

Ebola Regional Response Plan

January – December 2015

SUPPLEMENTARY APPEAL 2015



Cover photograph:

PTP refugee camp in Zwedru, Liberia hosts more than 15,000 Ivorian refugees. The camp has remained Ebola-free to date, despite the spread of the virus in the surrounding area, thanks to strong community mobilization and medical protocols implemented by UNHCR and its partners.

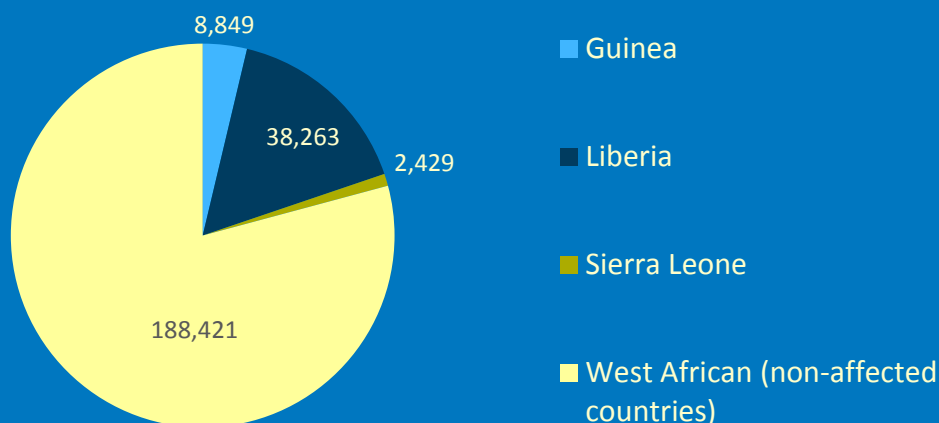
UNHCR / C. Rowe

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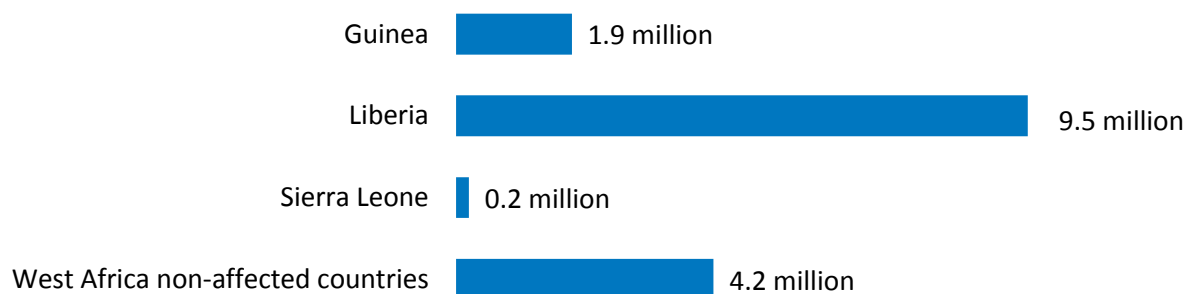
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AT A GLANCE

A total of 237,962 refugees in affected countries



A total of **USD 15.9 million*** in financial requirements, including:

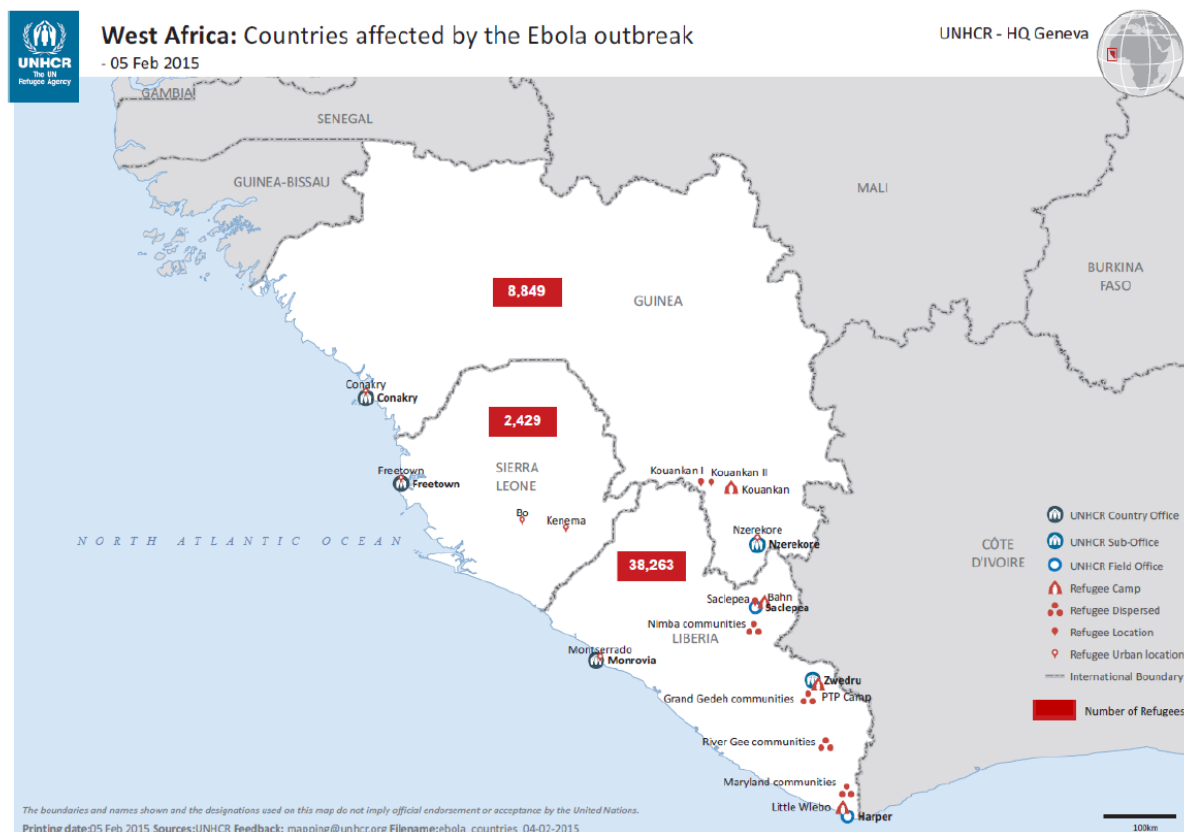


The updated Overview of Needs and Requirements¹ (ONR) issued in January 2015 by the UN Mission for Ebola Emergency Response covers the revised requirements of UN agencies for the Ebola response from January to June 2015. UNHCR's requirements for this six-month period (USD 8 million) are reflected in the updated ONR. This supplementary appeal presents UNHCR's requirements for this situation in 2015 of USD 15.9 million.

*This total includes support costs (7 per cent).

¹ Accessible via <http://ebolaresponse.un.org/overview-needs-and-requirements>

CONTEXT



Introduction

The outbreak of the Ebola Virus Disease (EVD) in West Africa is unprecedented in its scale, severity, and complexity. More than 23,200 people have been infected by 15 February 2015, resulting in over 9,300 deaths. Guinea, Liberia and Sierra Leone are still affected by this outbreak, and are struggling to control the epidemic against a backdrop of extreme poverty, weak health systems and social customs that make breaking human-to-human transmission difficult.

For UNHCR, the Ebola epidemic came at a time when the voluntary return of Ivorian refugees from Liberia and Guinea to Côte d'Ivoire was gaining momentum. Return efforts came to a standstill with the declaration of the outbreak at the national, and later international, levels. Instead, UNHCR shifted its priority to ensuring that refugees are integrated into national EVD response plans.

During 2014, UNHCR successfully incorporated refugee populations under the national plans in all three affected countries. UNHCR also implemented prevention and preparedness measures in refugee camps. These measures, in place since March 2014, have proven to be effective to date, and refugee camps in Guinea and Liberia have remained Ebola-free, despite the heightened risk of importation from affected surrounding host communities. Nonetheless, national plans face gaps and resource constraints responding effectively in areas hosting refugees. Outside of camps, seven locally-integrated refugees in Sierra Leone and seven urban refugees in Liberia have fallen victim to the disease.

From the onset, UNHCR's interventions have been within the overall UN response plan: initially in line with the WHO's roadmap, and under the UNMEER coordination mechanism since September

2014. UNHCR's regional Ebola preparedness and response plan is aligned with the UN System Response Strategy (STEPP) and the WHO roadmap and links to the national response mechanisms.

In 2015, UNHCR will continue to focus on the three countries directly affected by EVD (Guinea, Liberia, and Sierra Leone) while simultaneously working on preparedness in the surrounding 11 countries (Benin, Burkina Faso, Côte d'Ivoire, Guinea-Bissau, Gambia, Ghana, Mali, Niger, Nigeria, Senegal, and Togo). UNHCR's key objectives in these 14 countries are to ensure the preservation of protection space for refugees, asylum-seekers and other populations of concern, and that these populations are included in national response and preparedness plans. The safety of UNHCR staff, implementing partners' medical staff and community mobilization staff remains of the utmost importance.

The funding requested in this supplementary appeal will enable UNHCR to enhance preventive, preparedness and response measures against EVD, participate in the regional and country inter-agency response and ensure continuity of operations, including preparations for the resumption of the voluntary repatriation of Ivorian refugees, in the face of the Ebola crisis.

Coordination

The first case of EVD was reported in Guinea in December 2013. By March 2014, outbreaks of EVD were reported in Guinea and Liberia; and in Sierra Leone in May 2014. The number of reported cases in these three countries grew significantly in the months following. On 8 August 2013, the World Health Organization (WHO) declared the epidemic to be a "public health emergency of international concern." In September 2014, the United Nations Security Council declared the Ebola virus outbreak in West Africa "a threat to international peace and security", unanimously adopting a resolution urging UN member States to provide more resources to fight the outbreak and creating the UN Mission for Ebola Emergency Response (UNMEER) to coordinate the overall UN response, under the leadership of the WHO.

UNHCR works within national and UNMEER-led coordination mechanisms to ensure effective coordination of Ebola outbreak response activities - including advocacy, strengthened resource and logistical management - in line with regional and national response plans and in collaboration with national authorities, line ministries, and UN and NGO partners.

Population data

	POPULATION OF CONCERN as of 5 February 2015
Guinea	
REFUGEES	8,849
Liberia	
REFUGEES	38,263
Sierra Leone	
REFUGEES	2,429
West Africa (non-affected)	
REFUGEES	188,421
TOTAL	237,962

Financial requirements (USD)

To enable offices in the region to take better preventative and management measures against Ebola; participate in regional inter-agency response plans; and ensure the continuity of operations despite the Ebola crisis, UNHCR has established a supplementary budget for the requirements presented in this plan for West Africa, and particularly for the three countries still affected by EVD. This supplementary budget amounts to **USD 15.9 million** in total, as shown in the table below.

	RESPONSE PLAN REQUIREMENTS				TOTAL (USD)
	Guinea	Liberia	Sierra Leone	West Africa non-affected countries*	
Basic needs and essential services					
Health	1,700,000	8,486,615	150,000	3,225,000	13,561,615
Leadership, coordination and partnership					
Coordination and partnerships	100,000	400,000	50,000	750,000	1,300,000
Subtotal	1,800,000	8,886,615	200,000	3,975,000	14,861,615
Support costs (7%)	126,000	622,063	14,000	278,250	1,040,313
Total	1,926,000	9,508,678	214,000	4,253,250	15,901,928

* Includes Benin, Burkina Faso, Côte d'Ivoire, the Gambia, Ghana, Guinea-Bissau, Mali, Niger, Nigeria, Senegal, and Togo.

2014 achievements

Since the start of the outbreak, UNHCR has been working to ensure that refugee populations are part of national response plans. A significant asset has been the fact that UNHCR has been able to undertake consistent and continuous awareness-raising and social mobilization through its long-established relationships with refugee communities. The foundation for this preventative approach was in place shortly after the start of the outbreak: in March 2014, a network of community health workers and partner outreach workers were mobilized to create awareness on the risks of haemorrhagic fevers. So far, including throughout the period of heightened anxiety within refugee communities, UNHCR has been able to maintain a network of community volunteers, community health workers, outreach social workers and hygiene promoters to ensure that Ebola-related messaging is targeted at refugees.

In line with the UNMEER STEPP strategic framework, UNHCR succeeded in preventing Ebola transmission in refugee camps in Liberia and Guinea by improving surveillance and early detection mechanisms. This included building and managing Community Care Centres with isolation units near camps to serve refugees, in support of national response mechanisms. Referral systems were established in all refugee camps. Persons of concern who showed symptoms or were suspected of being in contact with infected persons were promptly referred to national treatment networks. UNHCR ensured that refugees had access to secondary level health care, despite the closure of many

facilities, and contacts of suspected EVD cases were quarantined and monitored for 21 days in the camps to see whether they developed any signs or symptoms of the virus.

Essential services in camps were maintained and improved. Strict infection control measures were implemented. Personal protective equipment (PPE) was procured as early as May 2014 for distribution to staff and response partners, including government partners. The number of health partners was increased to improve coverage, camp health facilities were upgraded, and technical capacity and investment in health programmes were boosted. Ebola-specific activities were incorporated into health-service provision, as well as WASH and community services programmes.

OVERALL STRATEGY

Ensure that all measures taken in the Ebola response are aligned with the rights and needs of people of concern, in particular refugees.

UNHCR and its partners must mitigate protection risks for refugees, asylum-seekers and other people of concern - in recognition of the potential impact of measures taken by governments, or of a deteriorating socio-economic climate related to the Ebola epidemic - through monitoring, advocacy and sensitization.

UNHCR's strategy aims at:

- i) preventing infections among populations of concern;
- ii) preparing refugees and response partners to implement effective and efficient response measures to control and stop infections in the event of infection in refugee camps; and
- iii) putting measures in place for the resumption of voluntary repatriation of Ivorian refugees, to ensure that refugees return in safety and dignity.

In alignment with the UNMEER STEPP strategic framework, UNHCR aims to implement the following strategic activities:

1. STOP the outbreak

UNHCR will identify and trace people with Ebola by supporting national authorities in early case detection in communities and health facilities.

Key outputs:

- Ensure real-time disease surveillance and reporting mechanisms are in place and functioning.
- Ensure linkage to national Ebola surveillance system and National Ebola case management.

2. TREAT the infected

UNHCR will provide care for persons with Ebola, including incorporating support mechanisms such as psychosocial support into refugee health programmes, and strengthen infection control measures.

Key outputs:

- Ensure disease control measures are implemented in camps and adhered to by medical and non-medical staff.
- Ensure environmental health measures are in place in dwellings, camps and health facilities.
- Ensure continuous supply and use of personal protective equipment (PPE) by key trained medical and WASH staff.

- Ensure sufficient procurement, stockpiling and distribution of non-food items (NFIs), focusing on soap, chlorine, medical supplies and LLIN mosquito nets.
- Implement psychosocial support mechanisms and support to affected families in order to avoid internal and external stigmatization.

3. ENSURE essential services

UNHCR aims to ensure the continuation of essential services and assistance, and further integrate refugees into national health care systems. In general, the health care systems in Guinea, Liberia and Sierra Leone have nearly collapsed since the Ebola outbreak.

UNHCR and its partners have so far maintained and improved all essential services, including access to non-Ebola related health service. As many medical facilities in refugee-hosting communities were forced to halt operations or turn away patients, health services in refugee camps became access points for primary health care for both refugees and host communities.

Key outputs:

- Ensure essential services are implemented in the refugee camps and capacities and resources are adapted to the current needs. Essential services include shelter, food security, health services including nutrition, reproductive and HIV services and water, sanitation and hygiene.
- Ensure supporting services available and accessible to refugees and nationals and support to communities hosting refugees.
- Ensure effective coordination with local partners and line ministries/ authorities in refugee hosting areas.
- Ensure continuation of the voluntary repatriation of Ivorian refugees to Côte d'Ivoire by putting in place adequate preventive measures acceptable to both country of origin and asylum health services.



UNHCR with Care International raising awareness on hygiene practices in Bahn Refugee Camp, Liberia.

UNHCR / S. Kemoh

4. PRESERVE stability

UNHCR will intensify community engagement efforts and expand social mobilization activities to raise awareness and promote behavioural change: these include hygiene and preventive measures for home care and burial practices.

Key outputs:

- Adapt and use appropriate Information-Education-Communication (IEC) materials and approaches to target communities of concern.
- Ensure community participation and ownership.
- Ensure women's participation in all stages of planning and response.
- Ensure that support networks are in place to meet the needs of children.
- Ensure capacity building.

5. PREVENT outbreaks in countries currently unaffected

In the non-affected countries in the region, UNHCR is systematically carrying out advocacy to ensure that all preventive and management measures and systems set up by governments include refugees wherever they are. Emphasis is put on contingency planning, social mobilization and prevention activities, but also on access to territory and protection procedures in the non-affected countries in the region and elsewhere. UNHCR has issued relevant advice on protection considerations to its offices worldwide.

Key outputs:

- Advocate at national and local level for the inclusion of refugees in national contingency plans.
- Advocate for the use of proportional and non-discriminatory response measures by governments.
- Ensure at regional and country levels that potential displacements due to EVD are factored into contingency and response plans.

PLANNED RESPONSE

GUINEA

Existing response

The epicentre of the EVD outbreak in Guinea is in close proximity to refugee locations. UNHCR Guinea has been on alert since the start of the outbreak in March 2014. The only remaining UNHCR refugee camp in Guinea, Kouankan 2 located near Nzerekore, is hosting some 6,000 refugees. An additional 2,000 urban refugees reside in or around Macenta town. Early and targeted awareness and prevention measures, including social mobilization and mass communications, have effectively prevented infections among refugees to date. Infection control measures in the camp and the provision of support to refugee communities are the pillars of the strategy. At the national level, UNHCR ensures effective coordination. Advocacy and support to the Government's response system ensure that refugees benefit from prevention and preparedness measures employed under the national plan.

Strategy

UNHCR continues to support and advocate for the national response to include refugees. With the procurement of essential medicines and supplies, including PPE, UNHCR is continuing to strengthen its regular health services and infection control measures in the refugee health services and to support the national health care system in the surrounding communities.

Social mobilization initiatives will be strengthened to sustain momentum and behavioural change, especially with regard to hygiene practices. In Kouankan 2, effective disease surveillance, case detection and integration into the district response systems will continue to ensure early detection, isolation, referral and support to affected persons. UNHCR will enhance the capacity of health care facilities and health partners by ensuring adequate staffing and capacity building.

Planned activities

Objective 1. Coordination	
<p>Outputs</p> <p>Streamline internal coordination</p> <p>Follow-up on regional, national and UNCT meetings</p> <p>Attend sub-national Task Force meetings in refugee priority locations (county, district)</p> <p>Follow up on procurement plans and supply processes</p>	<p>Activities</p> <ul style="list-style-type: none"> ▪ Establish internal coordination mechanisms with strong linkages to field offices and key partners (health/WASH). ▪ Ensure consistent messaging. ▪ Ensure that key outcomes of global and regional meetings are circulated and shared. ▪ Regularly attend national and UNCT coordination meetings; report key developments/outcomes/actions to management. ▪ Advocate with the Government to include refugees in the national response plan through signing of an MoU. ▪ Ensure that UNHCR and partners are part of the local response mechanisms (Task Force) at the county and/or district level. ▪ Ensure that local authorities are informed about UNHCR/partner operations. ▪ Advocate with local authorities to ensure that refugees and host populations benefit equally from response mechanisms and services. ▪ Ensure timely delivery and effective stock management. ▪ Ensure swift customs clearance of international procurement.
Objective 2. Social Mobilization	
<p>Outputs</p> <p>Adapt and use appropriate awareness raising materials and approaches to targeting refugee communities</p> <p>Ensure community participation and ownership</p>	<p>Activities</p> <ul style="list-style-type: none"> ▪ Ensure inclusion of refugees in social mobilization activities, especially out-of-camp refugees. ▪ Identify and implement answers to resistant communities. ▪ Conduct regular awareness sessions in the community. ▪ Recruit additional community mobilizers to conduct IEC sessions on Ebola prevention, including care and burial practices. ▪ Meet regularly and maintain effective relationships with community leaders.

Ensure capacity building

- Conduct regular training sessions for community leaders, health workers and other key informants.

Objective 3. Disease Control

Outputs

Ensure disease control measures are implemented in health facilities in camps and adhered to by staff

Activities

- Establish isolation units in proximity to refugee camps to temporarily isolate clinically suspect cases.
- Recruit additional health staff (including doctors, clinical officers, nurses) to ensure continuation of health services in an Ebola-response environment.
- Train staff on management of containment units and the use of PPE.
- Train staff on universal precautions and implement strict supervision.
- Implement sanitation and waste management procedures.

Ensure environmental health measures are in place in camp and health facilities

- Make improvements to water and sanitation infrastructure, including waste management.
- Implement protocols for regular spraying of health facilities.
- Implement protocol for safe body removal/ burial practices.
- Ensure that hygiene preventive measures are implemented in the daily life of refugees.

Ensure continuous supply and use of PPE

- Distribute PPE and other equipment as per priority needs (health facilities, cleaning staff, burial teams).
- Monitor stock levels and ensure timely reordering of PPE.
- Manage security stockpile of essential PPE and cleaning materials.

Ensure distribution of NFIs with focus on soap and LLIN

- Procure sufficient quantities of soap (local procurement) to last for a 3-month period, plus 1-2 months contingency stockpile.
- Distribute soap on a bi-weekly or weekly basis as part of social mobilization activities with instructions and reasons for use.
- Procure and distribute mosquito nets - LLIN (international procurement) at the quantity of 1 net per 2 persons.

Implement psychosocial support mechanisms and support to affected families

- Establish support networks (peer groups, hotline, social counselling).
- Ensure affected families are supported within the SOP of assistance to vulnerable people.
- Provide support to avoid stigmatization.

Ensure that all partners adapt/ comply with the disease control measures

- Ensure that each partner adopts measures that protect its staff in delivering assistance to refugees.
- Ensure that each partner reports to UNHCR when more restrictive measures have to be adopted that impact on continuity of programmes.


Objective 4. Surveillance

Outputs

Ensure real-time disease surveillance and reporting mechanisms are in place and functioning

Activities

- Utilize existing surveillance systems such as TWINE (if functional) to establish an EWARN system at camp level.
- Set up a procedure for reporting (chain of communication from community health workers and mobilizers to health facility staff to national/local authorities).



Ensure linkage to national Ebola surveillance system

- Set up a death monitoring system, i.e. community-based information and verbal autopsy.
- Ensure that MoH investigation/ contact tracing teams are provided with the correct information in a timely manner.
- Follow up with County Health Teams on reporting and investigations.
- Provide support to ensure the rapid management of suspected cases.

LIBERIA

Existing response

UNHCR Liberia has been at the forefront of the Ebola response since March 2014, successfully implementing social mobilization activities and preparedness measures in camps that have effectively prevented EVD transmission among refugees residing in camps. Whilst the focus has been on prevention, significant preparedness efforts were also undertaken to ensure the continuation of essential services in refugee camps, and support to and integration of urban refugees.

Strategy

The existing capacity of the Government and the response of the international community remain overstretched, with priority placed on local communities affected by EVD. UNHCR is pursuing its advocacy to ensure that refugee needs are adequately captured within the national response plan, supported by the international community. However, funding gaps necessitate complementary resources. To prevent and respond to the impact of the EVD on refugees in camps and host communities, the operation will procure essential medicines and supplies, especially PPE, to strengthen and mainstream medical protocols and procedures into regular health services and infection control measures in refugee camps and the surrounding communities.

Social mobilization to enhance awareness is one of the pillars of the national and international EVD response strategy. UNHCR has continuously and consistently worked to raise the awareness of refugee communities since March 2014. In this regard, the organization has identified the continued need for support to, and the enhancement of, social mobilization initiatives. Planned activities include developing awareness materials and public awareness programmes. WASH infrastructure will be enhanced and upgraded to meet the requirements of effective infection prevention and control. Materials will be procured and distributed to refugees in camps and communities hosting refugees. The availability and distribution of soap and chlorine as part of the enhanced hygiene promotion strategy will be key.

In line with the national Ebola strategy, UNHCR and its partners will continue to ensure the implementation of the Rapid Isolation and Treatment strategy in each of the three refugee camps. This includes ensuring effective disease surveillance, early isolation, quarantining and support to affected persons. In this regard, UNHCR will further enhance the response capacity of health care facilities by ensuring adequate staffing, construction of proper isolation and disposal facilities, expansion of clinic facilities to include triage areas and temporary holding facilities, and the recruitment of qualified medical personnel in all camps.

In line with instructions from the Ministry of Education, UNHCR will also ensure the implementation of the protocols for safe school environments. This requires additional facilities to be installed and control mechanisms put in place in each refugee school in the camps.

Voluntary repatriation of Ivorian refugees remains UNHCR’s main objective for 2015. However, this requires enabling cross-border public health coordination mechanisms among health partners in both Liberia and Côte d’Ivoire to ensure the repatriation and reintegration of refugees in safety and dignity.

Planned activities

Objective 1. Coordination	
<p>Outputs</p> <p>Streamline internal coordination</p> <p>Follow-up on regional, national and UNCT meetings</p> <p>Attend sub-national Task Force meetings in refugee priority locations (county, district)</p> <p>Follow up on procurement plans and supply processes</p> <p>Establish adequate protocols</p>	<p>Activities</p> <ul style="list-style-type: none"> ▪ Establish internal coordination mechanisms with strong linkages to field offices and key partners (health/WASH). ▪ Ensure consistent messaging. ▪ Advocate with the Government to include refugees in the national response plan through signing of an MoU. ▪ Provide logistical and administrative support to the Government to organize meetings. ▪ Ensure that UNHCR and partners are part of the local response mechanisms (Task Force) at the county and/or district level. ▪ Ensure that local authorities are informed about UNHCR/partner operations. ▪ Advocate with local authorities to ensure that refugees and host populations benefit equally from response mechanisms and services. ▪ Regularly attend coordination meetings with Country Health Teams. ▪ Ensure timely deliveries and effective stock management. ▪ Ensure swift customs clearance of international procurement. ▪ Ensure that interagency protocols are in place before, during and after repatriation of refugees from camps and host communities ▪ Ensure in coordination with all education and health partners in camps, the school protocol is in place and being implemented
Objective 2. Social Mobilization	
<p>Outputs</p> <p>Adapt and use appropriate awareness raising materials and approaches to targeting refugee communities</p> <p>Ensure community participation and ownership</p>	<p>Activities</p> <ul style="list-style-type: none"> ▪ Ensure inclusion of refugees in social mobilization activities, especially out-of-camp refugees. ▪ Produce materials with prevention messages. ▪ Conduct regular awareness sessions in the community. ▪ Recruit additional community mobilizers to conduct IEC sessions on Ebola prevention, including care and burial practices. ▪ Meet regularly and maintain effective relationships with community and religious leaders. ▪ Conduct focus group discussions to share knowledge with and sensitize the community.

Ensure capacity building

- Identify and implement answers to resistant communities.
- Conduct regular training sessions for community leaders, health workers and other key informants.

Objective 3. Disease Control

Outputs

Ensure disease control measures are implemented in health facilities in camps and adhered to by staff

Ensure environmental health measures are in place in camp and health facilities

Ensure continuous supply and use of PPE

Ensure distribution of NFIs with focus on soap and LLIN

Implement psychosocial support mechanisms and support to affected families

Ensure that all partners adapt/ comply with the disease control measures

Activities

- Establish isolation units in proximity to refugee camps to temporarily isolate clinically suspected cases.
- Recruit additional health staff for UNHCR and partners (including doctors, clinical officers, physician assistants, nurses) to ensure continuation of health services in an Ebola-response environment.
- Train staff on management of containment units and the use of PPE.
- Train staff on universal precautions and implement strict supervision.
- Implement sanitation and waste management procedures.
- Procure ambulances for transportation of patients.
- Make improvements to water and sanitation infrastructure, including waste management.
- Implement protocols for regular spraying of health facilities.
- Implement protocol for safe body removal/ burial practices.
- Ensure water and sanitation facilities for isolation units.
- Ensure that hygiene preventive measures are implemented in the daily life of refugees.
- Distribute PPE and other equipment as per priority needs (health facilities, cleaning staff, burial teams).
- Procure sufficient quantities of soap (local procurement) to last for a 3-months period, plus 1-2 months contingency stockpile.
- Distribute soap on a bi-weekly or weekly basis as part of social mobilization activities with instructions and reasons for use.
- Procure and distribute mosquito nets - LLIN (international procurement) at the quantity of 1 net per 2 persons.
- Procure and distribute buckets, jerry cans and plastic sheeting.
- Establish support networks (peer groups, hotline, social counselling).
- Ensure affected families are supported within the SOP of assistance to vulnerable people.
- Ensure partners adopt measures that protect its staff in delivering assistance to refugees.
- Ensure partners report to UNHCR when more restrictive measures have to be adopted that impact on continuity of programmes.

Objective 4. Surveillance

Outputs

Ensure real-time disease surveillance and reporting mechanisms are in place and functioning

Activities

- Utilize existing surveillance systems such as TWINE (if functional) to establish an EWARN system at camp level.
- Recruitment of an ICT Associate (FS5) for UNHCR to oversee the installation and monitoring of an EVD Surveillance Information System.

Ensure linkage to national Ebola surveillance system

- Establish procedure for reporting (chain of communication from community health workers and mobilizers to health facility staff to national/local authorities).
- Establish a death monitoring system, i.e. community-based information and verbal autopsy.
- Improve communication facility, i.e. cellular phones and megaphones.
- Provide support to affected, quarantined and/or stigmatized families.

- Ensure that MoH investigation/contact tracing teams are provided with the correct information in a timely manner.
- Follow-up with County Health Teams on reporting and investigations.

SIERRA LEONE

Existing response

The UNHCR operation in Sierra Leone has essentially been scaled down since the local integration programme was successfully completed in 2013. The UNHCR office in Freetown provides direct support to national and local authorities and health service providers. Together with its partners, UNHCR engaged with partners in the national Ebola response to ensure that gaps in areas hosting locally integrated refugees are being filled.

Strategy

The operation will continue to support the national response, focusing primarily on social mobilization and support to health services in areas and communities hosting integrated refugees, and ensure that refugees are included in the national response plan.

Planned activities

Objective 1. Coordination

Outputs

Streamline internal coordination

Follow-up on regional, national and UNCT meetings

Activities

- Ensure consistent messaging.
- Ensure that key outcomes of global and regional meetings are circulated and shared.
- Regularly attend national and UNCT coordination meetings; report key developments/outcomes/actions to management.
- Advocate with the Government to include refugees in the national response plan through signing of an MoU.

Objective 2. Social Mobilization

Outputs

Adapt and use appropriate awareness raising materials and approaches to targeting refugee communities

Activities

- Ensure inclusion of refugees in social mobilization activities.
- Identify and implement answers to resistant

	<ul style="list-style-type: none"> communities. Reproduce IEC materials. Organize awareness raising sessions. Procure and distribute megaphones to District Health Medical Teams in four districts hosting refugees.
Objective 3. Disease Control	
Outputs	Activities
Support GoSL through WHO in surveillance and case management	<ul style="list-style-type: none"> Provide 3 hired vehicles for 4 months to assist burial teams and transfer of blood samples to testing labs. Donate blankets, soap, buckets to isolation units.

NON-AFFECTED COUNTRIES

Existing response

In the countries neighbouring the affected countries and in the broader West Africa region, refugees and other people of concern are currently not particularly at direct risk of EVD infection. In this context, UNHCR ensures through coordination and advocacy that persons of concern are integrated into national contingency plans and prevention activities. UNHCR has engaged in and committed to strengthening the effectiveness of the UN country team/Humanitarian Country Team for effective protection delivery.

The WHO's Ebola roadmap included non-affected countries in order to strengthen the preparedness of all countries - in particular those sharing land borders with an intense transmission area - to ensure rapid detection and effective response to Ebola exposure. UNHCR and its partners have been able to provide messaging and social mobilization to refugee populations in the non-affected countries in West Africa through existing community networks and partnerships with refugee communities. Social mobilization initiatives in both refugee and host communities were necessary to raise awareness, as well as to address stigma and potential protection risks in the event of an outbreak.

Strategy

In order to ensure that refugees and other PoC are integrated into national response plans, and benefit from prevention and preparedness activities at the national level, UNHCR will intensify its efforts to target refugee communities with social mobilization, in and outside of camps, and return areas - if applicable - in high risk areas of the non-affected countries. To further bolster preparedness measures, UNHCR and its partners will strengthen and build the capacity of health services in refugee camps to put in place improved disease prevention and infection control measures.

In 2014, UNHCR contributed to the implementation of the national preparedness and response plans in refugee locations through various activities in collaboration with local partners or the respective Ministries of Health. Within this framework, efforts in the majority of countries focused on two main pillars: (i) continuous advocacy for the inclusion of refugees into national preparedness and response plans; and (ii) contributing to the strengthening of national health systems.

In 2015 UNHCR will continue to work in the non-affected countries with partners and governments to ensure:

- (i) Information sharing and enhanced internal coordination;
- (ii) Contributions to the effectiveness of protection delivery within UN and Humanitarian Country Teams;
- (iii) Advocacy for continuous access of people of concern to primary health care services, including EVD-related services;
- (iv) Protection monitoring for refugees;
- (v) Health and safety of staff and workplaces; and
- (vi) Contributions to the implementation of national preparedness and response plans, notably through:
 - Supporting social mobilization activities among refugees;
 - Supporting community empowerment activities to promote ownership of the response;
 - Communication interventions to promote behavioral change in refugee-hosting areas;
 - Strengthening the health system in refugee locations; and
 - Enhanced capacities on awareness, infection control and case management in camp-based health facilities.

In collaboration with its partners, UNHCR will implement the following activities in its operations:

- (i) Support the implementation of hygiene measures in camps and other refugee sites through the provision and distribution of hand-washing materials and soaps, as well as the maintenance of latrines;
- (ii) Provide prevention materials and equipment at camp health facilities, as well as in health facilities that offer health care services to refugees in urban and rural areas;
- (iii) Train health workers in camp health facilities;
- (iv) Support the surveillance and monitoring mechanisms of refugees, including those coming from affected countries, through the establishment of a refugee movement tracking system;
- (v) Draft a contingency plan in collaboration with all actors in refugees camps;
- (vi) Support awareness-raising activities on EVD, targeting UNHCR staff and the staff of partners;
- (vii) Support prevention activities targeting refugees, including the translation of IEC materials and awareness messages into the languages of refugees' places of origin.

STORY: PROTECTING REFUGEES FROM EBOLA

Once every week or two, a group of almost 20 volunteers parades through eastern Liberia's Bahn Refugee Camp, singing songs and carrying banners.

House by house, block by block, they knock on doors and tell the families inside: "Wash your hands." It's vital advice in one of the countries hardest hit by the Ebola virus, and in a part of the country where it is difficult to spread awareness and information about the disease due to tough terrain and poor communications networks.

As of 15 February 2015, the WHO has reported more than 9,000 suspected, probable or confirmed cases of Ebola and over 3,900 deaths in this country of 4.3 million people. Some 38,000 Ivorian refugees live in Liberia, most of them in camps like Bahn in Nimba County. Seven refugees are known to have died from the disease in Liberia; all of whom were living in urban or rural areas.

UNHCR was in the middle of a voluntary repatriation campaign targeting the return Ivorian refugees from Liberia when Ebola struck the country last March. The organization has since refocused its efforts on targeted prevention and preparedness activities for refugees in the countries affected by Ebola in the region.

Social mobilization and numerous community-based awareness and prevention activities have been conducted at Bahn and two other refugee camps in eastern Liberia, where nearly 75 per cent of the refugees reside. Hygiene kits, including buckets, chlorine and soap, and education on how to use them, have been provided to every refugee household living in camps. Hand washing has become a prerequisite to entering any of the camps, and thermometers are used to monitor people for early symptoms.

Anyone with a high temperature is referred immediately to a community care centre. Patients exhibiting Ebola-like symptoms are quarantined for observation and treatment of symptoms in these care centres while awaiting a diagnosis. All of the country's refugee camps have community care centres that adhere to strict hygiene and sanitation practices. Patients in the centres are separated from one another and staff wear protective suits.

Patients who are classified as suspected or probable Ebola cases are moved by ambulance to one of the country's growing number of Ebola treatment units, while those free of the virus are referred to the refugee camp's medical clinic for further help.

UNHCR has been supporting the Liberian Government in its response, especially in areas hosting Ivorian refugees. The agency has provided funding support and vehicles, as well as drugs and medical supplies, for hospitals in Nimba, Grand Gedeh and Maryland.

UNHCR, Liberia



Volunteers go round Bahn Refugee Camp, knocking on doors and advising people to wash their hands as a precaution against the Ebola virus.

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