

Humanitarian Bulletin

Liberia: Ebola Response and Recovery



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HIGHLIGHTS

- 16 per cent of Liberia's population is food insecure, and the situation is not improving.
- Government and partners call for enhanced surveillance and prevention, as new EVD cases are confirmed.
- Emerging recovery trends focus on disaster preparedness and risk reduction.
- Government and partners to address SGBV concerns; and integrate protection needs of older persons and People living with Disabilities.
- International Recovery Conference on Ebola to be held in New York on 10 July.

FIGURES

Projected Population	4.0 m
(NB. 3.5M at 2008 Census)	
# Food Insecure	640,000
# Older persons and people living with disabilities (2008 Census)	350,000
Confirmed Ebola cases since 9/5/15	3
# Official border points with Sierra Leone	12
# Official border points with Guinea	17
# Official border points with Ivory Coast	25

FUNDING

1.04 billion

Received for Liberia Ebola Response, since March 2014
(fts.unocha.org)



Screening of migrants at the Bo Waterside border

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Food insecurity remains a major concern

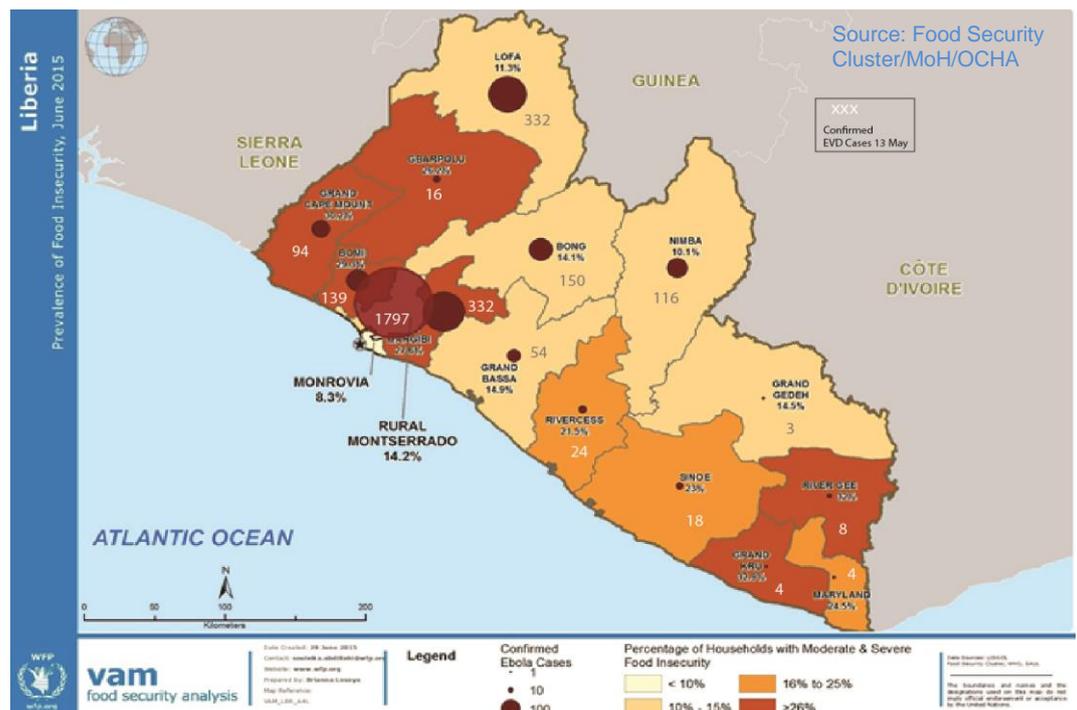
16 per cent of households at national level are food insecure

Preliminary results of the Liberia Food Security Assessment (LFSA) conducted between May and June 2015 by the Government (Ministry of Agriculture), in collaboration with the Food Security Cluster members, indicate a generalized lack of improvement in the food security situation in the country.

An estimated 16 per cent (640,000 people) of households are food insecure at national level; 2 per cent of whom face severe food insecurity conditions. The majority of the food insecure households are in the south eastern part of the country (Grand Kru and River Gee counties) and in Grand Cape Mount and Bomi counties in the north.

At national level, 18 per cent of households are using emergency coping mechanisms, especially begging; 11 per cent are using stress strategies, including borrowing money and food and spending savings; while another 11 per cent use crisis strategies ranging from foregoing medical care and withdrawing children from school.

According to the LFSA report, there is little direct correlation between the Ebola Virus Disease (EVD) outbreak and the prevailing food insecurity conditions. Notably, some of the most food insecure counties, especially in the south eastern region reported the lowest number of EVD cases.



There is little correlation between the EVD outbreak and the prevailing food insecurity conditions. Most counties with the highest EVD cases have reported lowest number of food insecure people.

18 per cent of households are using emergency coping mechanisms, especially begging.

Three new Ebola cases, including one death were confirmed as at 3 July; seven weeks into the 90 day active EVD surveillance phase.

In Grand Kru and River Gee counties where 32 per cent of households are reportedly food insecure, there were cumulatively 12 confirmed EVD cases as at 13 May, compared to Montserrado County, which reported nearly 1,800 EVD cases, while the percentage of food insecure households is 8.3 per cent.

Commodity prices in the affected areas have reportedly escalated due to poor market access resulting from dilapidated infrastructure, coupled with market and border closures at the peak of the Ebola crisis. Income opportunities that were already diminished in the pre-Ebola context have been constrained further, making families more vulnerable, especially at national level.

The LFSA results indicate further that 21 per cent of the population reported a decrease in rice production, the main staple food in Liberia, compared to previous season in 2013/14. This is largely attributed to fear of Ebola (Montserrado, Gbarpolu, Bomi, Lofa, Riversess and Grand Kru) and inability of households to hire labor, especially in Bomi, Gbarpolu and Grand Cape. Weeding and harvesting activities were therefore affected resulting in limited/no rice stocks for the severely food insecure households. According to [WFP Alert for Price Spikes](#), the price of imported rice has increased in Liberia, partially due to the weaker exchange rate of the Liberian dollar.

Households that were not directly affected by Ebola and were able to harvest (65 per cent) during the last agricultural season however lacked access to markets produce.

Addressing the underlying structural and chronic factors impacting food security in the country remains a critical factor during the recovery phase.

Government confirms new EVD cases

Enhancing prevention measures to avert widespread transmissions

The Ministry of Health has declared the Third Wave of the Ebola outbreak, following the detection of a confirmed case of EVD in Reunification town area, Margibi County, on 29 June. As at 6 July, the Ministry of Health reported three confirmed cases, including the death of a 17-year old male who was buried on 28 June.

The country, which was declared Ebola free on May 9, had entered day 51 of the 90 day active surveillance phase, when the confirmed case was reported.

According to the national Incident Management System (IMS), the Margibi County Health Teams together with the Contract Tracing Lead from the IMS are following up 175 contacts, including family members, traditional healers and nine health workers.

The Liberia Ebola Response Team is still investigating the mode of transmission. Suspected cases and samples are being handled at the laboratory at ELWA Ebola Treatment Unit (ETU). The IMS has resumed daily coordination and information exchange meetings at the Emergency Operation Centre and called for daily reporting at the county level. Humanitarian partners are providing both food and non-food items to the affected community. Thermal cameras have been installed at Roberts International Airport, which is situated one kilometer from the area inhabited by the affected Nedowein



The Incident Management Committee has resumed daily coordination meetings, and facilitated the repositioning by partners, of food and non-food items in the affected community.

community in Margibi County. The community, of about 1,500 people has been encouraged to exercise self-precautionary observation.

Social mobilisation teams are facilitating awareness campaigns, including airing of preventive messages through the media. The Liberia Red Cross has reactivated and expanded community engagement teams in Margibi, Montserrado and Grand Bassa.

The Government has called on all institutions to enhance preventive infection and control (IPC) measures, including re-institution of hand washing facilities in public places and homes to minimize further spread of the disease. Two affected schools (R.S Caulfield and RF Williams Methodist) are undergoing daily follow up to review temporary screening logs and support prevention and control measures in the area.

Humanitarian actors have further recommended a wider malaria preventive treatment to minimize risks of missing suspect cases, particularly during the current rainy season when cases of malaria tend to increase.

Capacity building for local health facilities key to sustainable health responses

Lessons learnt from ongoing prevention and control programmes highlight the critical need for actors to ensure sustained engagement through the County Health Teams (CHTs), the District and IPC facilities located closer to the communities. Complacency in implementing the minimum standards will rapidly reverse the gains made in the recent past, according to Jhpiego Monrovia, an affiliate of the John Hopkins University. The international organisation is supporting CHTs in eight counties (Montserrado, Margibi, Grand Bassa, Bong, Lofa, Nimba, Grand Gedeh and Maryland) to conduct supervision visits to health care facilities, where the teams are providing refresher training and mentoring, provision of minimal component, rehabilitation and putting into place semi-permanent/temporary structures for triage and waste management, including incinerators.

Humanitarian actors including, the American Refugee Committee (ARC) continue to advocate for the retention and strengthening of local resources and mechanisms of social communication, social mobilization, community organization and social awareness during the recovery phase. Communities at all levels should be encouraged on the importance of nurturing positive social behaviours that became widespread during the peak of the EVD outbreak.

ARC is promoting childhood immunization against preventable diseases like measles, polio and deworming exercises. There are no immediate plans to demolish the Fishtown ETU, but both ARC and River Gee County authorities are pursuing funding to repurpose the ETU into a community resource center, which will also house local government ministries, in an effort to decentralize public services. ARC's medical team is also seconded to these facilities to improve service delivery.

Notable challenges in implementing the IPC mechanisms include; poor infrastructure, characterized by bad roads and difficult terrains affecting travel time to health facilities located outside Monrovia. In addition most counties have limited number of qualified staff to promote adherence to IPC practices. Effective supervision of the health centres will require more commitment both in terms of political will power and resources.

Stepping up cross-border monitoring and surveillance

In view of the ongoing active transmissions in Sierra Leone and Guinea, the Government of Liberia is taking appropriate measures to prevent cross border infections across the three countries. The Border Coordination Group (BCG), chaired by the MoH/Incident Management System with members from the Bureau of Immigration, National Police, UNMEER, UNDP, WHO, CDC, IOM, UNICEF, key NGOs and OCHA has supported the border re-opening processes through various activities including, training and drafting of Standard Operations Procedures for screening, and developed protocols for enhanced community-based surveillance.

Humanitarian actors continue to advocate for the retention and strengthening of local resources and mechanisms of social communication; and nurturing of positive social behaviours that became widespread during the peak of the EVD outbreak.

The Border Coordination Group is conducting trainings for County Health Teams, Immigration and Security officers, and community leaders on how to prevent and respond to the risks of cross-border EVD transmissions.

The training plan is targeting border officials, health staff, border security forces, local authorities and community leaders of most at risk border crossings with Sierra Leone and Guinea. So far trainings have been conducted in Grand Cape Mount, Gbarpolu, Lofa, Bong and Nimba counties.

The Official Ports of Entry (PoE) training is provided by the Bureau of Immigration and Naturalization (BIN) and IOM, and the Community Event Based Surveillance training is provided by Global Communities. WHO, UNMEER and CDC and providing oversight and coordination.

IOM has designed and released a border graphic story aimed at raising awareness among travelers on both preventative measures and good practices, before, during and after travel, keeping them and their communities safe. Training on the border story is ongoing.



Social mobilisation training, BoWaterside border, Liberia (IOM)

Security forces at points of entry continue face operational challenges including, lack of adequate transport, insufficient access and communication equipment and lack of systematic data collection at many PoEs.

The Government has highlighted the need to map the common transport routes between the affected countries to facilitate contact tracing across the borders.

Emerging Recovery Trends

Linking the recovery transition process to the Agenda for Transformation

In the wake of Liberia being officially declared Ebola-free on 9 May 2015, the Early Recovery Cluster adopted a two-prong approach in supporting the transition from the humanitarian phase to recovery, aligning behind the Government's Economic Stabilization Recovery Plan (ESRP): (1) mind-shift from humanitarian response to recovery, (2) review recovery priorities and initial recovery projections by Cluster leads.

To keep the momentum of Liberia's transition to recovery while simultaneously linking the transition to the Government development framework (Agenda for Transformation (AFT)), the Early Recovery cluster held a series of technical meetings with Cluster members, undertaking an inventory of pipeline recovery projects and other variables.

Cluster members have in addition been conducting brainstorming sessions focusing on the impact of the Ebola crisis, documenting lessons learnt and implications for the AFT; even as the Government focuses on short-term recovery measures as articulated in the ESRP. A summary issues paper, with policy options and programming implications will be shared with the Resident Coordinator to feed into the dialogue with the Government and partners on the recalibration of the AFT. Humanitarian actors in Liberia continue to express their commitment to strengthen the recovery process in Liberia.

Clusters develop proposed transition plans and exit strategies

At the request of the Resident Coordinator and in line with the winding down of the Ebola emergency response, Cluster Leads have shared with OCHA, their proposed transition and exit strategies for consolidation into a "Note on Cluster Transition and Exit Strategies"

Emergency cluster coordination functions and structures are to be integrated into interagency development programming, and national inter-ministerial management structures, by December 2015.

to be presented to the Humanitarian Action Committee for further discussion and endorsement. The strategies will inform the official cluster deactivation process in Liberia.

Tentatively, the majority of the Clusters, which were established in September 2014 specifically for the Ebola response, are considering a phased-out approach between end-July and December 2015. Cluster Leads are working with relevant line ministries and departments to ensure that the current emergency cluster coordination functions and structures are integrated effectively into interagency development programming and national inter-ministerial management structures. This will ensure that the significant gains made during the emergency response are not lost but built-upon, with the overall aim of strengthening the capacity for preparedness and response to any future shocks.

The Government's commitment and engagement since the beginning of the crisis creates a good basis for a smooth transition of the emergency clusters in Liberia.

Proposed Humanitarian Cluster Transition and Exit strategies, as at 3 July 2015

Cluster	Proposed exit strategy	Suggested timeline for deactivation
Health	Establish a health partners' forum to complement the current national Health Coordination Committee.	End-July 2015
Protection	To be transformed as a permanent partners' forum by mid-July.	
Nutrition	Hand over to Ministry of Health - National Nutrition Working Forum.	End-September
Education	Reactive the Strategic Advisory Group to support the transition process, and establishment of the permanent Education in Emergencies Working Group.	
Child Protection	Hand over to Child Protection Coordination Network, led by the Ministry of Gender, Children and Social Protection.	
WASH	Hand over to Ministry of Public Works/WASH Committee. WASH in Schools and WASH in health facilities to transition to relevant line ministries.	
Logistics and Emergency Telecommunication	No storage and ground transport service after August. Final hand-over to Government Support Agency	October-December
Food Security	Awaits outcomes of Food Security Assessment to determine structure. Possible integration within Ministry of Agriculture.	To be determined

NB. The Early Recovery cluster continues to provide support for the recovery phase and will normally merge with the implementation and coordination mechanism of the national Economic Stabilization and Recovery Plan (ESRP). Timing not yet confirmed.

The Government acknowledged the need to strengthen data collection processes in all sectors, and is working with partners for a standardization of existing information management tools and products.

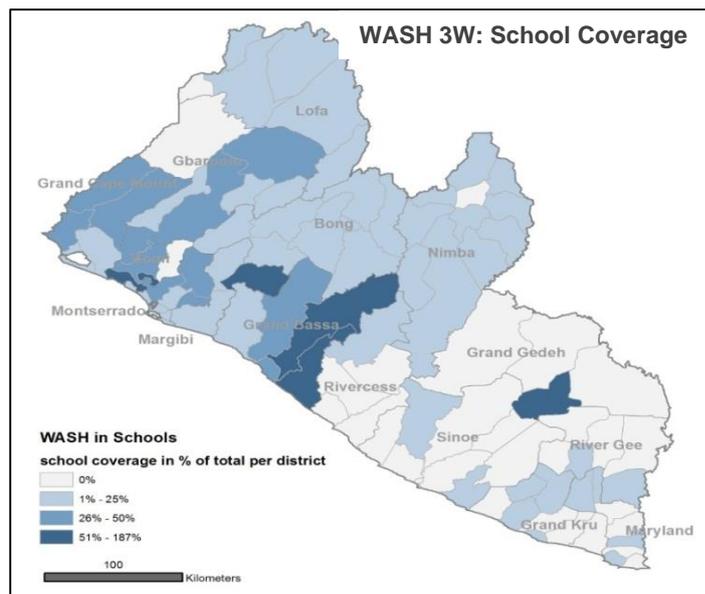
Capacity building for Information Management

A common preliminary finding of the ongoing partners' lessons learnt exercise is the need to strengthen the methods for data collection and information management for coordination activities, both at national and county levels. There is currently a lack of standardization across the various Government departments especially with regards to the data collection process.

The Education Cluster is building capacity and skills at the Ministry of Education (MoE) on creating, using and updating the "Who does What Where" (3W) matrices. The process includes training on the 3W and the [Rapid Pro Short Message Sending \(SMS\)](#) reporting system; a mobile application for collecting, sharing and analyzing real-time data. The trainings target both the monitoring and evaluation and planning technicians, and Directors and Assistant Ministers at the Ministry. MoE intends to adopt the Rapid Pro for monitoring at field level.

The Education cluster is also finalizing a comprehensive WASH in Schools partner matrix to ensure better coordination among the partners, avoid duplication, and promote more transparency and accountability. WASH in Schools is a major post-Ebola focus for the education sector.

OCHA is supporting on-demand, information management requests by partners, including mapping of health facilities at the border crossing (in collaboration with the Border Coordination Group); 3W for Health Partners and printing of location maps.



OCHA and Cluster products can be accessed at <http://www.humanitarianresponse.info/en/operations/liberia>

Enhanced advocacy for the adoption of the Disaster Management Act

The Humanitarian Coordination Support Office of the United Nations Mission in Liberia (UNMIL), in collaboration with UNDP, WFP and the Ministry of Internal Affairs continue to advocate for the adoption of the Disaster Management Act that was passed into law by the House of Representative on 24 February, but is pending at the House of Senate Concurrence. The Act sets out the legal framework for the establishment of the National Disaster Management Agency, a national body that is intended to take over, and build on the functions of the National Disaster Relief Commission, which has since 1976 functioned as the Government disaster response institution.

Generally, the continued lack of a legal institutional framework and capacity remains a serious challenge for DRR response. During the Ebola crisis, the Government and humanitarian actors experienced operational challenges ranging from difficulty in implementing national documents (policies) and tools on disaster risk reduction; inadequate resources (human, financial and logistics) to address DRR; inadequate budgetary appropriations for disaster response by the Government and weak and highly centralized structure for DRR (county structures are not fully established and supported).

The adoption of the Act will ensure responsibility for the implementation of DRR policies and systems to address among others, issues of resource mobilization and implementation of vulnerability reduction programs. The process will further inform the establishment of strong and sustainable emergency coordination mechanisms integrating all key Government counterparts.

Government reactivates the County Disaster Management Committees

Meanwhile, the Ministry of Internal Affairs and partners launched the reactivation of the County Disaster Management Committees (CDMCs) on 27 June, in Nimba County. The CDMCs, with supervision and technical support from the national structure will establish district level disaster management committees (DDMCs) to ensure “counties play a lead role in disaster management and prevention and further put the management of disasters in the hands of the local community; who are often the first responders in times of emergencies”, as stated by the Minister of Internal Affairs, who officiated the launch.

The Disaster Management Act is pending approval at the House of Senate Concurrence. The Act spells out the legal framework for the establishment of the National Disaster Management Authority, intended to oversee disaster response in the country.

Prioritizing protection concerns in programming

Older persons and persons with disabilities call for inclusion

Mainstreaming the protection concerns of vulnerable groups remains a core component of both the EVD response and recovery interventions in Liberia. Older Persons and Persons with Disabilities often get excluded during targeting and responding to their specific needs in food security programming and other interventions, including national decision making processes, as observed by the FSC Inclusion Advisor and protection partners.

According to the 2008 Census of Liberia, 6.5 per cent of the 3.5 million population were aged 55 years and above. Persons with disability account for 3.1 per cent (around 110,000 people). Whilst many older people are generally cared for by families, the EVD outbreak has seen these families suffer a lack of resources and neglect and are often not afforded the appropriate support and care they need. Access to sufficient food which meets their micro -nutrient needs is also a concern.

A targeted analysis focusing on the capacities and specific requirements of older persons and people living with disabilities will ensure that humanitarian actors tailor appropriate responses to meet their needs.

Age/ylrs	No. of EVD cases*			No of EVD deaths~	No. of survivors~
	Suspected	Probable	Confirmed		
50-59	282	140	294	394	233
60-69	175	82	130	219	114
70-79	94	40	70	104	56
80+	72	18	21	73	11
Totals	623	280	515	790	414

*where final epi classification not known, initial epi classification used
 ~final status (alive/dead) not reported for all cases
 Source: WHO Liberia 2015

During the Ebola crisis, WHO recorded some 1,418 people aged over 50 years as being a suspect, probable or confirmed Ebola case between January 2014 and March 2015. The family structure has reportedly changed due to EVD and older people are increasingly taking on the role as parent/care giver of orphans or children affected by Ebola. Older People and people with disabilities have had to struggle with providing food for children, by either having to work (which many physically can't) or beg and more often will put the food needs of children before themselves. The majority may not be able to afford school fees, thus exacerbating the protection concerns for the children and the family. Through a better analysis of their capacities and understanding of their specific requirements when it comes to accessing food and livelihoods, humanitarian organisations can respond appropriately and ensure that these groups benefit equally and do not fall through the cracks.

The Government department for the Ageing oversees a limited number of residential homes in the country. The Liberia National Union of the Disabled provides a platform for the support and representation of a number of Disabled People's Organisations in the country. There is however a severe lack of funding earmarked for issues relating to ageing and disability; thus crippling effective delivery by these the institutions.

The Inclusion Advisor has since February 2015 worked with FSC partners, WFP Vulnerability Assessment and Mapping unit to provide technical support and guidance on incorporating sex and age disaggregated data, disability and chronic illness into the Liberia Food Security Assessment data collection tools. Women, men, boys and girls are affected by crises differently - the response should not ignore their different needs.

Government and UN partners to address underlying causes of SGBV at the community level

The Government in collaboration with United Nations agencies are finalizing a new phase of the Government of Liberia/UN Joint program on addressing Sexual and Gender-Based

Violence (SGBV). The proposed strategic approach is based on six pillars; Prevention, Response, Education/Schools, Institutional Strengthening, Visibility and Mass Mobilisation and Preparedness/contingency. Preliminary findings of an inter-agency situation analysis conducted in 20 communities in ten counties in Liberia from 19-26 May 2015, indicate among others, high levels of acceptance of forms of SGBV among the community; high prevalence rates across many communities; and over-bearing influence of traditional systems in defining perceptions and treatment of SGBV cases.

Relatedly, the inter-agency team - comprising of UN Women, UNICEF, OHCHR, Office of Gender Advisor in UNMIL, UNAIDS, UNFPA and the Ministry of Gender - have conducted of the policy, legal and institutional framework and possible enablers. Key findings indicate gaps in the law to ensure the protection of witnesses, as well as lack of a specific legal framework on domestic violence. The review further revealed limited political will and support to specialised institutions on SGBV, lack of coordination and synergy, resource and infrastructure gaps and inordinate delays in processing and hearing of cases, occasioning significant backlog. The new joint SGBV Program builds on previous two phases and will seek to address the critical concerns at community level.

In Brief

Humanitarian Action Committee (HAC) reactivated

On 11 June, the UN Resident Coordinator chaired the first meeting of the HAC, an informal coordination forum for the wider humanitarian community, which had been suspended during the Ebola response to avoid duplication with the coordination activities by the Incident Management System.

The HAC has existed since 2004 as an informal consultative body convened by the Resident Coordinator. Following the devastating 2014-2015 Ebola Virus Disease the positioning of the group under a more formal terms of reference was needed in order to effectively support collective action to prepare for and respond to future humanitarian emergencies. OCHA has circulated the draft terms of reference for comments.

Relocation of the Emergency Operation Centre (EOC)

The Incident Management System (IMS) has moved its meetings to the new EOC building located near the Minister of Health in Congo town. The IMS is the national coordination mechanisms for the Ebola response and post-Ebola recovery process. The IMS has shifted to Phase 3 of the response process and will be providing support to the transitional committee on health issues including, border surveillance, monitoring of suspected cases, and ensuring adherence to international health service requirements.

Secretary General to host the International Ebola Recovery Conference

UN Secretary General Ban Ki- Moon will on 10 July host an [International Ebola Recovery Conference in New York](#). The Conference is being organized in cooperation with the Governments of Guinea, Liberia and Sierra Leone and in partnership with the African Union, the African Development Bank, the European Union and World Bank.

The aim of the conference is to raise international attention to supporting recovery priorities for the three Ebola-affected countries. The UNDP Resident Coordinator of Liberia, Antonio Vigilante, will present suggested key messages on the recovery process for Liberia, linked to the implementation of the national Economic Stabilization and Recovery Plan (ESRP). Representatives from the Liberia Network of International Non-Government Organisations (LINGO) will also attend the meeting.

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