UNICEF social mobilisers going to a remote village @UNICEF Liberia/2014

SITUATION IN NUMBERS

As of 28 December 2014¹

8,018
Cases of Ebola
(3,110 confirmed)

3,423
Deaths

1,042+
Children infected

4,128
Children registered as orphans

2 million+
Children living in affected areas

369
Cases and 178 deaths among health care workers

UNICEF funding needs until June 2015
USD 187.1 million

Funding gap
USD 97.5 million

¹Data are based on: WHO Ebola Response Roadmap Situation Report, 31 December 2014 and official information reported by the Liberian health ministry up to 28 December 2014. These numbers are subject to change due to on-going reclassification, retrospective investigation and availability of laboratory results.

Highlights

- According to the WHO, as of 31 December, the cumulative total of suspected, probable and confirmed cases of EVD in Liberia rose to 8,018. According to MoH, there were 113 new confirmed cases between 1 and 21 December, representing an average rate of five new cases per day.
- The number of children registered as orphaned by EVD is 4,128. All of the children identified are currently receiving follow-up and psychosocial support. Over 250 volunteer contact tracers trained and engaged by UNICEF are now reporting cases of children orphaned or otherwise affected by EVD. UNICEF is working to ensure that children who have lost their parents due to EVD continue to receive care through a kinship arrangement and by doing so, prevent children from becoming institutionalized, for example, in an orphanage. To strengthen this, UNICEF provides one time cash transfers to families that take the responsibility to care for orphaned children of relatives.
- As part of the county social mobilization teams, UNICEF continued response activities to the outbreaks in Lonfaye-Town, Margibi county; Yekpea-Town, a village bordering Guinea in Nimba county; and Woloquah and Bo-Waterside towns in Grand Cape Mount county (see photo above).
- In an effort to meet the nutritional needs and care of EVD patients, UNICEF positioned nutrition products in ETUs and CCCs across all 15 counties.
- UNICEF signed a partnership agreement with Search for Common Ground to support the Ministry of Education’s (MoE) Emergency Radio Education program. In collaboration with MoE’s radio content development team, Search for Common Ground will expand broadcast coverage across all 15 counties in Liberia, integrating targeted programs on peace building and education to build resilience amongst listeners during times of crisis.
- In support of the MoE’s school reopening plan, UNICEF initiated procurement of infrared thermometers for every Liberian school (15,000 thermometers) to ensure effective health screening of all individuals upon entry to school campuses.
- Since the beginning of the outbreak, UNICEF has procured USD 20.4 million worth of supplies to aid the Ebola response in Liberia and brought in 8,623 cubic meters of emergency aid used for Ebola prevention and treatment at the household level as well as in CCCs, RITEs, ETUs, ICCs, TCs and health facilities.
Situation Overview and Humanitarian Needs

The Assistant Minister of Health for Preventive Services, Tolbert Nyenswah, disclosed to the public in a radio broadcast that Liberia had recorded 113 new confirmed cases of Ebola Virus Disease (EVD) during the period between 1 and 21 December. Montserrado County recorded the highest number of new cases, with an outbreak at Bonah Farm on the outskirts of Paynesville. The Minister also urged local authorities in Grand Cape Mount County to do more on EVD prevention as new cases were also reported there. The Government called on all citizens to continue to observe the WHO and Ministry of Health regulations.

According to MoH, there were 113 new confirmed cases between 1 and 21 December, representing an average rate of five new cases per day.

Summary Analysis of Programme Response

Communication for Development (C4D) and Social Mobilisation

- In the last week, county social mobilization teams continued response activities to the outbreaks in Lonfaye-Town, Margibi county, and Yekepa-Town, a village bordering Guinea in Nimba county as well as Woloquah and Bo-Waterside towns in Grand Cape Mount county. UNICEF joined partners in organizing social mobilizers to engage the populations of the quarantined and neighbouring villages through house-to-house visits, community meetings and focus group discussions with 'contacts' 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.

- 86 District Mobilization Coordinators across 15 counties were trained last week, who will provide activity planning, implementing, monitoring and reporting support to the District Health Team and be part of district rapid response teams. This deployment will help UNICEF to have footholds in every district of Liberia with enhanced monitoring and reporting capacities.

- Last week, 9,474 households were reached through door-to-door campaigns across all 15 counties. 647 community leaders were engaged to spearhead community engagement activities aimed at promoting the practice of EVD preventive behaviours. 123 community meetings and group discussions were conducted, reaching 12,959 men, 16,194 women and 12,429 children. UNICEF County Mobilization Coordinators trained 311 gCHVs and frontline mobilisers on how to use the facilitator guide on conducting house-to-house IPC on Ebola prevention. All 52 radio stations contracted by UNICEF aired EVD jingles for at least 1 hour every day during the past week.

- As part of the launch of the new cemetery and safe burial campaign last week, UNICEF produced and broadcasted 2 radio dramas on 22 radio stations in Montserrado county.

Trends, gaps and milestones

- UNICEF is working with MoH and partners to come up with a plan to addressing key traditional and religious drivers of the EVD in Grand Cape Mount county. The team came up with suggestions based on the Lofa and Berkidu models for breaking EVD transmission and UNICEF is going to present the suggestions to the County Health Team in Grand Cape Mount.

- As reported by our frontline mobilisers, pockets of resistance remain in some counties with rumors such as “Ebola is no more” because the state of emergency was lifted coupled with misconceptions across communities about CCCs. The election campaigns strengthened the view that there is no more Ebola. UNICEF is engaging the community in Keita, Grand Cape Mount county, where a CCC is being built and is now part of the team clearing the ground for the construction.

- Frontline mobilisers continue to face challenges such as inaccessibility of some communities as a result of heavy rains and bad roads.

Child Protection

- UNICEF is working to ensure that children, who have lost parent(s)/caregiver(s) due to EVD, continue to receive family care through a kinship arrangement and by doing so, prevent children from institutionalized care, for example, in an orphanage. For Liberian families, it is natural to care for orphaned children of relatives. To strengthen this, UNICEF provides onetime cash transfers to families that take the responsibility to care for orphaned children of relatives. As of last week, a total of 590 Ebola-affected children in Bong, Grand Gedeh, Nimba, Lofa, Montserrado, 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. The verification of an additional 1,500 children affected by EVD is underway.

- The Superintendents, UNMIL Head of Field Offices, County Health Officers and other relevant actors committed to Child Protection Coordination in three counties: Grand Cape Mount, Gbarpolu and Bomi counties.
- The Child Protection Network has been reactivated in all three counties and will be chaired by the County Welfare Officer and co-chaired by the Social Welfare Supervisor.

Trends, gaps and milestones

- The lack of roads in rural communities is posing challenges for social workers to obtain information on children in remote rural communities. UNICEF is working to fill this gap through mobile data collection.
- Commercial sexual exploitation of children is worrisome. Harmful traditional practices, as Female Genital Mutilation, that could exacerbate the spread of EVD are widely prevalent in Grand Cape Mount and Bomi counties.
- The technical capacity of the social workers is weak and can be improved with constant on-the-job supervision and monitoring. They are also confused about reporting lines given the recent merger of two ministries: Ministry of Health and Social Welfare and the Ministry of Gender and Development into what are now Ministry of Health and Ministry of Gender, Children and Social Protection.

Health and Nutrition

- UNICEF-supported periodic intensification of routine immunization has been completed in 8 counties, underway in 4 counties and about to begin in 3 counties (namely Maryland, Bong and River Gee). This is an activity that is being implemented in response to the reported measles cases in Lofa in lieu of an immunization campaign, which is not recommended in the Ebola context with the aim to rapidly reduce the number of unimmunized children against measles.
- With UNICEF support, and in preparation for the upcoming mass distribution of long-lasting insecticidal nets, the National Malaria Control Program printed 1500 posters, 3000 reminder cards and 20,000 brochures.
- To meet the nutritional needs and care of EVD patients, UNICEF positioned nutrition products in ETUs and CCCs across all 15 counties.
- Through its implementing partner Action contre la faim, UNICEF is working to ensure inpatient and outpatient care and correct application of infection prevention and control procedures for children with severe acute malnutrition and related medical complications. This cooperation agreement also entails training health workers on nutrition protocols in the EVD context in four counties: Bomi, Lofa, Nimba and Montserrat.

Trends, gaps and milestones

- As part of skills development, 15 nurses and nurse aids at the Bong Holding Center were trained on the use of the nutrition products for patients.

Water, Sanitation and Hygiene (WASH)

- This week, UNICEF continued to support the construction of ten CCCs across Liberia in Jenneh 3 Town, St. Francis Hospital, Pleebo, Saclepea, Gbarzon, Gbeapo, Kpayakwelleh Clinic, Keita Town, John Logan Town, and Karguekpo.
- In an effort to ensure safe liquid waste management from urban ETUs, UNICEF provided technical and logistical support to a training on safety protocols, use of PPEs and proper hand washing practices for key Liberia Water and Sewer Cooperation staff.
- With support from UNICEF, the rehabilitation of Fiama Waste Water Treatment Plant is now complete and a joint inspection team deemed this facility ready to receive ETU liquid waste.

Trends, gaps and milestones

- Gaps include challenges in on-site and off-site management of liquid wastes from the earlier constructed ETUs; and the need for rehabilitation/upgrade of water, hygiene and sanitation services within targeted urban slums.

Education

- UNICEF signed a partnership agreement with Search for Common Ground to support the Ministry of Education’s (MoE) Emergency Radio Education program. In collaboration with MoE’s radio content development team, Search for Common Ground will expand broadcast coverage across all 15 counties in Liberia, integrating targeted programs on
peace building and education to build resilience amongst listeners during times of crisis. The agreement will also support increased content development and enhance monitoring of broadcast frequency and duration nationwide.

Supply and Logistics

- In support of the MoE’s school reopening plan, UNICEF initiated procurement of infrared thermometers for every Liberian school (15,000 thermometers) to ensure effective health screening of all individuals upon entry to school campuses.
- UNICEF dispatched 3,000 household protection kits to aid the EVD response across the border in Sierra Leone. This brings the total number of households benefitted from protection kits to 44,820 Protection kits, containing basic protective gear and disinfectants, are designed to help frontline health workers to protect themselves against Ebola or protect the family when a sick person’s Ebola 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 Ebola treatment facilities are not readily available or accessible
- The integrated supply distribution process for ETUs and CCCs has been finalized and is now being implemented.
- The ETUs in Zorzor, Barclayville, Bopolu and Gbedia Town received their first month’s delivery of medicines and medical supplies.
- 7 RITE kits have been prepositioned with County Health Teams and Forward Logistics Bases.
- Necessary supplies to set up 15 CCCs across 12 counties are being kitted, assembled and delivered.
- As part of the overall Ebola response, UNICEF is bringing in 200+ motorbikes to conduct its outreach activities (community engagement and psychosocial support) at the district and community levels.
- Since the beginning of the outbreak, UNICEF released hygiene kits containing personal hygiene items such as soap and bleach to benefit at least 50,782 households in at least 8 counties. 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.

Trends, gaps and milestones:

- Storage capacity is one of the main constraints confronting UNICEF operations in the field. UNICEF it working toward finding ways to increase the storage capacity and rehabilitate warehouse facilities at the central and county levels.
- Lack of trucks/transport vehicles in good condition and roads with potholes caused by heavy rains make the movement of goods a challenge, causing major delays in the distribution of supplies to health facilities.

Human Resources

In an effort to strengthen the Ebola response effort, UNICEF has currently 45 international and 98 national staff deployed in Monrovia and 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 30 December 2014, 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 Members (FT, TA for IP and Nationals)</td>
<td>78</td>
<td>39</td>
</tr>
<tr>
<td>Surge (UNICEF Staff on mission and standby Partners)</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>Third-party contractors and government employees (deployed for EVD Response, financially supported by UNICEF)</td>
<td>0</td>
<td>2,878</td>
</tr>
<tr>
<td><strong>Total as of 30 December 2014</strong></td>
<td><strong>89</strong></td>
<td><strong>8,522</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 include:

Social Mobilization Cluster
- The cremation of bodies was one of the most controversial and difficult decisions taken by the government, at the peak of the EVD crisis in Liberia, to prevent the spread of the disease. It had made communities reluctant to seek treatment at ETUs, as cremations were considered counter to Liberian culture and tradition. Last week, the Government of Liberia announced the establishment of a new public cemetery located at Disco Hill in Lower Margibi County, which is about a 50-minute drive from Monrovia. Grounds have been demarcated for both Christian and Muslim burials. Specially trained burial teams will assist all families in ensuring a safe and dignified burial. All burials will be recorded and the graves marked for public visitation and remembrance purposes. Towards promoting the cemetery and the safe and dignified burials of all bodies in the Montserrado County, 400 community mobilizers and all burial teams, funeral homes and staff of call centres were briefed and communication materials distributed. Radio dramas and public service announcements were also aired on national and community radio channels, and to further promote safe and dignified burials, a day-long inter-religious forum with religious leaders will be held on 3 January 2015 at the Monrovia City Hall.

Child Protection sub-Cluster
- The Child Protection sub-Cluster was established in Grand Cape Mount, Bomi and Gbarpolu counties, with the Social Welfare Supervisor as chair and the Gender Child Welfare Officer as co-chair. Each county will submit weekly data on the status of the children every Friday and the data on the number of children affected will be shared with the Superintendent, UNMIL Head of Field Offices, County Health Teams and partners in Monrovia.

Education Cluster
- Substantial technical input from the Health Cluster and the WASH Cluster, including the Ministry of Public Works, CDC and WHO, is currently being incorporated in the Protocols for Safe School Environments. This will ensure the Protocols meet minimum health and WASH requirements, and are in line with Ebola related communication in other sectors. A final draft of the Protocols will be shared with the Ministry of Education for endorsement before the end of the year. In line with the Protocols, the questionnaires for a Joint Education Needs Assessment of the impact of Ebola on the education sector have been finalized and are now ready for field-testing in the beginning of January.

Media Coverage
Communication Specialist Sarah Crowe on Children hard hit by Ebola (thewhig.com)
C4D specialist Adolphus Scott on training 170 community leaders in Monteserrado (Heritage)
UNICEF’s representative Sheldon Yett on rapid response (Washington Post)
Communication specialist Rukshan Ratnam on 1,4 million children out of school (Liberian Observer)
Communications Specialist Helene Sandbu Ryeng OpEd on Ebola taking its toll on children (Aftenposten)
Child protection specialist Andrew Brooks on Ebola Orphans (Voice of America)
**Funding**

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

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Revised Ebola Requirements Dec 2014 (USD)</th>
<th>Funds received*</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>C4D/Social Mobilization</td>
<td>22,588,357</td>
<td>4,448,828</td>
<td>18,139,529</td>
</tr>
<tr>
<td>Nutrition</td>
<td>10,736,999</td>
<td>1,222,743</td>
<td>9,514,256</td>
</tr>
<tr>
<td>Health and HIV/AIDS</td>
<td>33,866,165</td>
<td>36,945,893</td>
<td>52%</td>
</tr>
<tr>
<td>WASH</td>
<td>19,685,859</td>
<td>25,692,285</td>
<td>57%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>12,239,127</td>
<td>10,595,090</td>
<td>87%</td>
</tr>
<tr>
<td>Education</td>
<td>14,532,090</td>
<td>14,401,926</td>
<td>99%</td>
</tr>
<tr>
<td>Cross Sectoral</td>
<td>5,124,144</td>
<td>2,543,470</td>
<td>33%</td>
</tr>
<tr>
<td>Cluster/Sector Coordination</td>
<td>3,117,296</td>
<td>3,117,296</td>
<td>100%</td>
</tr>
<tr>
<td>Funds under allocation</td>
<td>16,547,836</td>
<td>-16,547,836</td>
<td></td>
</tr>
<tr>
<td>Recovery cost</td>
<td>6,888,515</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>187,071,685</td>
<td>97,513,395</td>
<td>52%</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**

<table>
<thead>
<tr>
<th>UNMEER and UNICEF Results 31 December 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDICATORS</td>
</tr>
</tbody>
</table>

**Epidemiology**

- Percentage of EVD cases with onset in the past week:
  - UNICEF: 158/7977
  - Sector: 158/7977
  - Target Reached: 2%

- Percentage of EVD cases with onset in the past week due to contact at community level, within the health sector, or during funeral/burial procedures:
  - UNICEF: -
  - Sector: -
  - Target Reached: -

**Communication for Development**

- Percentage of county Social Mobilization taskforces (SMT) reporting on the dashboard each week:
  - UNICEF: 100% (15)
  - Sector: 100% (15)
  - Target Reached: 100%

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1 Reports against week ending December 24. The most current report is #223 for December 24, 4 of 7 day week.

2 Not currently reported by the MoH, in discussion with the MoH Database managers to create template for analysis.
<table>
<thead>
<tr>
<th>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 guidelines⁴</th>
<th>100% (15)</th>
<th>100% (15)</th>
<th>0</th>
<th>0</th>
<th>-</th>
<th>-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of counties with at least one security incident or other form of refusal to cooperate in past week⁴</td>
<td>13% (i.e. 2/15 counties)</td>
<td>13% (i.e. 2/15 counties)</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Percentage of patients who present at a CCC within 48 hours of becoming ill with any symptoms that could be EVD⁵</td>
<td>80%</td>
<td>80%</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**CCC**

<table>
<thead>
<tr>
<th>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 period⁶</th>
<th>100% (15 CCCs, 10 RITEs, 2 ICCs, 2 TC/holding facility)</th>
<th>100% (31* CCCs, 10 RITEs, 4 ICCs, 4 TCs/holding facility)</th>
<th>15/29 (10 RITE kits, 2 ICC, 2 TC, 1 CCC)</th>
<th>24/49 (10 CCCs, 10 RITE, 2 TC, 2 ICC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of Community Care Centers (Community Care Centers (CCCs), Rapid Isolation Treatment for Ebola (RITE), Interim Care Centers (ICC) and Transit Centers (TC)) established after a community dialogue process aligned with Global SOPs or according to norms established in country</td>
<td>100% (15 CCCs, 10 RITEs, 2 ICCs, 2 TC/holding facility)</td>
<td>100% (31* CCCs, 10 RITEs, 4 ICCs, 4 TCs/holding facility)</td>
<td>1⁷</td>
<td>10</td>
</tr>
</tbody>
</table>

**WASH**

<table>
<thead>
<tr>
<th>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 services⁸</th>
<th>100% 56 (27 ETUs 15 CCCs, 10 RITEs, 2 holding centers/T C, 2 ICCs)</th>
<th>100% 76 (27 ETUs 31 CCCs, 4 ICCs, 10 RITE, 4TC/holding centers)</th>
<th>23 (8 ETU, 10 RITE, 2 holding centers, 3 CCCs)</th>
<th>33 (13 ETU, 8 CCCs, 10 RITE, 2 holding centers)</th>
</tr>
</thead>
</table>

**PROTECTION**

| Percentage of EVD-affected children provided with care and support, including psychosocial support⁹ | 100% | 100% | 4,128 | 4,128 | 55% | 55% |

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³ Currently working on cooperative reporting arrangements with the Inter-Religious Council (IRC) of Liberia and Carter Center. Data should start come in three weeks.

⁴ No recent security incident reported.

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 are brought about by the latest approved number of ICCs, RITEs and other similar facilities being planned by the MoH.

⁷ Another 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 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.
<table>
<thead>
<tr>
<th>Percentage of children who are without a primary care giver due to EVD reintegrated with their families or provided with appropriate alternative care.(^{10})</th>
<th>100%</th>
<th>100%</th>
<th>35/55</th>
<th>35/55</th>
<th>64%</th>
<th>64%</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of patients admitted to CCCs who are tested for EVD infection and whose test result is available within 36 hours(^{11})</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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>184,385</td>
</tr>
<tr>
<td>HEALTH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ebola treatment/care centers equipped with medical supplies(^{12})</td>
<td>52</td>
<td>16</td>
</tr>
<tr>
<td>NUTRITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of Ebola patients who received nutrition support(^{13})</td>
<td>100%</td>
<td>599</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>38,782</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>
</tbody>
</table>

**Next SitRep: 7 January 2015**

**Web:** UNICEF Liberia  
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**Soundcloud:** Unicef-liberia  
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  Email: akurana@unicef.org

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\(^{10}\) 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.

\(^{11}\) 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.

\(^{12}\) The numerator is the total number of ETU + CCC operational to date; number has been constant as new partnerships are still being developed.

\(^{13}\) Cumulative figure from 27 November to 14 December is 502. 11 out of 13 ETUs provided with appropriate nutrition supplies.