A child pledges to promote hand washing in schools at the UNICEF-support World Water Day event in Monrovia.

**HIGHLIGHTS**

- No new confirmed cases were reported from Liberia in the week to 29 March 2015.

- The Government of Liberia has identified 4,265 (2,225 girls and 2,040 boys) as affected by Ebola Virus Disease (EVD). 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/primary caregivers due to EVD. More specifically, the total number of children registered by social workers as having lost one or both parents/primary caregivers due to EVD is 2,951 (754 having lost both parents and 2,197 having lost one parent).

- An assessment of the school in Caldwell where the most recent EVD-positive case – a woman who had been selling food on campus before her diagnosis was confirmed - revealed that one representative from the school (the registrar) had been trained on the protocols previously, and had oriented 75 per cent of his colleagues (25 of 35) on their implementation.

- Ninety-eight per cent of all schools (3,974 of 4,038 primary, secondary, ECE, public and private) targeted for infection prevention and control (IPC) kit delivery have received the necessary supplies to implement the safe school protocols. Data from the initial call center exercise indicated that 98 per cent of schools contacted (1,344 of 1,367) were open, mirroring IPC kit delivery figures for this target group.

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**As of 29 March 2015**

- **9,898** Cases of Ebola (3,150 confirmed)
- **4,353** Deaths
- **4,265** Children registered as directly affected by EVD
- **2 million+** Children living in affected areas
- **372** Cases and 180 deaths among health care workers

**UNICEF funding needs until June 2015**

- **USD 187.1 million**
- **Funding gap**
  - **USD 55.1 million**

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1 Data are based on official information reported by the Liberian health ministry up to 29 March 2015. These numbers are subject to change due to on-going reclassification, retrospective investigation and availability of laboratory results.
Situation Overview and Humanitarian Needs

No new confirmed cases were reported from Liberia in the week to 29 March 2015. The recent confirmed case passed away on 27 March 2015. A total of 185 contacts associated with the case are currently being monitored. Heightened vigilance is being maintained throughout the country. In the week to 22 March 2015, a total of 278 new laboratory samples were tested for EVD. None tested positive.

Summary Analysis of Programme Response

Education

- Ninety-eight per cent of all schools (3,974 of 4,038 primary, secondary, ECE, public and private) targeted for infection prevention and control (IPC) kit delivery have received the necessary supplies to implement the safe school protocols. Data from the initial call center exercise indicated that 98 per cent of schools contacted (1,344 of 1,367) were open, mirroring IPC kit delivery figures for this target group.
- An assessment of the school in Caldwell where the most recent EVD-positive case – a woman who had been selling food on campus before her diagnosis was confirmed - revealed that one representative from the school (the registrar) had been trained on the protocols previously, and had oriented 75 per cent of his colleagues (25 of 35) on their implementation. The following actions were taken immediately thereafter:
  o Intensive training on IPC/protocols implementation was requested and provided for more than 50 teachers, administrators, PTA leaders and campus support personnel on 25 March 2015. Additional PSS training and practical coping mechanisms were also provided during this session through UNICEF and three dedicated PSS counseling professionals have been deployed to the school and surrounding community for standby support.
  o The school registrar reports that a follow-up emergency PTA meeting was held in the ensuing days during which PTA leaders and teachers (many of them parents themselves) reinforced the IPC and PSS messages contained in the protocols training, and reassured the community that all precautions were being taken to protect the campus learning environment.
  o UNICEF WASH-in-schools technicians repaired the two 200L handwashing stations that were not in use during the assessment (replaced gaskets and washers on the faucets).
  o Public perception among students and community members was initially contentious, with some students fleeing campus and parents reportedly holding their children home. UNICEF’s social mobilization team has increased community engagement on campus and in the surrounding communities as a result.
  o Reports after the PTA meeting and from our County Mobilization Coordinator suggest that the panic has dissipated as parents learned about the protective measures, which have been put in place.
  o While the Ebola patient had been selling on campus the week before her diagnosis was confirmed, all students/school personnel are considered low-risk contacts due to the unlikelihood of food-borne transmission or infection through casual contact. However, immediate family members are being monitored closely, and a rapid response team of contact tracers has been deployed to the school for the next 21 days.
  o The contact information of all students was not initially available; however, contact tracers assigned to each classroom by the Montserrado IMS are assembling complete information for all students, and recording temperatures twice daily.

Social Mobilisation

- UNICEF continues to play an active role in the prevention of cross border EVD transmission. Last week in Nimba, UNICEF joined the Ministry of Internal Affairs, the County Health Team, and other partners for a high level cross border meeting in the prefecture in Guinea that borders Nimba County. Over 100 people attended the meeting and recommendations were drawn to enhance collaboration, coordination and information sharing. Also last week in Lofa, UNICEF joined partners to present cross border strategies to 130 delegates that included government officials and international and local NGOs and other partners.
- UNICEF joined partners from Sierra Leone and Guinea for a UNMEER consultative meeting in Freetown, Sierra Leone on community engagement/social mobilization to share lessons learned across the three countries, to highlight key priorities for the next phase of the EVD response, and to discuss roles and responsibilities of UNICEF.
- As part of the response to the measles outbreak in Grand Bassa County, UNICEF county mobilisation coordinators attended a training of trainer’s workshop. 15 people were trained, who went out in four districts of the county to orient 170 active communicators.
Trends, gaps, milestones
- UNICEF and its partner, the Inter Religious Council of Liberia, conducted the first wave of a cascade of trainings of religious leaders across the country. The 100 religious leaders who were previously trained as trainers will train 2,000 others by the end of this month. Last week, 14 trainings were conducted in Montserrado, one in Grand Cape Mount and one in Bomi. Each session had at least 20 participants. A total of 320 religious leaders were trained on a range of topics: vigilance; discouraging secret burials; dispelling rumours and myths; and immunisation of children under five.
- Door-to-door visits reached 15,925 households in 15 counties. 655 community meetings and group discussions on EVD, immunization and back to school messages reached 2,083 men, 23,841 women, 25,977 children and 2,083 community leaders and elders.

Child Protection
- Of the 3,035 registered children who have lost one or both parents/primary caregivers due to EVD, to-date 2,279 children have received a one-off financial cash grant of USD 150 through the Ministry of Gender, Children and Social Protection (representing 75 per cent of registered children).
- In Montserrado, UNICEF continued the assessment of orphanages. Having completed Sectors 1 and 2 several weeks ago, Sector 3 was completed the previous week and the assessment in Sector 4 started on 30 March 2015 and is expected to take two weeks. The assessment aims to address concerns that EVD-affected (particularly those who have lost one or both parents or primary caregivers due to EVD) and other vulnerable children are being encouraged by external partners to place the children in institutional care for receiving support. A final report will be prepared by UNICEF. In the meantime findings thus far show that the record keeping systems of the institutions are weak. This observation has been shared with the Ministry of Gender, Children and Social Protection for follow-up (including by the Independent Accreditation Committee (IAC) for Child Welfare institutions).
- UNICEF staff conducted field visits to Lofa and Bong counties to meet with social workers and mental health clinicians in the field and observe the case management and psychosocial support services provided. It was observed that the teams are still identifying and registering children who have lost one or both parents or primary caregivers due to EVD. They inform that this is in part because caregivers feel more comfortable about reporting without fear of stigma or discrimination. Moreover, this is also because there is a lot of internal migration taking place, necessitating close communication across county Social Work/Mental Health Clinician teams. Psychosocial support needs still exist. However, some caregivers do continue to feel isolation and stigma in their community. The issue of adolescent girls and risk of school dropout and early pregnancy was noted for some families. It was proposed that the Social Workers and Mental Health Clinicians, especially the female team members, pay more attention to this.
- The training of government and NGOs Social Workers on the updated tracking and follow up forms was completed last week for Bong and Margibi Counties. Follow up of all children affected by EVD is in its third week in Montserrado and its second week in Bong and Margibi. Since the completion of trainings in Montserrado, 417 children have been followed up on the revised registration and new follow-up forms. During the follow up process, social workers identified 201 not previously registered children who lost their parent/caregivers due to EVD. UNICEF continues to support the social workers in following up and completing the forms, and transporting and referring child protection concerns to relevant partners. UNICEF field visits to these counties confirm that the forms are being used, and that the social workers and mental health clinicians need to continue to familiarize themselves with them so that the content and type of information being requested are filled out properly. In Lofa, UNICEF convened a two-day workshop with county social workers and mental health clinicians to roll out the forms this week.
- UNICEF continues to support social workers and psycho-social support teams at community level in Bong, Grand Gedeh, Lofa and Margibi counties so that all children affected by EVD are identified, registered, followed up, receive the cash grant and attend school. UNICEF Child Protection Field Officers also support the County Child Protection Sub-Cluster Meetings in order to ensure a well-coordinated response at county level.

Health and Nutrition
- Preparations are on track for the planned measles campaign (integrated with Oral Polio Vaccine/deworming tablets) from 8 to 14 May 2015 for children under 5 years. Microplanning sessions have now been concluded in 14 of 15 counties (with Montserrado County to be concluded this week). The training for social mobilization
commences at national level this week and plans are ongoing for collation distribution of Information-Education-Communication and other campaign materials to the counties with support from NGO partners.

- Planning is underway for the mass campaign around distribution and use of long-lasting insecticidal nets, now scheduled to launch on World Malaria Day on 25 April 2015.
- Recent data shows that 87 severely malnourished children from Nimba County were admitted in the Integrated Management of Acute Malnutrition Programme last month.

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

- In continuation of efforts to build the capacity of Liberia Water and Sewer Corporation (LWSC), UNICEF handed over one Toyota Land Cruiser (Jeep) to the LWSC to be used for the monitoring of safe management of sewage from Ebola Treatment Units (ETU).
- Two proposals for waste management interventions were submitted for funding: (i) Support to review the national solid waste management policy, and (ii) Support to creating community awareness and education to stop the use of waste oil in toilets and septic tanks; and to practice safe sanitation. For many years there had been a practice of using waste/used oil in household toilets, public latrines and septic tanks to suppress odor and prevent flies. This malpractice has resulted in oil contamination in the waste stabilization ponds at Fiamah. Community Education is seen to be necessary to prevent contamination of water sources and reduce the likelihood that waste/used oil will re-surface in the ponds after the rehabilitation program.
- Selection of new partners for the implementation of the 2015 Annual Work Plan, including the WASH recovery and restoration interventions is ongoing.
- A meeting to implement the decommissioning of the ETUs and CCCs was held to discuss the guidelines from WHO and the way forward for Liberia. It was noted that some ETUs are already being decommissioned. It was agreed to factor the UNICEF-built CCCs into the new plan.

**Supply and Logistics**

- Around 5,600 bars of soap were delivered to all Education districts in Montserrado County last week.
- As part of UNICEF’s overall EVD response efforts, 2,700 kilos of chlorine was delivered to IOM and PAE to be utilized in ETUs.
- Since the beginning of the outbreak, UNICEF has brought in 12,969 cubic meters or USD 29.5 million worth of life-saving aid to Liberia for EVD prevention and treatment at household level as well as for schools, CCCs, ETUs, Rapid Isolation and Treatment of Ebola sites, Interim Care Centers, Transit Centers and health facilities.

**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.

**Media Coverage**

UNICEF Representative Sheldon Yett on the need to stay vigilant and follow Ebola prevention protocols
UNICEF Deputy Representative Fazlul Haque on the official launch of u-report in Liberia (New Dawn)
UNICEF Deputy Representative Fazlul Haque on the launch of u-report in Liberia (All Africa)
UNICEF Communication Specialist Helene Sandbu Ryeng on support to survivors (All Africa)
UNICEF Chief of Crisis Communications Sarah Crowe on the women who fought the Ebola Virus (NYT)
Photo essay: Story on an orphan now reunited in a family setting in Liberia (Huffington Post)
Video story: an orphan finds a new home in Liberia (Daily Beast)
### 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*</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td></td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>C4D/Social Mobilization</td>
<td>12,915,145</td>
<td>22,588,357</td>
<td>12,906,895</td>
<td>9,681,462</td>
</tr>
<tr>
<td>Nutrition</td>
<td>7,289,263</td>
<td>10,736,999</td>
<td>3,861,988</td>
<td>6,875,011</td>
</tr>
<tr>
<td>WASH</td>
<td>22,405,806</td>
<td>45,378,144</td>
<td>29,778,211</td>
<td>15,599,933</td>
</tr>
<tr>
<td>Child Protection</td>
<td>8,079,681</td>
<td>12,239,127</td>
<td>13,310,179</td>
<td>-1,071,052</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>4,155,675</td>
<td>3,511,939</td>
</tr>
<tr>
<td>Cluster/Sector Coordination</td>
<td>0</td>
<td>3,117,296</td>
<td>2,178,655</td>
<td>938,641</td>
</tr>
<tr>
<td>Funds under allocation</td>
<td>1,909,163</td>
<td>1,909,163</td>
<td>938,641</td>
<td>1,909,163</td>
</tr>
<tr>
<td>Recovery cost</td>
<td>8,938,121</td>
<td>-8,938,121</td>
<td>938,641</td>
<td>1,909,163</td>
</tr>
<tr>
<td>Total</td>
<td>85,811,397</td>
<td>187,071,685</td>
<td>132,014,256</td>
<td>55,057,429</td>
</tr>
</tbody>
</table>

*Programmable amount

### Programme Results

#### UNMEER and UNICEF Results

**1 April 2015**

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>TARGETS</th>
<th>TOTAL RESULTS</th>
<th>% TARGET REACHED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EPIDEMILOGY</strong></td>
<td>UNICEF</td>
<td>Pillar/Sector</td>
<td>UNICEF</td>
</tr>
<tr>
<td>Percentage of EVD cases with onset in the past week&lt;sup&gt;1&lt;/sup&gt;</td>
<td>-</td>
<td>-</td>
<td>110/9898</td>
</tr>
</tbody>
</table>

**COMMUNICATION FOR DEVELOPMENT**

| Percentage of county Social Mobilization taskforces (SMT) reporting on the dashboard each week | 100% (15) | 100% (15) | 15 | 15 | 100% | 100% |
| 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<sup>2</sup> | 100% (15) | 100% (15) | 15 | 15 | 100% | 100% |
| Percentage of counties with at least one security incident or other form of refusal to cooperate in past week | 0%<sup>3</sup> (0/15) | 0%<sup>3</sup> (0/15) | 1<sup>4</sup> | 1 | 7% | 7% |

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<sup>1</sup> Report based on MoH SitRep # 318 covering the week March 23 to 29 released on 30 March 2015. The last confirmed case in the country was 11 days ago (20 March 2015).

<sup>2</sup> Trained members of the Inter-Religious Council of Liberia (IRCL) are now actively promoting safe funeral and burial practices in 15 counties.

<sup>3</sup> 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 five weeks of (non-consecutive) reporting had zero incident.

<sup>4</sup> Recent incidents of refusal to cooperate were recorded in Montserrado and Bomi counties.
| 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 period<sup>5</sup> | 100% (13 CCCs, 19 RITEs, 2 ICCs, 2 TCS/ holding facilities) | 100% (26 CCCs, 19 RITEs, 4 ICCs, 4 TCS/ holding facilities) | 35/36 (19 RITE kits, 2 ICCs, 2 TCS, 12 CCCs) | 45/53 (22 CCCs, 19 RITEs, 2 TCS, 2 ICCs) | 97% | 85% |
| 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% | 12/12<sup>6</sup> | 22/22 | 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 services<sup>7</sup> | 100% (27 ETUs 13 CCCs, 19 RITEs, 2 holding centers/TCs, 2 ICCs) | 100% (27 ETUs 26 CCCs 4 ICCs, 19 RITEs, 4 TCs/ holding centers) | 41/61 (8 ETUs, 19 RITEs, 2 holding centers, 12 CCCs)<sup>8</sup> | 56/80 (13 ETUs, 22 CCCs, 19 RITEs, 2 holding centers) | 67% | 70% |
| PROTECTION | Percentage of EVD-affected children provided with care and support, including psychosocial support<sup>9</sup> | 100% | 100% | 4,265 | 4,265 | 57% | 57% |
| Percentage of children who are without a primary care giver due to EVD reintegrated with their families or provided with appropriate alternative care.<sup>10</sup> | 100% | 100% | 62/64 | 62/64 | 97% | 97% |

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<sup>5</sup> 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. A slowdown in the construction of CCCs has been noted in the past weeks as plans are underway to convert CCCs to support the restoration of health services in the country as one of the highly affected public social services during the height of Ebola, now that infections are down to zero.

<sup>6</sup> All completed CCCs were put up following community dialogue process.

<sup>7</sup> The denominator is based on the updated approved number of ICCs, RITEs and other similar facilities being planned by the MoH.

<sup>8</sup> UNICEF supports the installation of WASH facilities in CCCs and other Ebola facilities that are not necessarily built by UNICEF but by other partners.

<sup>9</sup> The Government of Liberia has identified 4,625 (2,225 girls and 2,040 boys) as affected by EVD. 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. To-date, a total number of children registered by the Ministry social workers as having lost one or both parents/primary caregivers due to EVD is 3,035 – 2,210 having lost one parent and 825 having lost both parents. This number is expected to still increase as social workers of the Ministry of Gender, Children and Social Protection in the counties are still identifying orphans. Data entry and backlog of forms is still ongoing, which includes children registered by NGOs and not yet verified and captured by the Ministry of Gender, Children and Social Protection database. The status of all children currently being transferred to the database is being followed up and verified by government social workers.

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.

<sup>10</sup> Currently there are 3 children in an ICC and 5 children in a Transition Center (of the 5 children, only two are EVD affected, the remaining 3 are there because of physical abuse by their caregivers). Otherwise all are with families or in an appropriate alternative care. The number reflected above is cumulative.
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>Households reached by social mobilization teams(^\text{11})</td>
<td>250,000</td>
<td>384,856</td>
</tr>
<tr>
<td>HEALTH</td>
<td></td>
<td>(%)</td>
</tr>
<tr>
<td>Ebola treatment/care centers equipped with medical supplies(^\text{12})</td>
<td>52</td>
<td>28</td>
</tr>
<tr>
<td>Health facilities equipped with essential commodities for maternal, new-born and child health care and infection prevention and control(^\text{13})</td>
<td>470</td>
<td>270</td>
</tr>
<tr>
<td>NUTRITION</td>
<td></td>
<td>(%)</td>
</tr>
<tr>
<td>Percentage of Ebola patients who received nutrition support in UNICEF supported ETUs and CCCs(^\text{14})</td>
<td>94%</td>
<td>953/1,088</td>
</tr>
<tr>
<td>Percentage of children in previously identified Ebola hotspots admitted for SAM treatment(^\text{15})</td>
<td>4,000</td>
<td>2,357</td>
</tr>
<tr>
<td>WASH</td>
<td></td>
<td>(%)</td>
</tr>
<tr>
<td>Households equipped with hygiene kits in Ebola-affected areas</td>
<td>150,000</td>
<td>55,380</td>
</tr>
<tr>
<td>EDUCATION</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>
<tr>
<td>District Education Officers (DEO) trained on the use of the EVD Infection Prevention and Control (IPC) kits for the safe reopening of schools(^\text{16})</td>
<td>98</td>
<td>98</td>
</tr>
<tr>
<td>Schools equipped with a minimum EVD Infection-prevention-control (IPC) package for safe re-opening(^\text{17})</td>
<td>4,400</td>
<td>3,974</td>
</tr>
<tr>
<td>CHILD PROTECTION</td>
<td></td>
<td>(%)</td>
</tr>
<tr>
<td>Percentage of registered children who have lost one or both parents/primary caregivers due to EVD provided with one-off financial cash grant(^\text{18})</td>
<td>100%</td>
<td>2279/3,035</td>
</tr>
</tbody>
</table>

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**Next SitRep: 8 April 2015**

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

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\(^{11}\) 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.

\(^{12}\) New request for and deliveries of medical supplies to partner operated facility is recorded in the past week, specifically to Keita in Grand Cape Mount (MTI) and Karnplay in Nimba (PCI).

\(^{13}\) Facilities covered by UNICEF PCAs supplied with essential commodities.

\(^{14}\) 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.

\(^{15}\) While Ebola hotspots are now mostly concentrated in Margibi and Montserrado counties, they are both part of the six (6) priority counties for SAM treatment, which includes Bong, Nimba, Grand Cape Mount and Lofa. These are the original six counties where high number of EVD cases were recorded during the height of the EVD crisis. Of the total SAM cases admitted in February, 60 are from Margibi and 87 from Nimba counties; in March, 16 are from Grand Cape Mount.

\(^{16}\) This indicator is developed in conjunction with the Education intervention on the rollout of the “Protocol on Safe School Environments in the Ebola Outbreak in Liberia”.

\(^{17}\) UNICEF has been the main provider of EVD IPC kits in support of the Safe School Reopening Protocol in Liberia. Data source: UNICEF Supply and Logistics delivery and Education Cluster partner reports, and phone confirmation from an ad-hoc Call Center manned by MoE staff and Education Program youth volunteers.

\(^{18}\) Since children who have survived or lost one or two parents/caregivers due to EVD are still being identified, the number of children receiving the one-off cash grant is also expected to increase and so is the total denominator. All children are verified by the county-based government Social Workers. This is to ensure that all children who survived or lost parents due to EVD receive the one-off cash grant, and noting that for some children and their caregivers (especially if they were affected by EVD earlier in the outbreak who may not have all the necessary documentation as ’proof’), Social Workers triangulate information from a variety of sources, including interviews with community leaders, county health officials, etc., for cross-checking and verification.