As Liberia continues to consolidate its hard won peace, the security situation remains fragile and national counterparts continue to struggle with providing basic services. In late March 2014, Liberia faced an unprecedented public health crisis when an outbreak of Ebola spread from Guinea to the country’s remote northeast. Despite a comprehensive national response led by the Government and heavily supported by international partners, by the end of May the outbreak had entered a second wave, spreading to the country’s capital city and to additional counties. As of 30 June 2014, over 100 cases of Ebola were recorded, resulting in over 70 deaths. The outbreak has taxed the heavily constrained national health system, and has prompted the government and its partners to direct additional human and material resources towards the response. As the outbreak continues unabated, further support will be needed to scale up the response. Meanwhile, although a successful repatriation programme has seen the number of Ivorian refugees in Liberia drop from 200,000 in 2011 to 37,000 as of June 2014, instability along Liberia’s border with Côte d’Ivoire means that a sizeable number of refugees will remain in Liberia through 2014, residing in both camps and host communities in Grand Gedeh, Maryland, Nimba and River Gee counties.

Humanitarian strategy

Through the first half of 2014, UNICEF continued to integrate its humanitarian interventions in education, health, nutrition, water, sanitation and hygiene (WASH), and child protection into the regular programme in the four border counties affected by the Ivorian refugee crisis. This approach, combined with a reduction in the refugee population, has allowed UNICEF to make progress towards achieving some 2014 targets, in light of minimal emergency funding. Following the emergence of the Ebola outbreak in March, 2014, UNICEF scaled up interventions in health, WASH and communication for development (C4D), becoming a key player in the national response. As the outbreak spread to a second wave in late May, UNICEF expanded its activities to cover newly affected areas, and plans to continue this sustained response through the remainder of the year.

Results 2014 (January to June)

In partnership with the Ministry of Health and Social Welfare and other international partners, UNICEF’s support to the Ebola response has included the provision of supplies to support case management and isolation efforts in the affected areas of Lofa, Montserrado and Margibi counties, as well as to implement WASH-related interventions to improve infection control. Meanwhile, C4D activities have reached over 1 million residents in affected areas, through the use of traditional communicators and other interpersonal communication activities, such as airing prevention messaging and specially produced songs and programming on community and national radio stations.

UNICEF has trained 661 health workers and 1,146 community health volunteers in refugee host counties, who provide weekly nutrition screening and referral services, as well as treatment for malaria, diarrhoea and acute respiratory infections. Some 36,540 children residing in refugee camps and host communities received vitamin A supplements and deworming tablets including during African Vaccination Week in May. Meanwhile, C4D-supported routine immunization, maternal and child health, child nutrition and cholera prevention campaigns reached over 400,000 community members.

UNICEF has worked to integrate emergency WASH into regular WASH programmes, which has facilitated the establishment of WASH committees in 295 communities, the launch of Community-Led Total Sanitation in 244 rural communities, and the construction of new wells and other infrastructure benefiting some 2,500 rural residents and 12,000 urban dwellers. Some 6,000 children have continued to benefit from case management and psychosocial support and games through access to 33 child-friendly spaces. While the low levels of funding received at the beginning of the year led to a sharp downward revision of targets, as the government has continued to mainstream these components into its own social welfare services, UNICEF was able to scale up its own efforts, almost achieving set targets in the first half of 2014. Over 5,000 refugee and Liberian children under five years of age have been registered and provided with birth certificates in Nimba and Grand Gedeh counties.

UNICEF renovated primary schools, supplied teaching/learning kits, and trained teachers in Grand Gedeh, Maryland and Nimba Counties, resulting in increased access to early childhood and primary education services for 7,220 refugee and host community children.

Preventing mother to child transmission (PMTCT) uptake increased as the result of rapid community mobilization involving women living with HIV coupled with an integrated HIV/Maternal Neonatal and Child Health (MNCH) service provision. With this approach, more than 14,000 women opted in for counselling and testing.

Total affected population: 458,000
Total affected children: 178,000
Total people to be reached in 2014: 458,000
Total children to be reached in 2014: 176,000

2014 Revised Programme Targets

Nutrition

- 2,000 children age 6-59 months in refugee camps and host communities treated for SAM.
- 25,000 caregivers in refugee camps and host communities reached through awareness-raising on essential nutrition actions.
- 56,700 children age 6-59 months in refugee camps and host communities receive vitamin A and 48,420 children aged 12-59 months receive biannual deworming tablets.

Health

- 47,250 children age 6-59 months vaccinated against measles.
- 57,600 children under age 5 treated with antimalarial drugs.
- 64,800 children under age 5 treated for ARIs.

WASH

- 50,000 people have access to clean water for drinking, cooking and personal hygiene.
- 100,000 people are using appropriate sanitation facilities and hygiene practices in vulnerable areas.

Education

- 10,000 children and youth access formal/non-formal education.

Child Protection

- 5,000 children access case management services.
- 3,000 of children in vulnerable situations, including unaccompanied and separated children, have access to psychosocial support.

HIV & AIDS

- 30,000 adolescents and young people aged 14-24 years benefit from community awareness campaigns, mobile voluntary counseling, testing and referral services for HIV.
Despite funding shortfalls during 2014 appeal, including US$1.2 million carried over from 2013, the total of 
response in affected and at-risk counties. As of 30 June, 2014, a total of US$1.8 million, or 17 per cent, was available against the 2014 appeal, including US$1.2 million carried over from 2013. Despite funding shortfalls during the first half of the year, the integration of refugee interventions into regular programming, coupled with the reduction in Liberia’s refugee population has allowed UNICEF to sustain progress towards many 2014 targets. UNICEF’s current estimated funding requirement to support Ebola-related interventions stands at approximately US$6 million, with a current funding gap of US$5 million. Critical emergency funding is needed through the end of 2014 to enable UNICEF to scale up its humanitarian response in all areas.

Funding requirements

UNICEF is appealing for US$10.5 million to provide adequate essential health, nutrition, protection, water and sanitation and basic education services to vulnerable children and women refugees and host communities as well as for intense Ebola response in affected and at-risk counties. As of 30 June, 2014, a total of US$1.8 million, or 17 per cent, was available against the 2014 appeal, including US$1.2 million carried over from 2013. Despite funding shortfalls during the first half of the year, the integration of refugee interventions into regular programming, coupled with the reduction in Liberia’s refugee population has allowed UNICEF to sustain progress towards many 2014 targets. UNICEF’s current estimated funding requirement to support Ebola-related interventions stands at approximately US$6 million, with a current funding gap of US$5 million. Critical emergency funding is needed through the end of 2014 to enable UNICEF to scale up its humanitarian response in all areas.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original HAC 2014 Requirements (US$) (Jan-Dec)</th>
<th>Revised HAC 2014 Requirements (US$) (Jan-Dec)</th>
<th>Funds available against appeal* (as of 30 June 2014)</th>
<th>Funding Gap (as of 30 June 2014)</th>
<th>Per cent Funded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>1,600,000</td>
<td>800,000</td>
<td>302,084</td>
<td>497,916</td>
<td>38%</td>
</tr>
<tr>
<td>Health</td>
<td>1,164,500</td>
<td>500,000</td>
<td>135,032</td>
<td>364,968</td>
<td>27%</td>
</tr>
<tr>
<td>Water, Sanitation &amp; Hygiene</td>
<td>1,680,000</td>
<td>800,000</td>
<td>132,332</td>
<td>667,666</td>
<td>17%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>2,000,000</td>
<td>1,000,000</td>
<td>326,674</td>
<td>673,326</td>
<td>33%</td>
</tr>
<tr>
<td>Education</td>
<td>2,000,000</td>
<td>1,000,000</td>
<td>286,112</td>
<td>713,888</td>
<td>29%</td>
</tr>
<tr>
<td>HIV &amp; AIDS</td>
<td>450,000</td>
<td>200,000</td>
<td>0</td>
<td>200,000</td>
<td>0%</td>
</tr>
<tr>
<td>Cluster/Sector Coordination</td>
<td>300,000</td>
<td>150,000</td>
<td>0</td>
<td>150,000</td>
<td>0%</td>
</tr>
<tr>
<td>Ebola response</td>
<td>0</td>
<td>6,085,255</td>
<td>644,411</td>
<td>5,440,844</td>
<td>89%</td>
</tr>
<tr>
<td><strong>Total (US$)</strong></td>
<td><strong>9,194,500</strong></td>
<td><strong>10,535,255</strong></td>
<td><strong>1,826,645</strong></td>
<td><strong>8,708,610</strong></td>
<td><strong>17%</strong></td>
</tr>
</tbody>
</table>

*Funds available includes US$1.2 million carried over from 2013. Out of the total amount available, US$644,411 was received in 2014, including recovery costs.

Who to contact for further information:

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