According to the Ministry of Health, as of 18 January, the cumulative total of suspected, probable and confirmed cases of Ebola Virus Disease (EVD) in Liberia stood at 8,468. Case incidence has declined from a peak of over 300 new confirmed cases per week in August and September 2014 to 8 confirmed cases in the 7 days to 18 January 2015.

The number of children registered as orphaned due to EVD is 4,519. All of the children identified are currently receiving follow-up and psychosocial support. However, the Child Protection sub-Cluster estimated that as many as 7,500 children may be orphans due to EVD. UNICEF is working with the government and NGOs to train and engage 200 additional social workers to identify and ensure that all the orphans are in a protected family based environment.

UNICEF worked with the Ministry of Health and key partners to draft simplified versions of the back-to-school protocols highlighting key actions and responsibilities for each stakeholder (parents, children, teachers/administrators, and communities/PTAs) in the school re-opening process. These messages will be used for upcoming nationwide awareness efforts.

Data collection for the UNICEF-funded Joint Education Needs Assessment started this week. The assessment will collect data from 354 randomly selected schools in 9 counties. This assessment will inform the reopening of schools, provide an evidence base for education planning, and adjust the overall EVD response based on the EVD impact on the education sector.

In response to recent outbreaks and in collaboration with the Ministry of Health and partners, UNICEF is conducting a mop-up campaign targeting 33,000 people living in 6,600 households in Tewar district, Grand Cape Mount focusing on prevention practices, rapid reporting and isolation of sick family members, safe and dignified burials, addressing issues of stigma and asking residents if anyone was sick in their community.

UNICEF is a key partner in the upcoming government-led assessment and development of a budgeted health plan for building resilient health systems in Liberia.

Since the beginning of the outbreak, UNICEF has brought in 10,084 cubic meters (worth USD 23.8 million) of essential life-saving supplies to Liberia for EVD prevention and treatment at the household level as well as in Community Care Centers (CCC), Ebola Treatment Units (ETU), Rapid Isolation and Treatment of Ebola (RITE) sites, Interim Care Centers, Transit Centers and health facilities.

As of 18 January 2015

8,468 Cases of Ebola (3,135 confirmed)

3,613 Deaths

4,519 Children registered as orphans

2 million+ Children living in affected areas

370 Cases and 178 deaths among health care workers

UNICEF funding needs until June 2015
USD 187.1 million

Funding gap
USD 77.5 million

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1 Data are based on official information reported by the Liberian health ministry up to 18 January 2015. These numbers are subject to change due to on-going reclassification, retrospective investigation and availability of laboratory results.
Situation Overview and Humanitarian Needs

According to the Ministry of Health, as of 18 January, the cumulative total of suspected, probable and confirmed cases of Ebola Virus Disease (EVD) in Liberia stood at 8,271. Case incidence has declined from a peak of over 300 new confirmed cases per week in August and September 2014 to 8 confirmed cases in the 7 days to 18 January 2015.

The Ministry of Education established an inter-ministerial task team to oversee, steer and coordinate the work of all ministries and partners to reopen schools safely and as quickly as possible.

Summary Analysis of Programme Response

Education

- UNICEF worked with the Ministry of Health and key partners to draft simplified versions of the back-to-school protocols highlighting key actions and responsibilities for each stakeholder (parents, children, teachers/administrators, and communities/PTAs) in the school re-opening process. These messages will be used for upcoming nationwide awareness efforts.

Social Mobilisation

- In response to recent outbreaks and in collaboration with the Ministry of Health and partners, UNICEF is conducting a mop-up campaign targeting 33,000 people living in 6,600 households in Tewar district, Grand Cape Mount focusing on prevention practices, rapid reporting and isolation of sick family members, safe and dignified burials, addressing issues of stigma and asking residents if anyone was sick in their community. As part of the same effort, UNICEF trained 890 frontline mobilisers, 80 community taskforce members, 40 district taskforce members and 75 religious and traditional leaders to engage and enable cooperation from target communities and continue to take action to prevent EVD transmission in their district.

- UNICEF-trained community leaders helped identify a suspected EVD case in Omega Town, Montserrat last weekend. UNICEF was a key player on the rapid response team that carried out contact tracing immediately after this case was confirmed as EVD positive. As part of the same process, five households were quarantined and social mobilization efforts were intensified in the quarantined and neighbouring communities.

- As of this week, 4,703 U-reporters have registered for U-report – an SMS/text-messaging-based tool UNICEF is using for community engagement – in Bong, Nimba, Lofa, Grand Bassa, Montessardo and Margibi counties. Additional youth mobilisers were recruited to mobilize young people at the district level.

Trends, gaps and milestones

- Door-to-door visits by social mobilization teams reached 16,863 households across all 15 counties. 523 community meetings and group discussions aimed at promoting EVD prevention behaviours were conducted, reaching 20,068 men, 24,402 women, 19,809 children and 1,013 community leaders and elders. In addition, 1,685 frontline mobilisers and community leaders were trained.

- UNICEF reviewed and provided recommendations for the development of IEC materials and messages on prevention measures against Ebola for dissemination and airing in video clubs crowded with footballers during the ongoing Africa Cup of Nations.

Child Protection

- UNICEF is working to ensure that children who have lost parents/caregivers due to EVD continue to receive family care through kinship arrangements, thus preventing institutionalization in orphanages. For Liberian families, it is common to care for orphaned children of relatives. To strengthen this, UNICEF provides one-time cash transfer to the families that take the responsibility to care for orphaned children. As of last week, a total of 628 EVD-affected children in Bong, Grand Gedeh, Nimba, Lofa, Montserrat, Cape Mount, Gbarpolu, Grand Bassa, Margibi and Bomi counties
have benefitted from one-time emergency foster grant/cash assistance meant to serve as immediate recovery support.

- All of the 53 children that came through the UNICEF-supported Interim Care Center (ICC) in Monrovia – established to provide care for ‘contact’ children who need to be under observation for 21 days – have returned to their families.
- In the UNICEF-supported Transit Center (TC) in Monrovia – established to provide care for children who survived EVD but have no known relative or caregiver to return to after being treated – there are currently no children for whom the family tracing and reunification services are being organized. Due to this, UNICEF and its partners are planning an exit strategy for TCs and ICCs. The aim is that the TCs and ICCs will be transferred into facilities used for strengthening the Social Welfare system after Ebola response.

**Trends, gaps and milestones**

- Data from the Ministry of Health on confirmed EVD cases shows that children represent only 16 per cent of all confirmed cases despite the fact that children make up 55 per cent of the population. Similarly, data on deaths caused by EVD shows only 17 per cent of deaths amongst children. There is therefore reason to believe that as many as 2,000 EVD-infected children remain unidentified. An indication of this can be that there are new EVD cases that are not on the contact list. This underreporting of EVD-infected children can potentially have serious consequences for the development of the EVD epidemic now that schools are reopening.

**Health and Nutrition**

- Under the leadership of the Ministry of Health, UNICEF is a key partner in the upcoming assessment and development of a budgeted health plan for building resilient health systems in Liberia. Discussions are underway on the scope and level of preparedness for this assessment. Eight thematic groups were formed, namely: (1) context and policies, (2) health governance, (3) health workforce, (4) healthcare financing, (5) health information and surveillance, (6) technology, medicines, supply chain management systems, (7) health service delivery, and (8) health infrastructure and logistics.
- The second phase of the Periodic Intensification of Routine Immunization drive is set to begin to reach children aged under five with the measles vaccine. UNICEF is financing the cold chain and vaccination teams in addition to leading social mobilisation efforts.
- Since November 2014, 88 per cent of patients admitted in ETUs and CCCs received comprehensive nutritional care and support in 11 ETUs and 5 CCCs across Liberia made possible by support (supplies and technical guidance) from UNICEF.
- In December 2014, 483 severely malnourished children under five were admitted in UNICEF-supported malnutrition treatment programs in Margibi county.
- 46 per cent of infants under one year that were identified by UNICEF-supported social workers in 10 counties (Bomi, Bong, Gbarpolu, Grand Bassa, Grand Cape Mount, Grand Kru, Lofa, Margibi, Montserrado and Rivercess) were referred to health facilities to undergo nutritional assessment and receive replacement feeding support (with supplies provided through UNICEF).

**Water, Sanitation and Hygiene (WASH)**

- During last week, a total of 15,185 persons were reached with hygiene promotion and EVD awareness messages in River Gee, Maryland, Grand Gedeh, Gbarpolu, Grand Kru and Montserrado counties. Alongside that, 2,100 hygiene kits were delivered to Montserrado and Margibi counties for distribution to households. Since the beginning of the outbreak, UNICEF has released hygiene kits containing personal hygiene items such as soap and bleach to benefit at least 56,730 households in five counties as well as to hotspot across the country. The correct utilization of these kits through hand washing – as a key pillar to fight hand-to-hand transmission – and improving water treatment and storage prevents diarrhea, fever and vomiting, thereby helping to reduce the suspected Ebola caseload count. This is because Ebola has nonspecific symptoms, particularly early in the course, which can cause EVD to be confused with other more common infectious diseases such as malaria, typhoid fever, cholera and other bacterial infections.
• Water supply systems comprising boreholes and hand-dug wells have been built in seven CCCs and work is underway in the remaining CCCs.

**Trends, gaps and milestones**

• To ensure workers safety, a joint Environmental and Social Impact Assessment was done and the findings will be presented to the Incident Management System (IMS) this week. The report identifies hazards at three critical processes of sewage desludging, including collection at ETU septic tanks, transportation and discharging at the wastewater treatment facility at the LWSC Fiama Compound. The assessment was multi-sectorial and involved government, community, civil society and the UN.

**Supply and Logistics**

• Since the beginning of the outbreak, UNICEF has brought in 10,084 cubic meters (worth USD 22.8 million) of essential life-saving supplies to Liberia for EVD prevention and treatment at the household level as well as in CCCs, ETUs, RITE sites, ICCs, TCs and health facilities.
• UNICEF is procuring WASH supplies that will meet minimum requirements for re-opening schools. The minimum requirements comprise 14 items as stipulated by the Ministry of Education.
• Last week, drugs, medical supplies and sanitation and hygiene consumables were delivered to the CCC in Maryland.
• As part of the overall EVD response, UNICEF is in the process of bringing in 200+ motorbikes to conduct its outreach activities (community engagement and psychosocial support) at the district and community levels. Many of them have already been distributed and 62 were released to the Ministry of Health last week.
• As part of UNICEF’s overall response efforts, 49,446 households have benefitted from protection kits since the beginning of the outbreak. These kits contain basic protective gear and disinfectants designed to help frontline health workers to protect themselves against EVD or protect the family when a sick person’s EVD status is unknown. These kits complement infection prevention and control measures and are suitable for use in CCCs, primary healthcare facilities or at home under active supervision and monitoring of trained health workers when ETUs are not readily available or accessible.

**Human Resources**

In an effort to strengthen EVD response efforts, UNICEF currently has 118 staff deployed in Monrovia and 40 at the field/county level, in addition to engaging 2,918* government and non-government personnel across 15 counties. These include staff on fixed term and temporary contracts, UNICEF staff members on loan from other country offices, personnel support from stand-by partners, third-party contractors, subcontractors and volunteers.

Below is a snapshot from 20 January 2015, notwithstanding regular field monitoring and support visits to the field on a daily basis.

<table>
<thead>
<tr>
<th>1. Type of staff</th>
<th>Number of Personnel In Capital</th>
<th>Number of Personnel in the Field</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Member (FT, TA for IP and Nationals)</td>
<td>102</td>
<td>31</td>
</tr>
<tr>
<td>Surge (UNICEF Staff on mission and staff through standby partners)</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>Third-party contractors (deployed for EVD response, financially supported by UNICEF)</td>
<td>0</td>
<td>2,878</td>
</tr>
<tr>
<td><strong>Total as of 20 January 2015</strong></td>
<td><strong>118</strong></td>
<td><strong>2,918</strong></td>
</tr>
</tbody>
</table>

*5,600 are teachers trained by UNICEF to carry out EVD-related social mobilization activities

**Partnership and Humanitarian Coordination**

The UN Country Team (UNCT), through the UN Resident Coordinator, has responsibility for coordinating the inter-agency support to the Government. This includes activating the humanitarian clusters necessary to coordinate support to specific sectors. Within this cluster framework, UNICEF is the lead UN agency for the Social Mobilization, WASH and Education clusters, as well as the Nutrition and Child Protection sub-clusters of the response. Some of the achievements from this week include:
Social Mobilisation Cluster
- UNICEF is a key partner on the phase 2 implementation team focusing on micro-planning and orientation of 890 front-liners and religious/traditional leaders for ‘mop up’ operations in Grand Cape Mount; zone-level planning and coordination by ‘sector’ coordinators, co-coordinators, and implementing partners, for targeting community engagement efforts in the Montserrado county; the rapid development of a multi-sectoral and multi-stakeholder communication and social mobilization strategy for the re-opening of schools, including distilling audience-specific key messages for communities, teachers, parents, and children from the ‘safe schools’ protocols; and advancing the UNMEER-led small grants initiative for local CBOs/NGOs working in various high risk areas.

Education Cluster
- Data collection for the Joint Education Needs Assessment started this week. The assessment will collect data from 354 randomly selected schools in 9 counties. This assessment will inform the reopening of schools, provide an evidence base for education planning, and adjust the overall EVD response based on the EVD impact on the education sector.

Child Protection Sub-Cluster
- 28 partners of the sub-Cluster collectively developed a 5W (who, where, what, when and for whom) map of activities relating to child protection in Liberia.

WASH Cluster
- The Monrovia City Corporation is leading community awareness and mobilization efforts with support from Wash Cluster in order to ensure that communities living near the Fiama treatment plant are well informed about all aspects of liquid waste management and potential hazards.

Nutrition Cluster
- A technical team comprising the Ministry of Health, UN and civil society representatives are working together to develop tools and guidelines for an upcoming nutrition assessment to collect information on the nutritional status of the population post Ebola.

Media Coverage
UNICEF Representative Sheldon Yett on Ebola after-effects (SMN weekly)
UNICEF Representative Sheldon Yett on Ebola orphans (Frontline Desk)
Child Protection Sub-cluster Coordinator Stener Vogt on national Youth Volunteers (The News)
UNICEF Representative Sheldon Yett on Ebola orphans (ABC News)
C4D Specialist Adolphus Scott on operation stop Ebola (Heritage)
Communication Specialist Helene Sandbu Ryeng on hunting the virus (Medium)
UNICEF and back to school (APA/Star Africa)
Orphans to be sponsored in schools when they resume (Heritage)
Funding

Funding Requirements, as defined in Humanitarian Appeal of December 2014 (for 6 months)

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Ebola Requirements Sept 2014 (USD)</th>
<th>Revised Ebola Requirements Dec 2014 (USD)</th>
<th>Funds received* (USD)</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>C4D/Social Mobilization</td>
<td>12,915,145</td>
<td>22,588,357</td>
<td>11,468,024</td>
<td>11,120,333</td>
</tr>
<tr>
<td>Nutrition</td>
<td>7,289,263</td>
<td>10,736,999</td>
<td>2,508,369</td>
<td>8,228,630</td>
</tr>
<tr>
<td>WASH</td>
<td>22,405,806</td>
<td>45,378,144</td>
<td>28,172,805</td>
<td>17,205,339</td>
</tr>
<tr>
<td>Child Protection</td>
<td>8,079,681</td>
<td>12,239,127</td>
<td>6,855,337</td>
<td>5,383,790</td>
</tr>
<tr>
<td>Education</td>
<td>4,593,643</td>
<td>14,532,090</td>
<td>130,164</td>
<td>14,401,926</td>
</tr>
<tr>
<td>Cross Sectoral</td>
<td>4,981,002</td>
<td>7,667,614</td>
<td>3,594,843</td>
<td>4,072,771</td>
</tr>
<tr>
<td>Cluster/Sector Coordination</td>
<td>0</td>
<td>3,117,296</td>
<td>2,302,015</td>
<td>815,281</td>
</tr>
<tr>
<td>Funds under allocation</td>
<td></td>
<td>5,044,016</td>
<td></td>
<td>-5,044,016</td>
</tr>
<tr>
<td>Recovery cost</td>
<td></td>
<td>7,406,031</td>
<td></td>
<td>-7,406,031</td>
</tr>
<tr>
<td>Total</td>
<td>85,811,397</td>
<td>187,071,685</td>
<td>109,572,292</td>
<td>77,499,393</td>
</tr>
</tbody>
</table>

*Programmable amount **UNICEF received from OFDA a total of $47,863,314 specifically for Health and WASH support to ETUs and CCCs. These figures are reflected above in Health and WASH sectors.

Programme Results

UNMEER and UNICEF Results 21 January 2015

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>TARGETS</th>
<th>TOTAL RESULTS</th>
<th>% TARGET REACHED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EPIDEMOLOGY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of EVD cases with onset in the past week¹</td>
<td>-</td>
<td>-</td>
<td>109/8328</td>
</tr>
<tr>
<td>Percentage of EVD cases with onset in the past week due to contact at community level, within the health sector, or during funeral / burial procedures²</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td><strong>COMMUNICATION FOR DEVELOPMENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of county Social Mobilization taskforces (SMT) reporting on the dashboard each week</td>
<td>100% (15)</td>
<td>100% (15)</td>
<td>15</td>
</tr>
<tr>
<td>Percentage of counties with list of identified key religious leaders (including priests, imams, pastors, tribal leaders) or community groups who promote safe funeral and burial practices according to standard guidelines³</td>
<td>100% (15)</td>
<td>100% (15)</td>
<td></td>
</tr>
<tr>
<td>Percentage of counties with at least one security incident or other form of refusal to cooperate in past week⁴</td>
<td>&lt;13% (i.e. 2/15 counties)</td>
<td>&lt;13% (i.e. 2/15 counties)</td>
<td>1</td>
</tr>
</tbody>
</table>

¹ Report based on MoH SitRep # 245 (covering period Jan.5-11) released on 15 January 2015.
² Not currently reported by the MoH, in discussion with the MoH Database managers to create template for analysis.
³ PCA with Inter-Religious Council (IRC) of Liberia is presently under process. Data for this indicator should start to come in three weeks.
⁴ Two cases were related to resistance from the burial team to take the dead bodies in Grand Cape Mount and River Gee.
<table>
<thead>
<tr>
<th>Percentage of patients who present at a CCC within 48 hours of becoming ill with any symptoms that could be EVD</th>
<th>80%</th>
<th>80%</th>
</tr>
</thead>
</table>

| CCC | Percentage of Community Care Centers (Community Care Centers (CCCs)) Rapid Isolation Treatment for Ebola (RITE), Interim Care Centers (ICC) and Transit Centers (TC) functional against target set for the current reporting period<sup>6</sup> | 100% (15 CCCs, 10 RITEs, 2 ICCs, 2 TC/holding facility) | 100% (31* CCCs, 10 RITE, 4 ICCs, 4 TCs/holding facility) | 15/29 (10 RITE kits, 2 ICC, 2 TC, 1 CCC) | 24/49 (10 CCCs, 10 RITE, 2 TC, 2 ICC) | 52% | 49% |

| Percentage of Community Care Centers established after a community dialogue process aligned with Global SOPs or according to norms established in country | 100% (15 CCCs, 10 RITEs, 2 ICCs, 2 TC/holding facility) | 100% (31* CCCs, 10 RITE, 4 ICCs, 4 TCs/holding facility) | 1<sup>7</sup> | 10 | 100% | 100% |

| WASH | Percentage of all Ebola Community Centers (Community Care Centers (CCCs), Rapid Isolation Treatment for Ebola (RITE), Interim Care Centers (ICC) and Transit Centers (TC)) provided with essential WASH services<sup>8</sup> | 100% 56 (27 ETUs 15 CCCs, 10 RITEs, 2 holding centers/TC, 2 ICCs) | 100% 76 (27 ETUs 31 CCCs 4 ICCs, 10 RITE, 4 TCs/holding centers) | 27 (8 ETU, 10 RITE, 2 holding centers, 7 CCCs)<sup>9</sup> | 37 (13 ETU, 8 CCCs, 10 RITE, 2 TCs) | 48% | 47% |

| PROTECTION | Percentage of EVD-affected children provided with care and support, including psychosocial support<sup>10</sup> | 100% | 100% | 4,519 | 4,519 | 60% | 60% |

| Percentage of children who are without a primary care giver due to EVD reintegrated with their families or provided with appropriate alternative care<sup>11</sup> | 100% | 100% | 35/55 | 35/55 | 64% | 64% |

5 Currently not reported; recently agreed with government partner on the establishment of a systems for data collection at the CCC level using the RapidPro platform. Presently at the design and system construction stage. Presently at the design, system construction and testing stage; also undergoing talks with MoH Information to ensure smooth implementation.

6 Changes in the numbers is brought about by the latest approved number of ICCs, RITEs and other similar facilities being planned by the MoH.

7 A UNICEF established facility is recently completed but turnover has been delayed due to partner request. 13 CCCs are under construction simultaneously with community engagements ongoing

8 The denominator is based on the approved number of ICCs, RITEs and other similar facilities being planned by the MoH.

9 UNICEF support the installation of WASH facilities in CCCs and other Ebola health facilities that are not built by UNICEF but by other partners.

10 The current denominator being used is estimated using the following assumption: for every adult that dies 3 children are orphaned [Liberia’s fertility rate is 5 children per woman], with 2,500 adult deaths to date, the number of orphaned children is estimated to be around 7,500.

11 Currently, UNICEF and partners can only report on the identified EVD affected children. UNICEF and cluster members are training tracers to help identify more EVD affected children.
UNICEF Liberia Humanitarian Performance Monitoring Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>TOTAL UNICEF RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Results (%)</td>
</tr>
<tr>
<td>Households reached by social mobilization teams</td>
<td>250,000</td>
<td>238,615</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ebola treatment/care centers equipped with medical supplies(^{13})</td>
<td>52</td>
<td>22</td>
</tr>
<tr>
<td>Health facilities equipped with essential commodities for maternal, new-born and child health care and infection prevention and control(^{14})</td>
<td>470</td>
<td>270</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of Ebola patients who received nutrition support(^{15})</td>
<td>100%</td>
<td>676</td>
</tr>
<tr>
<td>Percentage of children residing in Ebola hotspots admitted for SAM treatment(^{16})</td>
<td>4,000</td>
<td>835</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Households equipped with hygiene kits in Ebola-affected areas</td>
<td>150,000</td>
<td>42,630</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teachers trained on Ebola awareness and prevention</td>
<td>11,000</td>
<td>5,995</td>
</tr>
</tbody>
</table>

Next SitRep: 28 January 2015

Web: UNICEF Liberia
Twitter: @UNICEF_Liberia
Facebook: Liberia.Unicef
Soundcloud: Unicef-liberia
YouTube: UNICEFLiberia

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Email: akhurana@unicef.org

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\(^{12}\) Currently not reported; recently agreed with government partner on the establishment of a systems for data collection at the CCC level using the RapidPro platform. Presently at the design, system construction and testing stage; also undergoing talks with MoH Information to ensure smooth implementation.

\(^{13}\) New deliveries of medical supplies to four ETUs have been recorded in the last 10 days; a ready to deploy RITE kit was also delivered in Grand Cape Mount as part of the support to the rapid response to new confirmed EVD cases in the area.

\(^{14}\) Facilities covered by UNICEF PCAs supplied with essential commodities.

\(^{15}\) Nutrition input for Ebola admission has been reduced after a review of the new admission data from the MoH SitRep.

\(^{16}\) Presently, Ebola hotspots are located in six counties: Bong, Grand Cape Mount, Lofa, Margibi, Montserrado and Nimba. Of the total SAM cases, 403 are accounted by SAM children admitted in December 2014 in Margibi.