Calamities and Seasonal Affects

Seasonal Affects on Transport

<table>
<thead>
<tr>
<th>Transport</th>
<th>Comments</th>
<th>From (month) to (month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Road Transport</td>
<td>The primary roads are passable during the whole year but in some sections might be deteriorated. Potholes could appear especially on unpaved roads.</td>
<td>May to October</td>
</tr>
<tr>
<td>Secondary Road Transport</td>
<td>The majority of the secondary roads aren’t passable during the rainy season.</td>
<td>May to October</td>
</tr>
</tbody>
</table>
Air Transport

The Harmattan might reduce visibility, therefore some delays might occur on flights. November to April

Waterway Transport

It is difficult to navigate on the rivers during the dry season as the water levels decrease. November to April

There are two seasons in the year: rainy season from May to October and dry season from November to April. There are no major activities in the country that could have an impact on transport.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Comments</th>
<th>From &lt;month&gt; to &lt;month&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Storage</td>
<td>No</td>
<td>n/a</td>
</tr>
<tr>
<td>Handling</td>
<td>During the rainy season, it is harder to handle the cargoes to avoid them getting wet and damaged. Expect some delays in handling during this time.</td>
<td>May to October</td>
</tr>
</tbody>
</table>

Due to the difficult access to certain areas during the rainy season, it is recommended to pre-stock during the dry season, especially in Zwedru county where the main roads are in bad condition. It is important to note that during the dry season, it is harder to find daily workers in Zwedru County as many youths go to the mining zones.

Capacity and Contacts for In-Country Emergency Response

Government

The National Disaster Relief Commission (NDRC) was established in 1976 to cater to disaster victims; review, coordinate and plan different disaster prevention, preparedness, relief and rehabilitation measures; and establish and maintain liaisons with representatives of UN agencies and donors which have disaster relief related programs in the country. Although the NDRC is the institution tasked with managing disaster risk reduction and related activities, its approach is reactionary rather than preventative. Furthermore, the institutional capacity to lead and coordinate emergency response procedures is low. The NDRC does not have adequate resources and capacity to effectively carry out this mandate.

President Sirleaf, on July 26, 2014, announced that Ebola was a national emergency and set up a National Ebola Task Force to coordinate all interventions for containing and eliminating this fast spreading epidemic. The national response system that was initially established by MOHSW employed several IMS elements. For example, a national coordinator for the Ebola response was held by MOHSW's deputy health minister/chief medical officer. Additionally, daily meetings were held that were attended by the heads of each technical committee deemed important for the operational response to the epidemic: epidemiology/surveillance, social mobilization (responsible for communication of key messages), psychosocial (responsible for ensuring adequate social and mental health support for patients and families affected by Ebola infection), contact tracing, case management, and laboratory.

Below is a chart of the Ministry of Health and Social Welfare Ebola response incident management system (Liberia, August 2014):
For more information, please see the following link: 4.1 Liberia Government Contact List

Humanitarian Community

The United Nations is represented by the UN Mission in Liberia (UNMIL), as well as the UN Country Team (UNCT) comprising 17 Agencies, Funds, Programmes, and the World Bank. The UN Country Team (UNCT), along with the International Monetary Fund, are present on a long-term basis to support humanitarian and development efforts in the country.

The United Nations in Liberia works within an Integrated Mission context. The Head of UNMIL, the Special Representative of the Secretary-General (SRSG), is also the Coordinator of the United Nations in Liberia. UNMIL’s Deputy Special Representative of the Secretary-General (DSRSG) for the Consolidation of Democratic Governance also serves as Resident Coordinator, Humanitarian Coordinator, and Resident Representative of UNDP. A second DSRSG coordinates issues related to the Rule of Law.

Since the deployment of UNMIL in 2003, the United Nations in Liberia has enhanced integration by creating joint management structures, jointly planning and implementing programmes and undertaking joint operations in several areas. Joint management structures include the Strategic Policy Group, UN Country Team, Inter-Agency Programming Team, Operations Management Team, UN Communications Group, Monitoring and Evaluation Technical Working Group, and Theme Groups on HIV/AIDS, and Gender. At the field level, the UN has three Joint Offices, and all 15 County offices are led by Heads of Field Offices, who serve as focal points for the UN system in the Counties.

Its Strategic Assistance Framework, the UN ONE PROGRAMME comprises a UN Development Assistance Framework (UNDAF) and a Costed Action Plan. The UNDAF describes the UN’s collective response to national development priorities, while the corresponding Costed Action Plan operationalizes the UNDAF and defines in greater detail, management and coordination arrangements, financial modalities, monitoring and evaluation (M&E) processes and serves as the main legal document for multi-year programming. A budgetary framework under the Costed Action Plan includes a One Fund—the resource gap in the One Programme.

The UN One Programme is aligned with the national medium-term strategy, the Agenda for Transformation (AFT) 2013-2017, and National Vision 2030. A Delivering as One Joint Steering Committee, comprising Government, UN and Development Partners provides policy guidance and overall leadership to One Programme implementation.

WFP programmes consist of school meals, school gardens, purchase for progress, livelihood asset promotion, nutrition intervention/HIV/AIDS and emergency food assistance to Ivorian refugees.

UNHCR’s operation in Liberia revolves around two main strategies: continued provision of protection and assistance to refugees and the pursuit of, and support for, voluntary repatriation of Ivorian refugees. With more and more Ivorian refugees willing to return, voluntary repatriation will remain a UNHCR priority in Liberia.

Active surveillance and infection prevention and control measures at Liberia’s borders and in border communities and health facilities is one part of a larger Liberian Government surveillance strategy, designed in partnership with WHO, to prevent a reintroduction of Ebola.
The Liberian Government is training hundreds of health workers, security personnel, and national, county and district officials, with the help of WHO and other key partners. They are being trained in surveillance protocols and procedures, monitoring compliance, beefing up security and health staff at checkpoints, boosting cross-border cooperation with Guinea and Sierra Leone and revising public messages — urging vigilance until Ebola is gone from the region.

With the national health system decimated by the outbreak — and hundreds of Liberian health care workers dying from Ebola – MSF is focusing on supporting the recovery of health facilities. In Monrovia, MSF is running a 69-bed paediatric hospital, aiming to contribute restoring the offer of secondary healthcare in the aftermath of Ebola outbreak. 44 per cent of the patients are less than one-year-old.

For more information, please see the following link: 4.2 Liberia Humanitarian Agency Contact List