Vigilance remains high as Ebola emergency response scales down

Liberia declared Ebola Free

On Saturday 9 May, 42 days after the burial of Liberia’s last confirmed case, WHO declared Liberia Ebola-free. Given the continuing risk until the entire West African sub-region is free of Ebola, and the danger of a new emergence from an animal reservoir, and the possibility of sexual transmission or a missed transmission chain, heightened surveillance will continue for 90 days beyond the initial 42-day period.

WHO recommendations for the period of heightened vigilance includes active surveillance (suspect case reporting and sample testing), post-mortem testing of community deaths, monthly testing of samples among survivors until two negative results, and sentinel surveillance of specific populations (such as patients with febrile illness).

Decommissioning of Ebola Treatment Units (ETUs)

Decommissioning of Ebola Treatment Units (ETUs) and Community Care Centers (CCCs) continues throughout the country.

Of the 18 ETUs built in Liberia since the start of the outbreak, 11 have already been closed, and at least five are being considered to remain open for an extended period of 6 – 12 months. ETUs that are to be kept open will remain “dormant” with staff serving in their regular capacities at other health government care facilities. In the event of further Ebola cases, these ETUs could be immediately activated to respond.

Similarly, of the total 27 CCCs established since the start of the outbreak, eight have already been closed. All CCCs are scheduled to be decommissioned before the end of the year.

Handover of UNMEER responsibilities

The closure of UNMEER in Liberia is scheduled for completion on 31 May. As of 31 April, all coordination and leadership functions have been handed over to the Resident Coordinator (RC). OCHA, in support of the Resident Coordinator, has assumed reporting and Information Management functions and, in the absence of a Humanitarian Country Team, will be working with the office of the RC to re-establish a forum for dialogue with a broader range of actors during the recovery period, including NGOs.
The Emergency Telecommunications Cluster (ETC) has completed the takeover of ICT equipment as well as the support UNMEER has until now been providing at logistics bases throughout the country. UNHAS has taken over UNMEER aviation operations and logistics, and WFP (common services) is supporting partner organizations for the upcoming rainy season by prepositioning of Ebola Virus Disease (EVD)-relevant cargo and strengthening existing logistics infrastructure set up for the EVD response. These efforts are being conducted under WFPs “Special Operation” which is set to continue through to 31 December, 2015.

One of the final initiatives of UNMEER before closing their operations in Liberia, was to inaugurate, on 8 May, the opening of the Nathaniel Varney Massaquoi School, the only public school in the West Point Township of Monsterrado County. UNMEER collaborated with UN, NGO, Government and civil society partners to rebuild the facility after its 1,000 primary and secondary students had their studies interrupted when their school was closed and turned into an Ebola treatment center at the height of the epidemic.

**Immunization campaign rolled out after year-long delay**

Between 8 – 14 May, the Liberian Ministry of Health conducted a national measles, polio and deworming immunization campaign for children aged 0-59 months, supported by a range of partners including UNICEF, CDC, WHO, Medecins du Monde and other national and international NGOs. The campaign targeted approximately 683,000 children across all 15 counties.

Approximately 500 measles cases have been reported since September 2014, a significant increase from the number of cases seen in recent years, resulting partially from disruptions to routine immunization during the Ebola outbreak. According to the Government, measles vaccinations dropped by 45 per cent between August and December 2014 compared with the same period in 2013. Social mobilization efforts were critical to the success of this campaign. Nearly 230,000 households were reached through door to door visits and over 2,700 community meetings conducted reaching: 5,992 community leaders, 63,971 men, 78,986 women and 40,083 children. Across all counties, social mobilization partners worked in together with county health teams in advocacy, mass media and community engagement activities.
Recovery planning picks up pace, as clusters prepare for transition

Strengthening Health Service Delivery

The Liberian Ministry of Health (MoH), with technical assistance from a range of partners, has circulated an Investment Plan for Building a Resilient Health System 2015-2021. Preparation of the plan involved extensive consultation, including through a technical retreat at the end of March and a national stakeholder validation workshop in early April. The Plan sets out nine areas for investment, including three high priority investment areas: health workforce, health infrastructure and epidemic preparedness, surveillance and response. It is against this plan that health partner planning for transition (March-December 2015), recovery and health system strengthening is now being undertaken.

The next stage will be to translate the Plan into action through the development of operational plans. The MoH (including county health teams) and partners are collaborating to update tools, templates and guidelines, in addition to collecting baseline information to support planning. The health cluster is assisting with the mapping of available resources against the priority areas identified in the Plan.

WFP (Common Services), for its part, is developing a transition strategy focusing on the effective transfer of knowledge and assets deployed during the EVD response into government institutions. The focus is on building capacity for an effective management of the country’s public sector supply chain, and by extension an effective disaster management capability by the government as and when needed.

Strengthening Water and Sanitation services throughout the country

In a move to improve WASH planning and coordination, President Sirleaf Johnson has requested the newly established Water and Sanitation Board to provide comprehensive data on needs, response and gaps in coverage, and to provide concrete recommendations for the way forward. Highlighting the importance that the Government places on improving water and sanitation throughout the country, she also disclosed that greater fiscal support to the sector is envisaged in Liberia’s 2015/16 national budget.

As part of the WASH Post- Ebola Recovery Strategy and Action Plan, the Ebola Recovery Assessment Report released under the co-leadership of the World Health Organization and the World Bank with input from UNICEF and other international partners in Liberia, provides a summary of the situation for pre-Ebola and its impact on health, education and water, sanitation and hygiene (WASH) sectors. Support is also being provided towards the drafting of a national solid waste policy document, and guidance is being given on a minimum package for WASH in Healthcare facilities.

UNICEF has conducted an assessment with the Ministry of Health and UNOPS to evaluate the existing status of WASH facilities at the Liberia Government Hospital in Buchanan, Grand Bassa County. The findings revealed the need for implementing WASH interventions covering both rehabilitation of WASH facilities and capacity building to
maintain facilities. In addition, the assessment uncovered accumulated healthcare waste (incinerated ash) that requires decommissioning to ensure health and safety of staff, visitors and patients.

As part of Post-Ebola WASH recovery effort, UNICEF West and Central Africa Regional Office (WCARO) organized a Strategic Planning Workshop for transition to National Humanitarian WASH Coordination in Ebola affected Countries in West Africa. The workshop guided participating teams through a methodological process to define core elements of a strategic plan for the transition to nationally-led WASH coordination. With this in mind, the UNICEF Liberia WASH team has been working with the National Water and Sanitation Committee to prepare a draft transition outline towards a Liberian-led WASH coordination system.

Setting the stage for improved access to education

With the Ebola response winding down, the Education Cluster Strategic Advisory Group has been reactivated to prepare for the transition to a permanent national coordination structure that will lead a more comprehensive and holistic approach to the long term water and sanitation requirements in Liberia.

A core challenge for education partners throughout the crisis has been lack of data – both in terms of pre-Ebola baseline information but also on issues such as attendance following the re-opening of schools. A 2015 School Census, currently being planned, will strengthen analysis within the sector.

Communities were heavily involved in both the EVD and in the Back-to-school response, and the momentum of their engagement will need to be maintained in further recovery work. Many local NGOs were also involved, providing yet another opportunity to ensure civil society participation during the transition period.

The MOE and Education Cluster partners have initiated a committee for Child Protection (CP), Gender Based Violence (GBV) and Psychosocial Support in Schools (PSS) with the aim of ensuring coordination and to ensure proper standards are used in programme implementation.

Social Mobilization

Social Mobilization efforts have been a core component of the EVD response in Liberia, and many of the teams were successfully employed during the Measles campaign to garner support from communities and overcome residual fears of health care facilities. Since the start of the EVD outbreak, more than 10,000 Liberians were recruited as social mobilisers, and organizations active in the effort are keen to continue community engagement with key influential community and local/traditional leaders in other programme areas beyond EVD and immunization.

The Community Health Working Group has been meeting on a weekly basis to plan for the review of the Liberia Community Health Road Map which culminated in a stakeholder’s workshop in Bong County from 26-29 May 2015. The road map is the center piece of community participation in the Liberian health system post-EVD. Also to
be analyzed are the National Guidelines on Hygiene Promotion and the National Health Promotion Policy. A major focus of the meeting will be on the role of general Community Health Volunteers (gCHVs) in providing primary health care.

As in other sectors, the collection and sharing of data related to coverage of programs and emerging needs has been a significant challenge that will need to be addressed moving forward into the recovery phase.

**Protection key to recovery**

The protection cluster has provided a platform where constructive dialogue on a range of protection issues can be discussed with a wide range of actors – something that was lacking prior to the Ebola-crisis. Combating stigma, working with survivors and protecting the interests of those impacted by the disease continues to be a primary focus of the group, while also highlighting other broader protection priorities. During the first two weeks of May it was agreed that an advocacy strategy for the recovery period will be developed, with Oxfam playing a leading role.

The Protection Cluster has continued to coordinate Community Engagement and Empowerment Dialogues (CEED) identifying good practices to strengthen communities’ capacities and resilience, and build alliances to respond to possible future outbreaks and humanitarian emergencies. National and international civil society organizations and networks members of the Protection Cluster representing diverse groups of Ebola affected populations, including children, women, youth, the elderly, health workers, Ebola survivors, persons with disabilities, persons living with HIV/AIDS, LGBTI, detainees and other key populations are currently conducting CEEDs in all 15 counties in Liberia.

Protection concerns identified include the need to intensify EVD social mobilization and control measures in all border communities in Liberia, Sierra Leone and Guinea; the need for greater engagement of national NGOs and CBOs who have a presence and are operating in the borderer communities to ensure an effective and sustained EVD response in the border communities within and across Liberia Borders; and the importance of strengthening border patrols and preventing child trafficking. In addition, implementing partners continue to raise concerns that vulnerable groups in Liberia, including the disabled, are not participating in national decision making processes and in some cases lack access to basic services.

**Prioritizing gender concerns in recovery planning**

The EVD crisis exacerbated a range of pre-existing vulnerabilities in Liberia, particularly those affecting women and girls. For example, FAO’s December 2014 *Food and Livelihood Assessment* determined that some 95 per cent of women engaged in small businesses were affected by the crisis, including those involved in Village Savings and Loans Associations (VSLAs) and cross-border traders (70 per cent of whom are estimated to be women). The outbreak also caused disruption to routine non-Ebola related health services, including a decline in antenatal consultations from 65 per cent in 2013 to just over 40 per cent in May 2014, and a reduction of post-natal consultations from 41 per cent to 24.8 per cent in the same period. Assisted facility-based deliveries dropped from 52 per cent in 2013 to 37 per cent between May and August 2014. GBV rates also rose with a total of 1,121 GBV cases recorded between January and November 2014, and a significant increase in teenage rape (942 cases) recorded between January and September 2014.

Following consultations and dialogue with partners, UNWOMEN this month released key messages on specific gender concerns during the post-Ebola recovery phase. These key messages focused on (a) the importance of equal access to recovery assistance by women – particularly those in rural areas; (b) the need for special support measures for EVD survivors, in particular female headed households; (c) the need to improve prevention, identification and reporting of gender based violence – particularly with regards to those most vulnerable to violence including the disabled and those belonging to marginalized social groups; and (d) the importance of ensuring that increased access to reproductive services is included in the effort to build a more resilient health care system.
Funding overview

As of 1 June, the OCHA managed Financial Tracking System (FTS) recorded a total of approximately US$ 1.04 billion in funding committed and contributed specifically to the Liberia Ebola response since March 2014, around US$ 357 million (or 37 per cent) of which was provided against the Overview of Needs and Requirements (ONR) which covers the period through to June 2015. Of this total, close to US$15 million was disbursed directly to the Government of Liberia. The top four donors of the EVD response in Liberia have been the US, Germany, World Bank, and Private organizations/individuals.

In addition, US$ 1.3 billion was recorded in FTS by donors as contributions to “the region”, without specification of any particular destination country. OCHA is currently working to try and break down this figure to determine how much went towards programming in Liberia. This analysis is expected to be complete during the first half of June.

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