LIBERIA

The ICRC has worked in Liberia since 1970, opening its delegation in 1990. As it winds down its activities protecting and assisting returnees (former IDPs and refugees) and residents, including children separated from their families, the ICRC focuses on carrying out multidisciplinary responses to emergencies and helping local actors do the same. In addition, it visits detainees and works with the authorities to improve conditions of detention. It also supports the Liberia National Red Cross Society and runs programmes to promote IHL among armed forces present in the country.

YEARLY RESULTS	
Level of achievement of ICRC yearly objectives/plans of action	MEDIUM

KEY RESULTS/CONSTRAINTS

In 2014:

- the ICRC adapted its operations to focus on helping respond to the consequences of the Ebola outbreak, in coordination with the authorities, the UN and other actors, and in the framework of the Movement response
- patients at Ebola treatment units benefited from support for 3 meals per day, which helped them improve their chances of recovery and allowed other actors to focus on providing medical care to them
- people began to obtain health services, including obstetric treatment at a maternity ward and free outpatient services at a major hospital, at facilities that were able to or about to reopen through ICRC support
- after administrative delays, some Ebola survivors and families of the deceased began to benefit from a mobile cash transfer programme carried out with the Liberia National Red Cross Society
- detainees benefited from support to the authorities for the implementation of disease-prevention measures – contributing to zero reports of Ebola in prisons – and supplementary food to help prevent malnutrition
- authorities drew on ICRC expertise to prepare draft laws reflecting the provisions of the 1949 Geneva Conventions and their Additional Protocols, the Rome Statute and the Arms Trade Treaty

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	284
RCMs distributed	213
Phone calls facilitated between family members	1,407
People located (tracing cases closed positively)	2
People reunited with their families	10
of whom unaccompanied minors/separated children	8
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	2,059
Detainees visited and monitored individually	30
Number of visits carried out	82
Number of places of detention visited	18
Restoring family links	
RCMs collected	105
RCMs distributed	81
Phone calls made to families to inform them of the whereabouts of a detained relative	68

EXPENDITURE (in KCHF)	
Protection	1,051
Assistance	4,201
Prevention	1,014
Cooperation with National Societies	994
General	-
	7,260
of which: Overheads	**443**
IMPLEMENTATION RATE	
Expenditure/yearly budget	**61%**
PERSONNEL	
Mobile staff	13
Resident staff (daily workers not included)	77

ASSISTANCE		2014 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Food commodities[1]	Beneficiaries		1,762
Essential household items	Beneficiaries		2,365
Cash	Beneficiaries		622
Water and habitat activities[1]	Beneficiaries	8,000	287,406
Health			
Health centres supported	Structures		2
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures		1

1. Owing to operational and management constraints, figures presented in this table may not reflect all activities carried out during the reporting period.

CONTEXT

In early 2014, Ebola broke out in Guinea, later spreading to Sierra Leone and Liberia. With its public services weakened by past conflicts, Liberia struggled to cope with the mid-year spike in cases, and thousands of deaths were reported. The international community's UN-led response scaled up in August, but preventive measures were hampered by: the precarious state of public health and water/sanitation systems, particularly in Monrovia; the lack of specialized equipment/training for medical workers; and local burial customs. Commerce and agriculture were disrupted, affecting the prices of essential goods.

The number of cases decreased by December, but major challenges remained: key infrastructure still required rehabilitation and many Ebola-affected people struggled to rebuild their lives. Progress on national reforms was stalled by the need to prioritize the Ebola response.

Tens of thousands of Ivorian refugees – displaced by the 2011 conflict and violence mainly linked to land tenure in Côte d'Ivoire (see *Abidjan*) – remained in camps or host communities, mainly in south-eastern Liberia. Thousands of them were voluntarily repatriated by the UNHCR, but the process was interrupted by the closure of the Ivorian-Liberian border in connection with the outbreak.

The United Nations Mission in Liberia (UNMIL) had its mandate extended until 2015.

ICRC ACTION AND RESULTS

Given the evolution of the situation in Liberia, the ICRC refocused its activities in September, stepping up its response to the Ebola outbreak and its effects, in support of and in coordination with the authorities, the UN, and other actors, and in the framework of the Movement response. Where possible, its pre-existing activities were maintained or adapted. Through regular meetings, the ICRC actively liaised with and provided technical input to the above-mentioned actors, particularly regarding health care and water/sanitation.

Patients at Ebola treatment units (ETUs) improved their chances of recovery thanks to ICRC support for three daily meals based on a nutritional protocol it co-developed with Médecins Sans Frontières (MSF), which allowed MSF and other actors to focus on providing health care. Some discharged patients received one-month food rations to aid their recovery. After administrative delays, Ebola survivors and families of the deceased began to restore their livelihoods or replace belongings lost in connection with disinfection procedures, through a mobile cash transfer programme conducted with the Liberia National Red Cross Society. Victims of small-scale emergencies received essential items from the National Society/ICRC.

In Monrovia, people obtained/began to obtain health care – notably, obstetric treatment at a maternity ward and free outpatient services at a major hospital – at facilities that reopened/were about to reopen with ICRC support, including infrastructure rehabilitation and protective equipment, training, and financial incentives for health workers. The authorities also drew on ICRC advice regarding water/sanitation to mitigate the risk of cross-infection, particularly for waste decontamination procedures at ETUs. Plans to provide them with support for cremation were cancelled, owing to the evolution of the situation.

Through regular visits conducted according to its standard procedures, the ICRC monitored detainees' treatment and living conditions. Findings and recommendations based on these visits were shared confidentially with the authorities, who drew on ICRC material/technical support to improve detainees' access to health care and rehabilitate water/sanitation infrastructure in prisons. Following the outbreak, they were supported in developing/implementing preventive measures in prisons countrywide, including the construction of quarantine facilities; no cases of Ebola were recorded in prisons. Additionally, detainees benefited from supplementary rations to help prevent malnutrition.

In the south-east, communities reduced their risk of contracting diseases following training sessions conducted by ICRC-trained National Society staff/volunteers, which enhanced people's knowledge of hygiene practices and led them to build sanitation facilities. Work to rehabilitate water points was hampered by the outbreak and by administrative constraints.

Families separated by conflict, instability or detention restored/maintained contact through National Society/ICRC family-links services, in coordination with other actors; some unaccompanied children reunited with their relatives. The demand for family-links services had lessened following voluntary repatriations, but the border closure led to a renewed need for them, while also hindering cross-border tracing and reunifications.

The ICRC – together with the International Federation, which led the Movement response to Ebola – assisted the National Society in enhancing its emergency response, family-links services, communication and management. Notably, its personnel provided psychosocial support and spread disease-prevention messages thanks in part to ICRC training and other support. At the onset of the crisis, staff/volunteers also received some support for the management of human remains. A project to help victims of sexual violence was cancelled mid-year to focus on the Ebola response.

Prior to the outbreak, the authorities drew on ICRC technical/financial support as they worked towards integrating IHL treaties' provisions into domestic legislation, including the 1949 Geneva Conventions and their Additional Protocols, the Arms Trade Treaty and the Rome Statute. With ICRC support, the armed forces incorporated IHL into their training, notably, through an IHL manual. Incoming UNMIL officers learnt more about IHL and Movement activities at briefings.

CIVILIANS

Ebola patients benefit from nutritional support, and affected families receive mobile money transfers

The outbreak of cases initially overwhelmed existing ETUs. A nutritional protocol was co-developed with MSF, and starting September, an MSF-run ETU received support for three daily meals for patients. Following a decline in cases there, such support was expanded to two more ETUs in November. In all, some 630 people received meals, which improved their chances of recovery and allowed MSF and other organizations managing ETUs to focus on providing medical care. Around 430 discharged patients also received one-month food rations to further help them recover.

Families affected by Ebola had difficulty recovering from the loss of their livelihoods and, in connection with disinfection procedures, their belongings. Thus, in cooperation with the National Society, some 290 survivors and 330 relatives of the deceased received

mobile money transfers – instead of household items as initially planned, for flexibility – to help them cope with their situation, as part of a programme that began in November, after administrative and logistical delays. For instance, stigmatization in their communities had forced some relatives of the deceased to relocate; hence, a number of beneficiaries had to be traced by National Society volunteers before they could receive the support.

Throughout the year, over 2,300 people benefited from emergency stocks of essential items that were provided to the National Society for distribution during various small-scale emergencies, such as fires and floods.

People regain access to health care at ICRC-supported facilities

The outbreak forced many clinics and hospitals to close. To restore people's access to health care, some facilities in Monrovia had their infrastructure repaired, including for medical waste and sewage disposal; to ensure their continuous operation, their staff also received financial incentives. Additionally, health workers were supported in controlling/preventing the spread of diseases through training and, in some cases, protective equipment.

Such assistance helped a hospital partially reopen its obstetric ward, enabling 354 women to benefit from antenatal consultations, and 48 babies to be delivered under safe conditions. Elsewhere, 4,085 patients obtained preventive/curative consultations at two health centres, where quarantining areas were built to facilitate the safe referral of suspected Ebola cases.

By year-end, another main hospital was ready to re-open its outpatient department, thanks in part to ICRC support for cleaning and decontaminating its premises.

Authorities draw on ICRC support to improve sanitation measures

The authorities also drew on ICRC advice regarding water and sanitation to mitigate the risk of cross-infection for some 250,000 people in Monrovia. For example, some staff were trained in techniques to improve water safety.

At ETUs, procedures for waste decontamination were developed with ICRC input. Government and UN staff were trained in the assembly and safe operation of waste incinerators. Support for six ETUs in desludging contaminated liquid waste helped them continue operations.

After Ebola cases decreased and the mandatory cremation policy was withdrawn, plans to support the authorities in the cremation of human remains were cancelled.

Communities in south-eastern Liberia reduce their risk of contracting diseases, including Ebola

In the southeast, communities continued to contend with the effects of the refugee influx from the 2011 Ivorian conflict. Through sessions conducted by ICRC/International Federation-trained National Society volunteers, over 9,400 people in Grand Gedeh, Maryland and River Gee – including a few Ivorian refugees living with host families – enhanced their knowledge of hygiene practices and, after being encouraged to do so, constructed bathhouses, garbage pits and other sanitation facilities, thereby reducing their risk of contracting diseases. Following a brief interruption triggered by the outbreak, the project resumed in October and incorporated Ebola-related messages; over 36,000 people in five counties boosted their knowledge of disease-prevention measures as a result of house-to-house messaging campaigns. In parallel, water points were rehabilitated to improve communities' access to water. Owing to administrative constraints and the outbreak, only 1,200 people benefited from 6 water points that were rehabilitated by year-end; work on 9 was ongoing.

Some 160 women affected by or at risk of sexual violence benefited from psychosocial support and vocational training through an ICRC-funded National Society programme before it was cancelled mid-year to prioritize the Ebola response.

Ivorian refugees contact relatives across the border

Ivorian refugees and Liberians restored/maintained contact with relatives through National Society/ICRC family-links services. Although the demand for these initially decreased following the return of thousands of Ivorian refugees, the border closure (see *Context*) led to a renewed need for phone calls, RCMs and other services; cross-border tracing and reunification efforts were, however, hindered. Nonetheless, prior to the travel restrictions, nine children and a vulnerable adult were reunited with their families. Alternative solutions were being sought for some children, for whom tracing efforts had been exhausted.

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

PEOPLE DEPRIVED OF THEIR FREEDOM

Over 2,000 people held by the Justice Ministry at places of detention countrywide – including women, minors and those with other particular concerns – received visits conducted according to standard ICRC procedures. Delegates monitored detainees' treatment and living conditions. The ICRC continued to follow the cases of those arrested in connection with the situation in Côte d'Ivoire (see *Abidjan*).

Following 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 using National Society/ICRC family-links services.

No Ebola cases reported in prisons, thanks to the authorities' ICRC-supported preventive measures

Detainees in overcrowded prisons were particularly vulnerable to cross-infection. Thus, the authorities and UNMIL drew on ICRC technical support for disease-prevention measures, including training for staff and inmates at four prisons. Notably, staff at Monrovia Central Prison (MCP), which held over half of Liberia's detainees, also received protective equipment and training on its use.

Sixteen prisons received material assistance to set up hand-washing stations. Quarantine facilities for newly arrived detainees were established in four prisons – including MCP, where staff assigned to such facilities received financial incentives to ensure the uninterrupted functioning of the set-up – and finalized in three more. Bathrooms there were also cleaned weekly using ICRC-donated materials, and detainees regularly received soap.

As a result of these preventive measures, no Ebola cases were reported in Liberian prisons in 2014.

Progress on improving conditions of detention stalled by the Ebola outbreak

Before the outbreak forced a shift in priorities, the Justice and Health Ministries pursued efforts to develop penitentiary health care and apply the national health policy for detainees. The Justice Ministry's Bureau of Corrections and Rehabilitation (BCR) and the ICRC signed a memorandum of understanding outlining their respective responsibilities. At dissemination sessions, BCR officers acquainted themselves with the ICRC and its activities for detainees. MCP staff and representatives from the BCR, UNMIL and the ICRC met monthly to coordinate efforts to improve the living conditions at MCP. After the increase in Ebola cases, cooperation with the detaining authorities focused on disease-prevention efforts (see above).

The Health Ministry received technical support to help them plan improvements to prison health care, though progress was slowed by the workload of their focal point for such matters, who became involved in the Ebola response outside prisons. The ministry's district health teams were encouraged to support the provision of health care to detainees; however, they were unable to visit prisons regularly. Nevertheless, 40 detainees with TB, HIV or mental illnesses were individually followed up by the ICRC and treated by Health Ministry staff. Prison health centres also received donations of drugs and other supplies.

During the first semester, monitoring of detainees' body mass indices, as well as training for prison staff in this regard, were carried out in 16 prisons; 102 malnourished detainees in two prisons benefited from therapeutic feeding. Monitoring had to be cancelled, however, in connection with the disease-prevention measures mentioned above, which limited direct contact. To help prevent malnutrition and assist the penitentiary authorities in dealing with the outbreak's effects on food prices and the penitentiary budget, over 1,700 detainees in 15 prisons received, after some logistical delays, beans to supplement their diet. Furthermore, nearly 1,100 detainees in six prisons benefited from an additional distribution of multiple-nutrient powder in December.

Detainees benefit from improved prison infrastructure

The detaining authorities were supported in constructing/rehabilitating prison facilities to improve detainees' living conditions. Almost 1,500 detainees in nine prisons enjoyed better living conditions following infrastructure improvement projects, such as the installation of solar pumps and the rehabilitation of wells. Staff at two prisons received tools and training for prison maintenance, to the benefit of the detainees in those facilities.

At MCP, detainees in one block accessed fresh air and sunlight after an outdoor area was constructed and an outing schedule was developed. Renovation/reorganization of the warehouse and training on food chain supply management helped reduce detainees' risk of contracting rodent-borne diseases.

ACTORS OF INFLUENCE

Dialogue and coordination with the authorities and other key actors contribute to the Ebola response

At meetings, the authorities – particularly the Health Ministry – and representatives of the international community, including officials of the UN and other international organizations working in the country, were provided with technical input and regularly briefed on Movement activities. This helped streamline and coordinate the humanitarian response to the Ebola crisis (see above), while facilitating possible avenues of cooperation and promoting support for Movement activities.

National Society radio programmes help garner support for the Movement

The wider public learnt more about Movement components and their activities through the National Society's public communication efforts, particularly six-month radio programmes supported by the ICRC; these were later expanded by the International Federation to other counties after it incorporated Ebola-prevention messages. Community radio journalists helped increase public awareness of humanitarian issues through reports on ICRC activities based on field trips. With ICRC support, two winners of a humanitarian reporting competition – launched by the ICRC last year – attended a radio workshop in Nairobi, Kenya.

National committees draft acts integrating provisions of IHL treaties into domestic legislation

Before the Ebola crisis forced a shift in their priorities, the authorities continued to work on incorporating the provisions of IHL instruments that they had previously signed/ratified, into national legislation. With ICRC technical/financial support, the national IHL committee formulated a draft law on the 1949 Geneva Conventions and their Additional Protocols; the National Commission on Small Arms and Light Weapons completed a draft act on Firearms and Ammunition Control; and the Justice Ministry worked on amending judiciary law to incorporate provisions of the Rome Statute.

Parliamentarians and other national authorities developed their knowledge of IHL through bilateral meetings with the ICRC. They also participated in a regional meeting on the Arms Trade Treaty (see *Nigeria*).

Liberian armed forces finalize their IHL training manual

The Liberian military drew on ICRC support to finalize their IHL manual, which was subsequently used by ICRC-trained instructors during army-wide IHL training in August.

Some 200 incoming UNMIL officers acquainted themselves with IHL and the Movement at ICRC briefings.

RED CROSS AND RED CRESCENT MOVEMENT

In coordination with the International Federation – which led the Movement's Ebola response – and other Movement components, the Liberian Red Cross received technical/material/financial support for its operations, helping it respond to the Ebola outbreak and other emergencies and provide family-links services in line with the Safer Access Framework. Notably, such support helped it promote disease-prevention measures amongst communities (see *Civilians*) and operate a psychosocial support hotline to help Ebola-affected people cope with their situation. At the onset of the crisis, volunteers received special protective equipment and technical advice to help them manage human remains.

The National Society also received support for its communication efforts (see *Actors of influence*). Working to improve its governance, transparency and accountability, it approved a new five-year strategy at one of several statutory meetings held with ICRC support.

Movement components in Liberia regularly met to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SCs*		
RCMs collected	284	19		
RCMs distributed	213	7		
Phone calls facilitated between family members	1,407			
Reunifications, transfers and repatriations				
People reunited with their families	10			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	4	2		1
including people for whom tracing requests were registered by another delegation	1			
People located (tracing cases closed positively)	2			
including people for whom tracing requests were registered by another delegation	1			
Tracing cases still being handled at the end of the reporting period (people)	30	9	8	6
including people for whom tracing requests were registered by another delegation	8			
UAMs/SCs*, including unaccompanied demobilized child soldiers		Girls		Demobilized children
UAMs/SCs newly registered by the ICRC/National Society	12	6		
UAMs/SCs reunited with their families by the ICRC/National Society	8	4		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	21	12		
Documents				
People to whom travel documents were issued	10			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	2,059	66	42	
		Women	Girls	Boys
Detainees visited and monitored individually	30			
Detainees newly registered	14			
Number of visits carried out	82			
Number of places of detention visited	18			
Restoring family links				
RCMs collected	105			
RCMs distributed	81			
Phone calls made to families to inform them of the whereabouts of a detained relative	68			

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities[1]	Beneficiaries	1.762	40%	27%
Essential household items	Beneficiaries	2,365	43%	36%
Cash	Beneficiaries	622	35%	19%
Water and habitat activities[1]	Beneficiaries	287,406	38%	35%
Health				
Health centres supported	Structures	2		
Average catchment population		79,400		
Consultations	Patients	5,064		
of which curative	Patients		1,143	1,797
of which ante/post-natal	Patients		981	
Immunizations	Doses	15,210		
of which for children aged five or under	Doses	14,649		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Food commodities[1]	Beneficiaries	489		
Water and habitat activities	Beneficiaries	1,548		
Health				
Number of visits carried out by health staff		59		
Number of places of detention visited by health staff		16		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		
of which provided data	Structures	1		
Patients whose hospital treatment has been paid for by the ICRC	Patients	65		
Admissions	Patients	65	65	
of whom gynaecological/obstetric cases	Patients	65		
Outpatient consultations	Patients	354		
of which gynaecological/obstetric	Patients	354		
Water and habitat				
Water and habitat activities	Number of beds	100		

1. Owing to operational and management constraints, figures presented in this table may not reflect all activities carried out during the reporting period.