

# LIBERIA



ICRC/AR, 2015  
 ⊕ ICRC delegation ⊕ ICRC sub-delegation

## KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Some Ebola-related initiatives were curtailed/concluded early because Ebola cases decreased. People accessed health care at pre-outbreak levels in facilities that set up preventive measures with ICRC support.
- ▶ Ebola-affected people met their needs/restored their livelihoods via Liberia Red Cross Society/ICRC cash grants; vulnerable children received additional support and were referred to others for further aid/services.
- ▶ Activities affected by the outbreak were resumed where possible. People mitigated their risk of contracting disease after the ICRC conducted hygiene-promotion sessions and constructed wells in the south-east.
- ▶ The authorities received support for improving detainees' nutrition/living conditions and their access to health care, as well as for disease-prevention measures that helped avert cases of Ebola in prisons.
- ▶ Liberia drew on ICRC support to ratify the Arms Trade Treaty.

## EXPENDITURE IN KCHF

Protection	995
Assistance	8,847
Prevention	963
Cooperation with National Societies	1,101
General	33
<b>Total</b>	<b>11,941</b>
<i>Of which: Overheads</i>	<b>729</b>

## IMPLEMENTATION RATE

Expenditure/yearly budget	68%
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## PERSONNEL

Mobile staff	18
Resident staff (daily workers not included)	89

The ICRC has worked in Liberia since 1970, opening its delegation in 1990. It visits detainees and works with the authorities to improve conditions of detention. It also runs programmes to promote IHL and humanitarian principles among authorities and armed and security forces and supports the Liberia National Red Cross Society to help it strengthen its operational capacities. With the National Society, the ICRC works to protect and assist conflict/violence affected-people, including refugees, notably by restoring links between separated relatives and improving sanitation conditions in vulnerable communities.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Restoring family links	
RCMs collected	184
RCMs distributed	80
Phone calls facilitated between family members	1,028
People located (tracing cases closed positively)	10
People reunited with their families	1
<i>of whom unaccompanied minors/separated children</i>	1
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited <sup>1</sup>	3,317
Detainees visited and monitored individually	28
Number of visits carried out	123
Number of places of detention visited	16
Restoring family links	
RCMs collected	77
RCMs distributed	39
Phone calls made to families to inform them of the whereabouts of a detained relative	40

ASSISTANCE	2015 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
Economic security <sup>1</sup> (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 7,200	25,945
Essential household items	Beneficiaries	9,275
Cash	Beneficiaries 99,600	108,466
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 497,000	261,100
Health		
Health centres supported	Structures 6	3
<b>WOUNDED AND SICK</b>		
Hospitals		
Hospitals supported	Structures	1

1. Owing to operational and management constraints, figures presented in these tables and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

## CONTEXT

The Ebola outbreak that began in 2014 led to thousands of deaths and severely strained public services already weakened by past conflict, particularly health-care and water systems. As Liberia received support from the international community in dealing with the outbreak, the number of new cases subsided significantly; the country was provisionally declared Ebola-free twice, but isolated cases were intermittently reported. By the second half of 2015, commerce had resumed, as most travel restrictions were lifted. Nevertheless, major challenges persisted: access to essential services remained a countrywide concern, and many Ebola-affected people struggled to generate income.

Tens of thousands of Ivorian refugees – displaced by the 2011 conflict and by violence linked primarily to land tenure in Côte d'Ivoire (see *Abidjan*) – remained in camps or host communities, mainly in south-eastern Liberia. The Ebola outbreak and subsequent closure of the Ivorian-Liberian border interrupted the UNHCR-led voluntary repatriation process. The border remained closed at year's end, but repatriations resumed in December, as some people were allowed to cross the border for humanitarian reasons.

The army resumed training/recruitment efforts in preparation for the withdrawal of the United Nations Mission in Liberia (UNMIL) by 2016.

## ICRC ACTION AND RESULTS

In support of, and in coordination, with the authorities, the UN and others concerned, and within the framework of the Movement response led by the International Federation, the ICRC helped respond to the Ebola outbreak. Through regular meetings, it actively liaised with and provided technical expertise to the above-mentioned actors, particularly with regard to health care and water/sanitation. As the number of cases dwindled, the ICRC concluded/scaled down some Ebola-related initiatives, while continuing or resuming activities begun before the outbreak.

The ICRC, together with the authorities, helped people obtain health care at pre-crisis levels by supporting facilities in implementing Ebola-prevention measures and treating patients; in particular, it upgraded infrastructure and provided supplies, equipment and training for health workers. Financial support for referrals and staff salaries was cancelled, as others were providing such assistance.

Until April, the ICRC provided daily meals – based on a nutritional protocol developed with other organizations – for patients at Ebola treatment units (ETUs), enabling the organizations to focus on providing health care. Ebola survivors and the families of victims covered some of their expenses/started small businesses using Liberia National Red Cross Society/ICRC cash grants. They included vulnerable children who had survived Ebola, and/or had lost parents to the disease; the ICRC visited them to check on their well-being, provided them with additional material support, and referred them to other actors for further assistance and medical services, including psychosocial support; this helped them meet their needs and mitigate the risks they faced.

The authorities drew on ICRC support to treat water and decontaminate ETUs, mitigating people's risk of cross-infection. Support for repairing the Monrovia water treatment plant and improving cremation facilities was withdrawn after another organization provided assistance for the plant, and after the national cremation policy was changed. The International Federation took over the

task of supporting the National Society in Ebola-awareness campaigns and in organizing safe and dignified burials.

The National Society/ICRC resumed conducting hygiene-promotion sessions and constructing wells in the south-east, which helped communities reduce their risk of contracting diseases and improved their access to water. The ICRC continued addressing the residual need for family-links services, particularly among Ivorian refugees; however, the border closure hindered family reunifications. Detainees reconnected with their relatives via the National Society/ICRC.

Through regular visits conducted according to its standard procedures, the ICRC monitored detainees' treatment and living conditions; findings and recommendations were confidentially shared with officials. Comprehensive support to the authorities for disease-prevention measures contributed to there being no cases of Ebola in prisons. The ICRC also helped alleviate malnutrition by providing supplementary food rations. Despite the need to prioritize the Ebola response, whenever possible, the ICRC supported the authorities in improving prison health care and constructing/upgrading infrastructure, including water and kitchen facilities at the Monrovia Central Prison (MCP).

The ICRC – together with the International Federation, which led the Movement response to Ebola – assisted the National Society in strengthening its emergency-response, family-links and communication capacities. Multimedia materials and joint public communication efforts helped people learn more about the Movement's components and activities. To raise awareness of the discrimination suffered by Ebola survivors, the Movement produced a song for use in social mobilization campaigns. In addition to supporting the National Society's Ebola response, the ICRC helped it provide relief for victims of small-scale disasters and vocational training for vulnerable women.

The authorities, with ICRC support, resumed work on IHL implementation: notably, they ratified the Arms Trade Treaty. The army incorporated operational practices in its training manual that were related to facilitating safe access to health care. Incoming Liberian armed/security forces and UNMIL officers learnt more about IHL and Movement activities at briefings.

## CIVILIANS

In support of and in coordination with the authorities, the UN, and other actors, and within the framework of the Movement response (see *Red Cross and Red Crescent Movement*), the ICRC helped respond to the Ebola outbreak and its effects. As the number of cases dwindled, the ICRC concluded or scaled down some Ebola-related activities, while continuing or resuming other humanitarian activities begun before the outbreak.

### People regain access to health care at pre-outbreak levels

People obtained health care at four ICRC-supported facilities, including a hospital, where no cases of Ebola cross-infection were reported. Disease-prevention procedures were developed and subsequently monitored in cooperation with the health ministry's county teams; staff mitigated the risk of cross-infection through training and protective equipment. Electrical and water/sanitation systems were repaired or constructed. The health facilities mentioned above also received support for treating patients, including drugs and subsidies for treatment fees; the ICRC also lobbied for adequate staffing. This alleviated the burden on other

facilities and helped restore access to health-care to pre-outbreak levels. For example, over 1,200 people availed themselves of consultations at a facility for treating HIV/AIDS, TB and leprosy; thousands of women availed themselves of antenatal consultations at two clinics and a hospital. Financial incentives for health workers and referrals for Ebola patients were cancelled because of support from other actors.

The authorities drew on ICRC support to mitigate the risk of cross-infection. For example, people had access to clean water after personnel at the partially functioning Monrovia plant – which served 250,000 people – treated the water supply with ICRC-supplied chemicals. Municipal sanitation personnel worked with ICRC teams to manage waste from five ETUs; this on-the-job experience, along with ICRC-donated trucks, helped them work unassisted at another ETU and two triage sites. With ICRC support, one ETU in Monrovia was decommissioned, making it available again for cholera treatment. The authorities disposed of medical waste generated in Montserrado county more efficiently, using two ICRC-installed incinerators.

Plans to support the authorities in repairing the Monrovia water treatment plant were cancelled because other actors took over the task, as were plans for improving cremation facilities, owing to the 2014 withdrawal of the mandatory cremation policy. The International Federation took over the provision of support to the National Society for human remains management and for Ebola-awareness campaigns in the south-east.

### **People in south-eastern Liberia reduce their risk of contracting diseases, including Ebola**

Communities in the south-east continued to experience the effects of the refugee influx caused by the 2011 Ivorian conflict. Through sessions conducted by International Federation/ICRC-trained National Society volunteers, over 5,400 people in three counties – including a few Ivorian refugees – learnt more about good hygiene practices. Additionally, with the ICRC's encouragement, they constructed bathhouses, garbage pits and other sanitation facilities. Over 10,600 people had better access to water after several wells were constructed by the ICRC.

### **Ebola-affected people, including orphans, meet their needs through mobile money transfers**

At three ETUs, 304 patients received nutritional support based on a nutritional protocol developed jointly by the ICRC, Médecins Sans Frontières (MSF) and others concerned. This improved patients' chances of recovery, and allowed MSF and other organizations managing ETUs to focus on providing medical care. The programme ended in April, as there were no new admissions to the ETUs.

Ebola survivors and relatives of the deceased had difficulty recovering from the loss of their livelihoods and their belongings, the latter in consequence of disinfection procedures. Thus, over 2,500 of them were provided with cash grants that were distributed by the National Society/ICRC via mobile phones; these grants helped them cover their expenses, particularly for food, water and education. A number of people in the initial caseload mentioned above – which was reduced after the outbreak subsided – could not be traced, owing to the lack of reliable contact information. Nevertheless, the second phase of the cash assistance project continued, and some 1,700 breadwinners from the beneficiaries mentioned above restored their livelihoods with additional grants and training.

Some 520 children who had survived Ebola and/or lost one or both parents to the disease also benefited from these grants; the ICRC visited them to check on their well-being. The children were given additional material support, as needed; they were also referred to the authorities for registration and inclusion in the long-term national assistance programme, and to other organizations for medical services, including psychosocial support. These initiatives helped them meet their needs and mitigate the specific risks they faced, such as abuse or neglect.

### **Vulnerable women and victims of small-scale emergencies receive National Society/ICRC support**

Essential items provided by the National Society/ICRC helped some 9,200 people cope with the consequences of small-scale emergencies, such as fires and windstorms.

Nearly 160 vulnerable women, including those affected by or at risk of sexual violence, received vocational training to help them become economically self-sufficient, as part of a National Society project partially funded by the ICRC. When one of the supporters of the project withdrew funding for it, the ICRC helped the National Society seek the assistance of another organization.

### **Ivorian refugees contact relatives across the border**

Ivorian refugees and Liberians reconnected with their relatives through National Society/ICRC family-links services, but no families were reunited in 2015, as the border was closed for most of the year. Other solutions were being sought for children for whom tracing efforts had been exhausted.

The National Society, the Red Cross Society of Côte d'Ivoire, the authorities, other stakeholders and the ICRC continued to coordinate family-links activities for Ivorian refugees, which resulted in more defined roles in cross-border tracing and family reunification.

### **PEOPLE DEPRIVED OF THEIR FREEDOM**

Over 1,800 people within the justice ministry's jurisdiction at 16 places of detention countrywide – including women, minors and those with particular concerns – were visited by the ICRC, in accordance with its standard procedures. People arrested in connection with the situation in Côte d'Ivoire (see *Abidjan*) were followed up individually. After these visits, the authorities received confidential feedback and recommendations to help them ensure that detainees' treatment and living conditions were in line with internationally recognized standards.

Detainees communicated with their families through National Society/ICRC family-links services.

### **No cases of Ebola are reported in prisons**

People in overcrowded prisons were particularly vulnerable to cross-infection, but no Ebola cases were reported in Liberian prisons, owing partly to continued ICRC support. The authorities adopted operational guidelines for disease prevention that were developed by the ICRC, and detainees and penitentiary staff learnt about them at ICRC-conducted/facilitated training sessions at all 16 prisons. Workers at the MCP, which held over half of all the detainees in Liberia, were given protective equipment and trained in its use. Six more prisons in Ebola-affected counties were supported in establishing quarantine facilities for new detainees; the uninterrupted functioning of such facilities at the MCP was ensured through financial incentives for the personnel assigned

to them. Bathrooms at the MCP were also cleaned weekly using ICRC-donated materials, and detainees received soap regularly.

Because of the effects of the Ebola crisis on food prices and the penitentiary budget, thousands of detainees in 15 prisons were given beans and multi-nutrient powder to supplement their diet for six months; this helped prevent malnutrition among them. At five major prisons, this assistance was extended for three months. Monitoring of detainees' body mass indices, and related training for prison staff, eventually resumed at 15 prisons. Treatment was provided, in cooperation with the authorities, for 155 malnourished detainees; this included therapeutic feeding for 77 at the MCP.

### **Progress in improving detainees' living conditions is stalled by the Ebola outbreak**

The outbreak forced a shift in priorities, but wherever possible, the detaining authorities received support from the ICRC to improve conditions for detainees; an agreement with the justice ministry to this effect was renewed.

The health ministry and its county health teams continued to draw on the ICRC for advice regarding health care for detainees. Prison clinics lacking drugs and other supplies continued to receive donations from the ICRC. A renovated sickbay and ICRC-provided materials helped minimize the risk of TB cross-infection; more than 50 detainees were screened for TB at the MCP.

Some 1,500 detainees in 11 prisons had better living conditions following improvements to infrastructure carried out by the ICRC. At the MCP, over 800 detainees had better access to clean water after hand pumps and wells were repaired. They also benefited from more sanitary food preparation after a new kitchen was constructed and staff/detainees working there were trained in good hygiene practices; the installation of energy-efficient stoves helped to reduce cooking time and fuel consumption. Detainees in one block had access to fresh air and sunlight as a result of the ICRC lobbying successfully for the use of an outdoor area it had constructed in 2014. Maintenance teams at the MCP and two other prisons, composed of staff and detainees, received materials, refresher training and technical advice for repairing infrastructure.

The authorities rescheduled the construction of a new detention facility in RobertSPORT for 2016; consequently, ICRC support was also postponed.

### **ACTORS OF INFLUENCE**

At meetings, the authorities and members of the international community, including officials from the UN and other international organizations working in the country, were provided with technical input and regularly updated on Movement activities. This helped streamline and coordinate the humanitarian response to the Ebola crisis, while also facilitating possible avenues of cooperation and broadening support for Movement activities. Information collected during ICRC visits to vulnerable children (see *Civilians*) was shared with other actors, which helped identify gaps in assistance.

### **Media efforts raise awareness of the Movement's work and of discrimination against Ebola survivors**

The public learnt more about the Movement components and their activities through communication materials and joint activities, such as press conferences. A song was produced for use in social mobilization campaigns to raise awareness of discrimination

against Ebola survivors. The National Society received support for its public communication initiatives, which included an ICRC-backed radio programme.

Moot court competitions and other IHL-related activities for academics were put on hold because of the Ebola crisis. Nevertheless, contact with two universities was maintained.

### **Committees resume work on incorporating IHL provisions in domestic legislation**

The authorities resumed work on incorporating in domestic legislation the provisions of IHL-related treaties that they had signed/ratified, after the Ebola crisis had forced a shift in their priorities.

With ICRC technical/financial support, Liberia ratified the Arms Trade Treaty. The Firearms and Ammunition Control Act, which had been drafted with ICRC support, awaited adoption by the legislature. The national IHL committee also completed a draft proposal for incorporating provisions of the 1949 Geneva Conventions in the Liberian penal code. Government officials learnt more about IHL and its implementation at a regional seminar (see *Nigeria*) and at a meeting in Geneva, Switzerland, for prosecutors and judges.

### **The army revises its IHL training manual**

Some 960 members of the armed/security forces and over 300 incoming UNMIL officers learnt about the Movement and the basic principles of IHL at ICRC dissemination sessions.

At an ICRC-supported workshop, senior officers discussed operational practices for ensuring safe access to health care during military operations. Subsequently, a chapter on this subject was included in their IHL training manual, of which more than 500 copies were printed. During an annual military exercise, the National Society and the ICRC helped the armed/security forces strengthen their understanding of the Movement's role during emergencies, and of the need to provide unhindered access to people seeking/providing medical care.

### **RED CROSS AND RED CRESCENT MOVEMENT**

In coordination with the International Federation – which led the Movement's Ebola response – and other Movement components, the Liberia National Red Cross Society was provided with technical, material and financial backing for its operations. Support for the National Society's response to the Ebola outbreak and other emergencies, in line with the Safer Access framework (see *Civilians*), and for its communication activities (see *Actors of influence*), helped boost its image and visibility as a humanitarian actor.

Activities that were postponed/scaled down because of the Ebola response resumed during the latter part of the year. For instance, 35 emergency response team members learnt more about family-links services, the tracing focal point received technical support, and the head of the disaster management department attended a regional family-links services workshop in Côte d'Ivoire (see *Abidjan*), where National Societies discussed their experiences and operational challenges. In addition, 34 volunteers received advanced first-aid training, and the National Society's first-aid manual was revised to include the latest techniques. The National Society also appointed a focal point for activities related to the goals of the Health Care in Danger Project.

The National Society worked, with Movement support, to improve its governance, accountability and transparency. It held internal

meetings on institutional reforms; and the secretary-general discussed the Fundamental Principles with other members of the Movement at a workshop (see *Dakar*).

Movement components in Liberia met regularly to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			UAMs/SC*		
RCMs collected		184	18		
RCMs distributed		80	7		
Phone calls facilitated between family members		1,028			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		1			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		8	2	3	2
<i>including people for whom tracing requests were registered by another delegation</i>		1			
People located (tracing cases closed positively)		10			
<i>including people for whom tracing requests were registered by another delegation</i>		2			
Tracing cases still being handled at the end of the reporting period (people)		25	4	8	5
<i>including people for whom tracing requests were registered by another delegation</i>		6			
<b>UAMs/SC*, including demobilized child soldiers</b>			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		2	1		
UAMs/SC reunited with their families by the ICRC/National Society		1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		20	12		
<b>Documents</b>					
Official documents relayed between family members across borders/front lines		1			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			Women	Minors	
Detainees visited <sup>1</sup>		3,317	339	54	
			Women	Girls	Boys
Detainees visited and monitored individually		28			
Detainees newly registered		20			
Number of visits carried out		123			
Number of places of detention visited		16			
<b>Restoring family links</b>					
RCMs collected		77			
RCMs distributed		39			
Phone calls made to families to inform them of the whereabouts of a detained relative		40			

\*Unaccompanied minors/separated children

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MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security (in some cases provided within a protection or cooperation programme)<sup>1</sup></b>				
Food commodities	Beneficiaries	25,945	38%	2%
Essential household items	Beneficiaries	9,275	38%	37%
Cash	Beneficiaries	108,466	33%	23%
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	261,100	28%	44%
<b>Health</b>				
Health centres supported	Structures	3		
Average catchment population		103,900		
Consultations	Patients	16,290		
	<i>of which curative</i>		3,621	5,694
	<i>of which ante/post-natal</i>		3,354	
Immunizations	Doses	5,532		
Referrals to a second level of care	Patients	14		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security (in some cases provided within a protection programme)</b>				
Food commodities <sup>1</sup>	Beneficiaries	7,241		
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	1,538		
<b>Health</b>				
Number of visits carried out by health staff		198		
Number of places of detention visited by health staff		16		
Number of health facilities supported in places of detention visited by health staff		15		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	1		
	<i>of which provided data</i>	1		
Patients whose hospital treatment has been paid for by the ICRC	Patients	6,115		
Admissions	Patients	1,241	1,176	4
	<i>of which internal medicine and paediatric cases</i>	98		
	<i>of which gynaecological/obstetric cases</i>	1,143		
Operations performed		365		
Outpatient consultations	Patients	6,094		
	<i>of which internal medicine and paediatric</i>	1,121		
	<i>of which gynaecological/obstetric</i>	4,973		

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