According to the Ministry of Health, as of 16 February 2015, the cumulative total of suspected, probable and confirmed cases of Ebola Virus Disease (EVD) in Liberia stood at 9,037, with 3,935 related deaths. Case incidence declined from a peak of over 300 new confirmed cases per week in August and September 2014 to only three new confirmed EVD cases in the past week.

5,688 children (3,707 by the government and the rest by partner organisations) have been identified as affected by EVD.

A measles campaign is planned to begin in the second week of April 2015.

Schools in Liberia officially started reopening on 16 February 2015. However, not all schools are in full compliance with the Safe School Reopening Protocols at this point and due to confused messages about the start date, some schools are opening on 2 March 2015.

UNICEF delivered school reopening kits to all 98 districts. Education Cluster partners have taken on the last mile distribution of kits to 4,038 schools.

Training of teachers, administrators and Parent-Teacher Associations (PTA) members on the implementation of the Protocols will continue through 27 February 2015. Key messages targeting students, teachers, parents and communities are being aired on 44 community radio stations throughout the country.

Plans for establishing water supply systems and sanitation facilities in schools are being developed.

In response to recent confirmed cases in Montserrado and Margibi Counties, UNICEF has been actively engaged in supporting the response with intensive door-to-door campaigns covering all households in the hotspot and neighbouring towns. Elements of the campaign included activities relating to EVD prevention, contact tracing, searching for unsafe/secret burials, and identification of special needs of families/children affected by EVD. The focus of the communication interventions is that people must remain vigilant and to seek medical attention immediately if they exhibit any signs. In Margibi, a confirmed case was found over the weekend and transferred to an Ebola Treatment Units (ETU), as a result of the close follow-up by the social mobilization teams when the person started exhibiting symptoms.

UNICEF provides one-time cash transfer to the families that take the responsibility to care for children who have lost one or both parents due to Ebola. To date, a total of 978 of these children living in foster and kinship care received the one-time cash grant meant to serve as immediate recovery support. Payments continue for the remaining 1,513 children that have been documented so far.

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1 Data are based on official information reported by the Liberian health ministry up to 16 February 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 16 February 2015, the cumulative total of suspected, probable and confirmed cases of Ebola Virus Disease (EVD) in Liberia stood at 9,037, with 3,935 related deaths. Case incidence declined from a peak of over 300 new confirmed cases per week in August and September 2014 to only three new confirmed EVD cases in the past week.

Summary Analysis of Programme Response

Education

- Schools in Liberia officially started reopening on 16 February 2015. However, not all schools are in full compliance with the Safe School Reopening Protocols at this point and due to confused messages about the start date, some schools are opening on 2 March 2015.
- UNICEF delivered school reopening kits to all 98 districts. Education Cluster partners have taken on the last mile distribution of kits to 4,038 schools.
- Training of teachers, administrators and PTA members on the implementation of the Protocols will continue through 27 February 2015. Key messages targeting students, teachers, parents and communities are being aired on 44 community radio stations throughout the country.

Social Mobilisation

- In response to recent confirmed cases in Montserrado and Margibi Counties, UNICEF has been actively engaged in supporting the response with intensive door-to-door campaigns covering all households in the hotspot and neighbouring towns. Elements of the campaign included activities relating to EVD prevention, contact tracing, searching for unsafe/secret burials, and identification of special needs of families/children affected by EVD. The focus of the communication interventions is that people must remain vigilant and to seek medical attention immediately if they exhibit any signs. In Margibi, a confirmed case was found over the weekend and transferred to an ETU, as a result of the close follow-up by the social mobilization teams when the person started exhibiting symptoms.
- UNICEF conducted regional trainings of additional 60 religious leaders bringing the total number of religious leaders trained at the national level on effective EVD protection and prevention measures to 115. The religious leaders play a vital role in their communities to ensure vigilance and accurate information about EVD transmission and cases as well as in the safe reopening of schools process.
- UNICEF distributed 125 infrared handheld thermometer guns to social mobilisation/county health teams across 15 counties. Of these, 91 will be used at district level, while the remainder will be used at county level to monitor the temperature of people in marketplaces and other public areas.

Trends, gaps and milestones

- 20 general community health volunteers (gCHVs) are being recruited in ELWA community in Montserrado to conduct more Ebola prevention awareness activities after a new confirmed case was admitted at the China ETU, over the weekend.
- This week, door-to-door visits by social mobilization teams reached 11,781 households across 13 counties. 173 community meetings and group discussions aimed at promoting EVD prevention behaviours were conducted, reaching 16,630 men, 12,384 women, 17,322 children and 1,176 community leaders and elders.

Child Protection

- 5,688 children (3,707 by the government and the rest by partner organizations) have been identified as affected by EVD. The government has defined the affected children affected as quarantined, orphaned (single or double), unaccompanied and separated children (UASC), in treatment and discharged. The Child Protection sub-Cluster estimated that as many as 7,500 children may have lost one or both parents 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 children who have lost one or both parents are in a protected family-based environment, for example in a kinship arrangement, thus preventing institutionalization in orphanages.
UNICEF provides one-time cash transfer to the families that take the responsibility to care for orphaned children. To date, a total of 978 children who have lost one or both parents due to EVD living in foster and kinship care received the one-time cash grant meant to serve as immediate recovery support. Payments continue for the remaining 1,513 children that have been documented so far.

In the UNICEF-supported Transit Center 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 two children receiving psychosocial support, case management, family tracing and reunification services.

Two children (boys) were referred to the UNICEF-supported Kerlekula Interim Care Center after their parents tested EVD positive. The children were subsequently reunified with relatives after the parents requested that the children remain in a family setting while undergoing 21 days of observation.

UNICEF provided laptops to the Ministry of Gender, Children and Social Protection (MoGCSP) to fast track data inputs on EVD-affected children. The laptops will facilitate the data entry and cleaning process in preparation for the revitalization of the Child Protection Inter-Agency Database at the MoGCSP.

**Trends, gaps and milestones**

- UNICEF supported a Training of Trainers in association with the Inter-Religious Council of Liberia (IRCL) on communicating with and supporting children and parents experiencing loss and grief.
- UNICEF developed a strategy on psychosocial support, which details UNICEF’s MHPSS response and defines the core service package that every child affected by EVD will be have access to.
- UNICEF continued to provide technical assistance to Child Protection Officers, social workers and psycho-social support (PSS) teams to expand registration of children affected by EVD on county and district levels.
- Some foster families providing care to EVD-orphaned children require financial support to send those children back to school.

**Health and Nutrition**

- UNICEF continues to support the Liberian Ministry of Health (MoH) to develop the Investment Plan for Building a Resilient Health System in the post-EVD period, with 2 key actors – the EU and World Bank. The MoH has identified 3 main themes for discussions at the EU meeting on 3 March 2015 - while further working to costing these elements and cross-cutting issues that will enable the system to deliver on its mandate (in the lead up to the World Bank summit on 19 April 2015):
  1) a productive/motivated health workforce,
  2) re-engineered infrastructure, and
  3) epidemic preparedness and response systems.

- The second phase of the Periodic Intensification of Routine Immunization (PIRI) has concluded in all 15 counties with preliminary reports suggesting a low coverage for measles mainly due to resistance caused by the confusion of starting the Ebola vaccine trial runs in the same week. Discussions are ongoing under the leadership of the MoH for a measles campaign around the second week of April 2015 (synchronized with the Polio and supplementary immunization activities (SIAs) round 1) for children aged 6 months to less than 10 years. The measles campaign would be irrespective of the beneficiary child’s vaccination status, but consensus has not yet been reached on the best strategy to maximize the coverage for the 2 antigens and age groups. UNICEF is supporting the procurement of measles vaccines, necessary equipment, logistics for the cold chain, and leading social mobilization efforts around it.

- 109 severely malnourished children were treated and discharged from the Integrated Management of Acute Malnutrition (IMAM) program in Lofa County in January 2015. And additional 105 severely malnourished children were admitted into the same program.

- From 8 to 15 February 2015, 26 patients admitted in ETUs in Bomi, Margibi, and Monsterrado counties received comprehensive nutritional care and support following global and national nutritional care and support protocols for EVD patients.

**Trends, gaps and milestones**

- A three-week nutrition mentoring exercise on the modified protocols has been completed in Nimba last week. As of last week, 80 health workers from 12 Integrated Management of Acute Malnutrition (IMAM)
facilities, 5 district social workers, and 2 district health officers were oriented.

Water, Sanitation and Hygiene (WASH)
- Drilling of boreholes was completed in the Karnplay (Nimba County) and Keita town (Grand Cape Mount County) Community Care Centers (CCC) and on-going in the Morlaquelle (Gbarpolu county) CCC. Boreholes will be used as water supply source for the CCCs.
- UNICEF received water treatment plants from USAID/OFDA and plans are underway to install them in John Logan town (Grand Bassa County) and Kpayakwelleh Clinic (Gbarpolu County) where it has not been possible to construct hand dug wells and drill boreholes.

Trends, gaps and milestones
- Plans for establishing water supply systems and sanitation facilities in schools are being developed.

Supply and Logistics
- More than 7,230 back-to-school kits have been packed and dispatched to all 15 counties.
- Last mile distribution to schools is underway in Sinoe, Maryland, Grand Kru and Nimba counties.
- Since the beginning of the outbreak, UNICEF has brought in 11,319 cubic meters or USD 27.5 million worth of life-saving aid for prevention and treatment at household level, CCC, ETUs, Rapid Isolation and Treatment of Ebola (RITE) sites, Interim Care Centers and Transit Centers and health facilities – and most recently – to support the safe reopening of schools countrywide.

Trends, gaps and milestones
- Accessibility of some counties remained challenging because of road conditions.
- There is concern that the strike at the national customs authority at the port may result in delay in clearance of supplies.

Human Resources
In an effort to strengthen EVD response efforts, UNICEF currently has 119 staff deployed in Monrovia and 24 at the field/county level, in addition to engaging 2,878* 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 18 February 2015, notwithstanding regular field monitoring and support visits to the field on a daily basis.

<table>
<thead>
<tr>
<th>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>105</td>
<td>22</td>
</tr>
<tr>
<td>Surge (UNICEF staff on mission and staff through standby partners)</td>
<td>14</td>
<td>2</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>Total as of 18 February 2015</td>
<td>119</td>
<td>2,902</td>
</tr>
</tbody>
</table>

* In addition, 5,600 teachers were trained and engaged as social mobilisers, not included in these calculations.

Media Coverage
Representative Sheldon Yett on re-opening of schools (AFP)
Representative Sheldon Yett on reopening of schools (USA Today)
Representative Sheldon Yett on re-opening of schools (BBC World)
Representative Sheldon Yett on re-opening of schools (Al Jazeera)
Representative Sheldon Yett on re-opening of schools (The New Dawn)
Representative Sheldon Yett on **handing over sewage trucks** (The News)
Representative Sheldon Yett on **re-opening of schools** (Front Page Africa)
Regional Director Manuel Fontaine on **re-opening of schools** (La Vanguardia)
Communications Specialist Helene Sandbu Ryeng on **re-opening of schools** (AP)
Communications Specialist Rukshan Ratnam on **re-opening of schools** (VICE)
Communications Specialist Helene Sandbu Ryeng on **re-opening of schools** (TVC News)
Communications Specialist Helene Sandbu Ryeng on **re-opening of schools** (Radio Norge)
Communications Specialist Helene Sandbu Ryeng on **re-opening of schools** (France24)
Education Specialist Sayo Aoki on **re-opening of schools** (Reuters)

**Funding**

<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 (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>C4D/Social Mobilization</td>
<td>12,915,145</td>
<td>22,588,357</td>
<td>11,451,325</td>
<td>11,137,032</td>
</tr>
<tr>
<td>Nutrition</td>
<td>7,289,263</td>
<td>10,736,999</td>
<td>2,538,369</td>
<td>8,198,630</td>
</tr>
<tr>
<td>Health and HIV/AIDS</td>
<td>25,546,857</td>
<td>70,812,058</td>
<td>43,298,619</td>
<td>27,513,439</td>
</tr>
<tr>
<td>WASH</td>
<td>22,405,806</td>
<td>45,378,144</td>
<td>28,211,676</td>
<td>17,166,468</td>
</tr>
<tr>
<td>Child Protection</td>
<td>8,079,681</td>
<td>12,239,127</td>
<td>12,640,473</td>
<td>-401,346</td>
</tr>
<tr>
<td>Education</td>
<td>4,593,643</td>
<td>14,532,090</td>
<td>8,956,460</td>
<td>5,575,630</td>
</tr>
<tr>
<td>Cross Sectoral</td>
<td>4,981,002</td>
<td>7,667,614</td>
<td>3,885,413</td>
<td>3,782,201</td>
</tr>
<tr>
<td>Cluster/Sector Coordination</td>
<td>0</td>
<td>3,117,296</td>
<td>1,802,015</td>
<td>1,315,281</td>
</tr>
<tr>
<td>Funds under allocation</td>
<td>8,826,581</td>
<td>12,640,473</td>
<td>-8,826,581</td>
<td>0</td>
</tr>
<tr>
<td>Recovery cost</td>
<td>9,283,181</td>
<td>1,315,281</td>
<td>-9,283,181</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>85,811,397</strong></td>
<td><strong>187,071,685</strong></td>
<td><strong>130,894,113</strong></td>
<td><strong>56,177,572</strong></td>
</tr>
</tbody>
</table>

*Programmable amount

**UNICEF received from OFDA a total of USD 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**

<table>
<thead>
<tr>
<th>UNMEER and UNICEF Results 18 February 2015</th>
<th>TARGETS</th>
<th>TOTAL RESULTS</th>
<th>% TARGET REACHED</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDICATORS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EPIDEMIOLOGY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of EVD cases with onset in the past week(^1)</td>
<td>-</td>
<td>-</td>
<td>111/8863</td>
</tr>
</tbody>
</table>

\(^1\)Report based on MoH SitRep # 269 (covering the period 2 to 8 Feb 2015) released on 12 February 2015.
### COMMUNICATION FOR DEVELOPMENT

| Percentage of county Social Mobilization taskforces (SMT) reporting on the dashboard each week | 100% (15) | 100% (15) | 13 | 13 | 87% | 87% |
| 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 guidelines | 100% (15) | 100% (15) | 2 | 2 | 13% | 13% |
| Percentage of counties with at least one security incident or other form of refusal to cooperate in past week | 0%³ (0/15) | 0% (0/15) | 1/15 | 1/15 | 7% | 7% |

### CCC

| Percentage of Community Care Centers (CCCs), Rapid Isolation Treatment for Ebola (RITE)/Mobile CCC, Interim Care Centers (ICC) and Transit Centers (TC) functional against target set for the current reporting period⁴ | 100% (13 CCCs, 19 RITEs, 2 TCs/holding facility) | 100% (26 CCCs, 19 RITEs, 4 ICCs, 4 TCs/holding facility) | 33/36 (19 RITE kits, 2 ICCs, 2 TCs, 10 CCCs) | 43/53 (20 CCCs, 19 RITEs, 2 TCs, 2 ICCs) | 92% | 81% |

| Percentage of Community Care Centers (CCCs) established after a community dialogue process aligned with Global SOPs or according to norms established in country | 100% | 100% | 10/10⁵ | 20/20 | 100% | 100% |

### WASH

| Percentage of all Community Centers (CCCs), Rapid Isolation Treatment for Ebola (RITE), Interim Care Centers (ICC) and Transit Centers (TC) provided with essential WASH services⁶ | 100% (27 ETUs 13 CCCs, 19 RITEs, 2 holding centers/TC, 2 ICCs) | 100% (27 ETUs 26 CCCs 4 ICCs, 19 RITEs, 4 TC/holding centers) | 39/61 (8 ETUs, 19 RITEs, 2 holding centers, 10 CCCs)⁷ | 54/80 (13 ETUs, 20 CCCs, 19 RITEs, 2 holding centers) | 64% | 68% |

### PROTECTION

| Percentage of EVD-affected children provided with care and support, including psychosocial support⁸ | 100% | 100% | 3,707 | 3,707 | 49% | 49% |

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² Training of key religious leaders on safe funeral and burial practices in two counties, Grand Cape Mount and Montserrado, is continuing under the cooperative agreement with the Inter-Religious Council of Liberia (IRCL). These religious leaders will in turn, train 20 other religious leaders across all districts on how to effectively engage and mobilize their communities to proactively take actions to prevent and stop the transmission of Ebola.

³ Target has been revised for this indicator as incident(s) of refusal or non-cooperation has been maintained at very low levels as a result of social mobilization activities, and in at least three weeks of (non-consecutive) reporting had zero incident.

⁴ Changes in the numbers is brought about by the last approved number of ICCs, RITEs and other similar facilities planned by the MoH. The sudden increase of RITE facilities is triggered by government decision to add an additional 9 RITEs for the prepositioning and/or immediate deployment and set-up of EVD treatment operation in smaller outbreak areas in the counties.

⁵ All completed CCCs were put up following community dialogue process.

⁶ The denominator is based on the updated approved number of ICCs, RITEs and other similar facilities being planned by the MoH.

⁷ UNICEF supports the installation of WASH facilities in CCCs and other Ebola facilities that are not necessarily built by UNICEF but by other partners.

⁸ The numerator is solely based on figures from the MoH. The government wants to verify the cases of children reported by other partners first before including it in the national tally. The government has defined the number of children affected as quarantined, orphaned, unaccompanied and separated children (UASC), in treatment and discharged. Orphans are children who have lost one or both parents due to the Ebola virus disease (EVD). 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.
Percentage of children who are without a primary care giver due to EVD reintegrated with their families or provided with appropriate alternative care.  

<table>
<thead>
<tr>
<th>UNICEF Liberia Humanitarian Performance Monitoring Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicator</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Households reached by social mobilization teams¹⁰</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
</tr>
<tr>
<td>Ebola treatment/care centers equipped with medical supplies¹¹</td>
</tr>
<tr>
<td>Health facilities equipped with essential commodities for maternal, new-born and child health care and infection prevention and control¹²</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
</tr>
<tr>
<td>Percentage of Ebola patients who received nutrition support in UNICEF supported ETUs and CCCs ¹³</td>
</tr>
<tr>
<td>Percentage of children residing in Ebola hotspots admitted for SAM treatment¹⁴</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
</tr>
<tr>
<td>Households equipped with hygiene kits in Ebola-affected areas</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
</tr>
<tr>
<td>Teachers trained on Ebola awareness and prevention</td>
</tr>
<tr>
<td>District Education Officers (DEO) trained on the use of the EVD Infection Prevention and Control (IPC) kits for the safe reopening of schools¹⁵</td>
</tr>
</tbody>
</table>

Next SitRep: 25 February 2015

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¹ The denominator has been stable for the last six weeks as there have not been any new registration of EVD affected children without primary caregiver. But additional children has been provided or reunited with caretakers in the community.

¹⁰ Numerator has now exceeded old target, as social mobilization activities get underway in more areas with the mobilization of district level coordinators in all 15 counties. A revised target is still being studied along with new targeted C4D communication strategies for the transition phase.

¹¹ New deliveries of medical supplies to four ETUs have been recorded in the last 17 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.

¹² Facilities covered by UNICEF PCAs supplied with essential commodities.

¹³ 11 out of 14 ETUs provided with appropriate nutrition supplies. Grand Cape Mount, MMU and Chinese ETU have their own procurement and do not receive nutrition supplies from UNICEF. The target for this indicator was revised based on the Nutrition Results Matrix.

¹⁴ Presently, Ebola hotspots are located in two counties: Margibi and Montserrado. Of the total SAM cases, 200 are accounted by SAM children admitted in December 2014 in Lofa and Nimba counties.

¹⁵ This indicator is developed in conjunction with the Education intervention on the rollout of the “Protocol on for Safe School Environments in the Ebola Outbreak in Liberia”.