According to the latest Ministry of Health Ebola Virus Disease (EVD) report, dated 13 December, the cumulative total of suspected, probable and confirmed cases of EVD in Liberia rose from 7,719 to 7,797 since 10 December.

According to latest data from the health ministry, there have been 1,042 confirmed cases of children with EVD. The number of children identified by name and location as orphaned by EVD is 3,944. All of the children identified are currently receiving follow-up and psychosocial support. 600 volunteer contact tracers trained and engaged by UNICEF will in addition report all cases of children orphaned or otherwise affected by EVD as of next week.

Following an outbreak in Polay Town, Sinoe County (4 confirmed cases), UNICEF joined partners in organizing social mobilizers to engage the population of the quarantined village and neighboring villages through house-to-house visits, town hall meetings and focus group discussions with ‘contacts’ focusing on prevention practices, rapid reporting and isolation of sick family members, addressing issues of stigma and asking residents if anyone was sick in their community. In addition, necessary supplies such as RITE kits, tents, life-saving medical and infection control supplies were flown in to support the temporary ETU in Greenville (see photo above).

To date, UNICEF has supported the establishment of 4 Community Care Centers (CCC), 1 Interim Care Center (ICC) and 1 Transit Center (TC), and has supported the deployment of 2 Rapid Isolation and Treatment of Ebola (RITE) teams with supplies and personnel to respond to hot spots*.

Using RapidPro, UNICEF piloted SMS-based technology to monitor CCCs in Dolo, Margibi to replace paper reporting with an easy to track and time-efficient system.

Since the beginning of the outbreak, UNICEF has procured USD 16.2 million worth of supplies to aid the Ebola response in Liberia and brought in 6,655 cubic meters of emergency aid, including essential protective gear, tents, emergency health kits, and sanitation supplies such as chlorine used for Ebola prevention and treatment at the household level as well as in CCCs, RITEs, ETUs, ICCs, TCs and health facilities.

* A ‘hot spot’ location is an area where there are high caseloads and deaths.

Data are based on: WHO Ebola Response Roadmap Situation Report, 17 Dec 2014 and official information reported by the Liberian health ministry up to 13 December 2014. These numbers are subject to change due to on-going reclassification, retrospective investigation and availability of laboratory results.
Situation Overview and Humanitarian Needs

Case incidence has been declining at the national level, with 6 counties reporting new confirmed or probable cases in the week to 14 December. Transmission remains intense in Montserrado, which includes the capital, which reported 3 confirmed and 9 probable cases. Grand Bassa reported 1 confirmed case, after reporting 7 the previous week. Bong (1 confirmed case), Grand Cape Mount (2 confirmed cases) and Margibi (1 confirmed case) are the only other districts to report confirmed cases in the same period. In the north of the country, Lofa reported no cases for the seventh consecutive week, emphasizing the strength of response efforts in the district.

Summary Analysis of Programme Response

Health and Nutrition

• In response to the measles outbreak in Lofa county (3 laboratory-confirmed cases), UNICEF is supporting the health ministry to implement a periodic intensification of routine immunization or PIRI (in lieu of an immunization campaign which is not recommended in the Ebola context) to rapidly administer the measles vaccine, vitamin A and routine immunization to children of different age groups. UNICEF supported the health ministry to train vaccinators, organize supportive supervision during PIRI and arrange outreach sessions in remote rural areas in addition to provision of infection control supplies, including protection kits for each of the 600 health facilities.
• With UNICEF support, an additional 110 community health volunteers were trained last week in Sinoe county on infection prevention and control as it relates to maternal, newborn and child health service delivery.
• In November 2014, 95 severely malnourished children in Montserrado County were admitted in UNICEF-supported Integrated Management of Acute Malnutrition (IMAM) treatment sites, 95 per cent of whom were treated.
• In partnership with the health ministry, county health team, Aid for the Needy Development Program and Project Concern International, UNICEF trained 56 health workers from 9 health facilities in Bong county on the implementation of modified nutrition protocols in the Ebola context.
• As part of the Rapid Isolation and Treatment of Ebola (RITE) effort to respond to the Ebola outbreak in Polay Town, life-saving nutrition supplies were flown into Sinoe county to benefit Ebola patients and contacts in quarantine.

Trends, gaps and milestones

• A major priority is the distribution and monitoring of the utilization of procured medicines and supplies for the CCCs as soon as they arrive in the country.
• Nutritional assessment and treatment of severely malnourished children in the context of Ebola needs to be intensified. Specifically, health workers in 93 IMAM sites need to be oriented and mentored especially on the modified nutrition protocols.

Water, Sanitation and Hygiene (WASH)

• Hygiene promotion and Ebola awareness messages have reached 40,808 community members in seven counties, namely Maryland, Grand Kru, River Gee, Nimba, Grand Gedeh, Grand Cape Mount and Gbarpolu. The messages focused on hand washing and personal hygiene; environmental cleanliness; safe water chain; latrine construction and proper latrine use.
• New civil works contracts with 3 private companies were finalized and borehole drilling and rehabilitation of WASH facilities in ETUs are now underway.
• UNICEF is supporting the construction of the water supply system and sanitation facilities in 9 CCCs across Bong, Nimba, Grand Gedeh and River Gee counties.

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.

Communication for Development (C4D) and Social Mobilisation

• Following an outbreak in Polay Town, Sinoe County (4 confirmed cases), UNICEF joined partners in organizing social mobilizers to engage the population of the quarantined village and neighboring villages through house-to-house visits, town hall meetings and focus group discussions with ‘contacts’ focusing on prevention practices, rapid reporting and isolation of sick family members, addressing issues of stigma and asking residents if anyone was sick in their community. Many of these villages were difficult to reach and reported that the teams were the first to visit their village to provide
information on Ebola. The social mobilization team was also able to gain approval from communities to set up the CCC in nearby Karquikpo town.

- Using RapidPro, UNICEF piloted SMS-based technology to monitor CCCs in Dolo, Margibi to replace paper reporting with an easy to track and time-efficient system.
- UNICEF trained county mobilisers on how to develop Integrated Social Mobilisation Action Plans (ISAPs) focusing on rapid response during outbreaks and community engagement as it relates to the construction of CCCs.

**Trends, gaps and milestones**

- This week, 8,220 households were reached through door-to-door campaigns with Ebola prevention messages and 167 meetings and group discussions, reaching 13,787 women, 11,142 men and 8,912 children across all counties. 675 community leaders and elders were engaged.
- Frontline mobilisers continue to face challenges such as inaccessibility of some communities as a result of heavy rains and bad roads.
- 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 ongoing election campaigns have also strengthened the view that there is no more Ebola.

**Child Protection**

- As of last week, 405 Ebola-affected children in Bong, Grand Gedeh, Nimba, Lofa, Montserrado and Bomi counties benefitted from one-time emergency foster grant/cash assistance meant to serve as immediate recovery support.
- In the Interim Care Center, there are currently 19 children (12 girls and 7 boys) under observation for 21 days.
- In the Transit Center - meant for children who survived Ebola but have no known relative or caregiver to return to after being treated - there are currently 5 children receiving family reunification services. In addition, there are currently 3 children in the Transit Center in Bong.

**Education**

- UNICEF is supporting Ministry of Education to contextualize the global UNICEF protocols on the safe reopening of schools in the Ebola context. These protocols form the basis for the imminent reopening of schools next year.
- The Emergency Radio Education program entitled ‘Come to School’ has aired 22 shows (out of 288 planned over a 3 month period) on five private stations for an hour every weekday in areas such as social studies, language, psychosocial counseling, career guidance information and early childhood education. Starting in 2015, daily broadcasts will be scaled up nationwide through an additional 14 private radio affiliates and 44 community radio stations in all 15 counties.

**Supply and Logistics**

- Since the beginning of the outbreak, UNICEF has procured USD 16.2 million worth of supplies to aid the Ebola response in Liberia and brought in 6,655 cubic meters of emergency aid, including essential protective gear, tents, emergency health kits, and sanitation supplies such as chlorine used for Ebola prevention and treatment at the household level as well as in CCCs, RITEs, ETUs, ICCs, TCs and health facilities.
- Two charters carrying total 2.7 metric tonnes of emergency supplies including RITE kits have been sent to Greenville, Sinoe to respond to the Ebola outbreak.
- Since the beginning of the outbreak, UNICEF released hygiene kits containing personal hygiene items such as soap and bleach to benefit at least 45,486 households in six counties (Nimba, Bong, Bomi, Montserrado, Margibi and Lofa). 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

- Necessary supplies to set up 15 CCCs across 12 counties are being kitted.
- 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.
- In addition to the shortage of manpower, storage capacity is one of the main constraints in the field. There is a great need to increase the storage capacity and rehabilitate warehouse facilities. Supply and Logistics, teamed with the Ministry of Health, are conducting Rapid Logistics Capacity Assessments in the field.

Human Resources

In an effort to strengthen the Ebola response effort, UNICEF has currently 51 international and 101 national colleagues deployed in Monrovia and at the county level in addition to engaging 1,380 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, subcontractors and volunteers. Below is a snapshot from 16 December 2014, notwithstanding regular field monitoring and support visits to the field on a daily basis.

<table>
<thead>
<tr>
<th>UNICEF personnel in Liberia</th>
<th>Monrovia</th>
<th>In the field</th>
<th>Total Staff Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>International staff</td>
<td>40</td>
<td>11</td>
<td>51</td>
</tr>
<tr>
<td>National staff</td>
<td>57</td>
<td>44</td>
<td>101</td>
</tr>
<tr>
<td>UNICEF-supported government, NGO and other personnel (including gCHVs and youth volunteers) across 15 counties</td>
<td></td>
<td></td>
<td>6,376</td>
</tr>
</tbody>
</table>

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

- At the Montserrado Incident Management System (MIMS), one of the main elements is the integration of community engagement with active case finding, contact tracing, and safe burials, through a detailed exercise in partner mapping, micro-planning, and coordination across all the 22 zones comprising Montserrado County. The imminent cessation of cremations and a return to burials, the launch of a new public cemetery in Monrovia, and the new Ebola prevention initiatives to be led by the mayors of Monrovia and Paynesville, will all be leveraged and subsumed within the Montserrado strategy.

Nutrition Sub-Cluster

- Through a collaboration of the Liberian health ministry, Bomi County Health Team, Medical Team International and UNICEF, 30 health workers, 3 district social workers, and 3 psychosocial counselors were trained on nutrition protocols for Ebola patients.

WASH Cluster

- With UNICEF support, the WASH Cluster conducted a daylong capacity building workshop for county-level WASH coordinators and technical staff of Ministry of Public Works (MoPW). The main objective of the workshop was technical and coordination capacity development of WASH teams at the sub-national level to support RITEs when responding to hot spots. The main component was the assessment and monitoring of clean water, hygiene and sanitation facilities, before and after installation, by MoPW county technical teams with available NGO support.

Education Cluster

- Led by the Ministry and co-led by UNICEF and Save the Children, the newly-formed Education Cluster falls under the Education Sector Development Committee, the forum that coordinates education actors. A ‘strategic advisory group’ type structure - here called the Cluster - coordinates the response, meeting weekly, while additional
‘education in emergencies’ partners are involved in the planning and implementation of the response through active technical working groups. The Cluster’s first two priorities are 1) the finalization of the protocols to fit the Liberian context for the safe reopening of schools, and 2) the combined mapping of education, health and WASH facilities in preparation for school reopening.

Media Coverage

- Country Representative Sheldon Yett on the launch of the government’s ‘Ebola Must Go’ campaign (CCTV)
- Regional Communications Specialist Laurent Duvillier on the use of mobile technology and radio schooling in Liberia (TES Magazine)
- Chief of Global Crisis Communications Sarah Crowe on the story of one Liberian health worker (CNN)
- Global Emergency Coordinator for Ebola Dr. Peter Salama reflects on his recent visit to Liberia and other affected countries (UN YouTube)
- Communications Specialist Helene Sandbu Ryeng on the training of teachers as social mobilizers (CCTV)
- Bong County Mobilization Coordinator Dutch Hamilton on UNICEF’s response to an Ebola outbreak near Gbarnga (Liberia New Agency, also in AllAfrica.com)
- Country Representative Sheldon Yett spoke live on BBC World about UNICEF’s expanded global funding appeal
- Communications Specialist Helene Sandbu Ryeng blogs for UNICEF Norway on her experiences on the ground in Liberia (Norwegian) (UNICEF Norway)

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</th>
</tr>
</thead>
</table>
|                               | C4D/ Social Mobilization          | 12,915,145                               | 22,588,357            | 3,672,701   | 18,915,656  | 84%
|                               | Nutrition                         | 7,289,263                                | 10,736,999            | 1,198,075   | 9,538,924   | 89%
|                               | Health** and HIV/AIDS             | 25,546,857                               | 70,812,058            | 33,068,300  | 37,743,758  | 53%
|                               | WASH**                            | 22,405,806                               | 45,378,144            | 18,651,355  | 26,726,789  | 59%
|                               | Child Protection                  | 8,079,681                                | 12,239,127            | 1,644,037   | 10,595,090  | 87%
|                               | Education                         | 4,593,643                                | 14,532,090            | 16,000      | 14,516,090  | 100%
|                               | Cross-sectoral                    | 4,981,002                                | 7,667,614             | 4,493,580   | 3,174,034   | 41%
|                               | Cluster/Sector Coordination       | 0                                        | 3,117,296             | 0           | 3,117,296   | 100%
|                               | Funds under allocation            |                                          | 14,015,570            | 0           | -14,015,570 |          |
|                               | Total                             | 85,811,397                               | 187,071,685           | 76,759,618  | 110,312,067 | 59%

*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

**17 December 2014**

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>TARGETS</th>
<th>TOTAL RESULTS</th>
<th>% TARGET REACHED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EPIDEMIOLOGY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of EVD cases with onset in the past week&lt;sup&gt;1&lt;/sup&gt;</td>
<td>UNICEF</td>
<td>Pillar / Sector</td>
<td>UNICEF</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>-</td>
<td>112 / 7765</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 procedures&lt;sup&gt;2&lt;/sup&gt;</td>
<td>UNICEF</td>
<td>Pillar / Sector</td>
<td>UNICEF</td>
</tr>
<tr>
<td></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 guidelines&lt;sup&gt;3&lt;/sup&gt;</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 week&lt;sup&gt;4&lt;/sup&gt;</td>
<td>13% (i.e. 2/15 counties)</td>
<td>13% (i.e. 2/15 counties)</td>
<td>0</td>
</tr>
<tr>
<td>Percentage of patients who present at a CCC within 48 hours of becoming ill with any symptoms that could be EVD&lt;sup&gt;5&lt;/sup&gt;</td>
<td>80%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td><strong>CCC</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<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)) functional against target set for the current reporting period&lt;sup&gt;6&lt;/sup&gt;</td>
<td>100% (15 CCCs, 10 RITEs, 2 ICCs, 1 TC)</td>
<td>100% (28* CCCs, 10 RITE, 5 ICCs, 6 TCs)</td>
<td>12**/28 (10 RITE kits, 1 ICC, 1 TC)</td>
</tr>
<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, 1 TC)</td>
<td>100% (28* CCCs, 10 RITE, 5 ICCs, 6 TCs)</td>
<td>0</td>
</tr>
</tbody>
</table>

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<sup>1</sup> Reports against week ending December 7. The most current report is #208 for December 9, just 2 days out of a 7-day week. The only way to ensure reports for a full 7 day week is a report 2 weeks back.

<sup>2</sup> Not currently reported by the MoH, in discussion with the MoH Database managers to create template for analysis.

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

<sup>4</sup> No recent security incident reported.

<sup>5</sup> 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.

<sup>6</sup> CCCs: 6 CCCs completed, however, MoH confirmed only 3 as functional in the previous week. For this week one (1) of the three was closed and two (2) new ones were added. RITE (Rapid Isolation Treatment for Ebola): Is a pop-up facility deployed where new cases are identified in areas without any facility. ** UNICEF has completed its part towards establishment of 10 RITEs providing RITE kits. However, only one RITE is functional as of today.
### 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 services&lt;sup&gt;7&lt;/sup&gt;</th>
<th>100%</th>
<th>54 (27 ETUs 15 CCCs, 10 RITEs, 2 holding centers)</th>
<th>100%</th>
<th>78 (27 ETUs 28 CCCs 4 ICcs, 4 TCs 10 RITE, TC,)</th>
<th>21 (7 ETU, 10 RITE, 2 holding centers, 2 CCCs)</th>
<th>25 (9 ETU, 4 CCCs, 10 RITE, 2 holding centers)</th>
<th>39%</th>
<th>32%</th>
</tr>
</thead>
</table>

### PROTECTION

<table>
<thead>
<tr>
<th>Percentage of EVD-affected children provided with care and support, including psychosocial support&lt;sup&gt;8&lt;/sup&gt;</th>
<th>100%</th>
<th>100%</th>
<th>3,954</th>
<th>3,954</th>
<th>53%</th>
<th>53%</th>
</tr>
</thead>
</table>

<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.&lt;sup&gt;9&lt;/sup&gt;</th>
<th>100%</th>
<th>100%</th>
<th>35/45</th>
<th>35/45</th>
<th>78%</th>
<th>78%</th>
</tr>
</thead>
</table>

### HEALTH

<table>
<thead>
<tr>
<th>Percentage of patients admitted to CCCs who are tested for EVD infection and whose test result is available within 36 hours&lt;sup&gt;10&lt;/sup&gt;</th>
<th>100%</th>
<th>100%</th>
<th>35/45</th>
<th>35/45</th>
<th>78%</th>
<th>78%</th>
</tr>
</thead>
</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>161,833</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ebola treatment/care centers equipped with medical supplies&lt;sup&gt;11&lt;/sup&gt;</td>
<td>52</td>
<td>16</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of Ebola patients who received nutrition support&lt;sup&gt;12&lt;/sup&gt;</td>
<td>100%</td>
<td>262</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>30,489</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>5,766</td>
</tr>
</tbody>
</table>

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<sup>7</sup> Denominator to be used should be: Total = ETU + CCCs + ICC + RITE; RITE (Rapid Isolation Treatment for Ebola): Is a pop-up facility deployed where new cases are identified in areas without any facility, UNICEF has supplied all the WASH supplies and treatment commodities for each ready-to-deploy RITE kits.

<sup>8</sup> 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>9</sup> 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.

<sup>10</sup> 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.

<sup>11</sup> The numerator is the total number of ETU + CCC operational to date.

<sup>12</sup> Patients in treatment facilities only.
Next SitRep: 24 December 2014

Who to contact for further information:

Sheldon Yett
Representative
UNICEF Liberia
Cell: +231-770-26-7100
Email: syett@unicef.org

Fazlul Haque
Deputy Representative
UNICEF Liberia
Cell: +231-770-26-7400
Email: fhaque@unicef.org

Aanchal Khurana
UNICEF Liberia
Cell: +231-770-26-7956
Email: akhurana@unicef.org

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