657				179,657	
Japanese Government		1,131,731				1,131,731	2,840,495
Japanese Red Cross Society		208,250				208,250	
KPMG International Cooperative(KPMG-I)		32,349				32,349	
Norwegian Red Cross		51,244				51,244	
Other		236				236	
Red Cross of Monaco		12,142				12,142	
Sime Darby Berhad		142,332				142,332	
Spanish Government		1,613,715				1,613,715	
Swedish Red Cross		1,299,220				1,299,220	
Swiss Red Cross (from Swiss Government*)		1,000,000				1,000,000	
The Netherlands Red Cross		203,786				203,786	
The Netherlands Red Cross (from Netherlands Government*)		723,726				723,726	
UNICEF - United Nations Children's Fund		158,865				158,865	15,779
United States Government - USAID		918,922				918,922	36,699
C1. Cash contributions		15,597,462				15,597,462	5,477,424
Inkind Goods & Transport							
British Red Cross		100				100	
The Netherlands Red Cross		9,762				9,762	
UNICEF - United Nations Children's Fund		531,291				531,291	
C2. Inkind Goods & Transport		541,153				541,153	
Inkind Personnel							
Australian Red Cross		44,431				44,431	
British Red Cross		55,423				55,423	
Danish Red Cross		174,263				174,263	
Finnish Red Cross		26,700				26,700	
Kenya Red Cross Society		0				0	
Other		46,797				46,797	
C3. Inkind Personnel		347,613				347,613	
Other Income							
Fundraising Fees		-8,734				-8,734	
C4. Other Income		-8,734				-8,734	
C. Total Income = SUM(C1..C4)		16,477,494				16,477,494	5,523,098

Disaster Response Financial Report

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Interim Report

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Budget Timeframe	2014/4-2017/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

D. Total Funding = B + C	16,477,494	16,477,494	5,523,098
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* 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		16,477,494				16,477,494	5,523,098
E. Expenditure		-11,466,541				-11,466,541	
F. Closing Balance = (B + C + E)		5,010,953				5,010,953	5,523,098

Disaster Response Financial Report**MDRLR001 - Liberia - EVD Outbreak**

Timeframe: 09 Apr 14 to 31 Dec 17

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Interim Report**Selected Parameters**

Reporting Timeframe	2014/4-2015/4	Programme	MDRLR001
Budget Timeframe	2014/4-2017/12	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	
BUDGET (C)			24,464,985			24,464,985		
Relief items, Construction, Supplies								
Shelter - Relief			52,961			52,961	-52,961	
Construction - Facilities			38,388			38,388	-38,388	
Construction Materials			68,008			68,008	-68,008	
Clothing & Textiles	19,460		2,694			2,694	16,766	
Food	571,562		2,107			2,107	569,455	
Seeds & Plants	100,000						100,000	
Water, Sanitation & Hygiene	1,661,309		416,908			416,908	1,244,401	
Medical & First Aid	3,767,465		505,866			505,866	3,261,599	
Teaching Materials	28,800		18,023			18,023	10,777	
Other Supplies & Services	526,850		200,239			200,239	326,611	
Total Relief items, Construction, Sup	6,675,445		1,305,194			1,305,194	5,370,251	
Land, vehicles & equipment								
Land & Buildings	1,475,520						1,475,520	
Vehicles	518,000		253,347			253,347	264,653	
Computers & Telecom	238,350		458,704			458,704	-220,354	
Office & Household Equipment	176,000		40,602			40,602	135,398	
Total Land, vehicles & equipment	2,407,870		752,652			752,652	1,655,218	
Logistics, Transport & Storage								
Storage	62,500		23,478			23,478	39,022	
Distribution & Monitoring	70,000		372,865			372,865	-302,865	
Transport & Vehicles Costs	1,333,400		862,565			862,565	470,835	
Logistics Services	201,400		93,102			93,102	108,298	
Total Logistics, Transport & Storage	1,667,300		1,352,010			1,352,010	315,290	
Personnel								
International Staff	2,556,000		1,767,732			1,767,732	788,268	
National Staff			1,722			1,722	-1,722	
National Society Staff	2,256,295		538,572			538,572	1,717,723	
Volunteers	4,171,340		1,254,036			1,254,036	2,917,304	
Other Staff Benefits			121,968			121,968	-121,968	
Total Personnel	8,983,635		3,684,030			3,684,030	5,299,605	
Consultants & Professional Fees								
Consultants	181,000		85,624			85,624	95,376	
Professional Fees	40,000		67,922			67,922	-27,922	
Total Consultants & Professional Fees	221,000		153,546			153,546	67,454	
Workshops & Training								
Workshops & Training	1,253,580		147,341			147,341	1,106,239	
Total Workshops & Training	1,253,580		147,341			147,341	1,106,239	
General Expenditure								
Travel	82,600		248,720			248,720	-166,120	
Information & Public Relations	710,000		389,067			389,067	320,933	
Office Costs	469,400		397,362			397,362	72,038	
Communications	218,635		65,920			65,920	152,715	
Financial Charges	257,500		141,207			141,207	116,293	
Other General Expenses	1,040		3,577			3,577	-2,537	
Shared Office and Services Costs	23,811		157,204			157,204	-133,393	
Total General Expenditure	1,762,986		1,403,057			1,403,057	359,929	

Disaster Response Financial Report

MDRLR001 - Liberia - EVD Outbreak

Timeframe: 09 Apr 14 to 31 Dec 17

Appeal Launch Date: 29 Apr 14

Interim Report

Selected Parameters

Reporting Timeframe	2014/4-2015/4	Programme	MDRLR001
Budget Timeframe	2014/4-2017/12	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	
BUDGET (C)			24,464,985			24,464,985		
Depreciation								
Depreciation and impairment			1,221			1,221	-1,221	
Total Depreciation			1,221			1,221	-1,221	
Operational Provisions								
Operational Provisions			1,913,925			1,913,925	-1,913,925	
Total Operational Provisions			1,913,925			1,913,925	-1,913,925	
Indirect Costs								
Programme & Services Support Recovr	1,493,168		673,748			673,748	819,420	
Total Indirect Costs	1,493,168		673,748			673,748	819,420	
Pledge Specific Costs								
Pledge Earmarking Fee			68,636			68,636	-68,636	
Pledge Reporting Fees			11,179			11,179	-11,179	
Total Pledge Specific Costs			79,815			79,815	-79,815	
TOTAL EXPENDITURE (D)	24,464,985		11,466,541			11,466,541	12,998,444	
VARIANCE (C - D)			12,998,444			12,998,444		

Disaster Response Financial Report

MDRLR001 - Liberia - EVD Outbreak

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Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

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	24,464,985		16,477,494	16,477,494	11,466,541	5,010,953	5,523,098
Subtotal BL2	24,464,985		16,477,494	16,477,494	11,466,541	5,010,953	5,523,098
GRAND TOTAL	24,464,985		16,477,494	16,477,494	11,466,541	5,010,953	5,523,098