**HIGHLIGHTS**

- There are currently six confirmed cases in this most recent Ebola Virus Disease (EVD) outbreak in Margibi and Montserrado counties. Two of these are deceased, two have been discharged from an Ebola Treatment Unit (ETU), while the remaining two will be discharged as soon as they test negative. There is still no definitive information on the original source of transmission.
- As of 21 July 2015, there are 22 contacts being followed up in Margibi and 17 contacts in Montserrado.
- UNICEF has intensified its response efforts in the hotspots and at-risk communities. In addition to helping set up the Margibi Emergency Operations Center, a storage area for emergency supplies and a holding center in the hotspot community in Margibi, UNICEF is reaching affected households, health facilities where contacts have been seen, and schools that contacts have attended with a wide range of assistance.
- UNICEF continues to dispatch supplies to address the most urgent Infection Prevention and Control (IPC) needs in the affected communities (schools, health facilities and holding center, households and checkpoints) including tents for isolation, hand-washing buckets, chlorine and gloves. Hygiene kits are currently being delivered to every household in the catchment area. UNICEF also sent teams to decontaminate two health facilities in the area, and provided packaged drinking water for health workers and households under voluntary precautionary observation as well as to the ETU where patients are being treated.
- A mop-up campaign targeting 16,530 people (3,120 households) in the affected communities in Margibi is underway. House-to-house visits and community dialogues with traditional healers and religious leaders are taking place regularly. The campaign is being conducted in teams of two comprising one active case finder and one social mobilizer with the aim to effectively communicate key messages on the threat of EVD and adequate preventive measures, and at the same time, carry out active case search.
- In response to the new EVD cases in Margibi County, UNICEF decontaminated two schools attended by some of the EVD-positive patients and their contacts in the hotspot communities. To respond quickly to the rising concerns amongst parents, students and teachers, a refresher training on Safe School Protocols is being conducted in all schools located in Mambah-Kaba district. In addition, psychosocial support services (PSS) is being provided to students and school staff.
- PSS, which includes talking to persons who are reluctant to stay under voluntary precautionary observation, has been provided to households and health workers under voluntary precautionary observation.

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1. *Data are based on official information reported by the Liberian health ministry up to 22 July 2015. These numbers are subject to change due to on-going reclassification, retrospective investigation and availability of laboratory results.*

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**As of 21 July 2015**

- **9** Days since the last confirmed case
- **6** Laboratory confirmed cases over the past 42 days
- **4,915** Children registered as directly affected by EVD*
- **2 million+** Children living in affected areas
- **UNICEF funding needs until June 2015**
  - **USD 187.1 million**
  - **Funding gap USD 52 million**

*Government of Liberia has defined the number of children ‘affected’ as quarantined, orphaned, unaccompanied and separated children (UASC), in treatment and discharged.
Situation Overview

On 29 June 2015, routine surveillance detected a confirmed Ebola case in Margibi County, Liberia — the first new confirmed case in the country since the World Health Organization declared Liberia Ebola-free on 9 May 2015. As of 22 July 2015, there are six confirmed cases of EVD from Margibi and Montserrado counties. Two confirmed cases are deceased, while two are in the ETU and the remaining two have been discharged from the ETU after testing negative.

There is still no definitive information on the original source of transmission. According to the official situation report from 21 July 2015, there are 22 contacts being followed up in Margibi and 17 contacts in Montserrado – the two active hotspots. These include family members and others living in infected houses, motorbike drivers that transported cases, traditional healers, and healthcare workers. Two households in Montserrado and 23 households in Margibi are under precautionary observation, with food and other supplies having been rapidly deployed to support these families. The Margibi and Montserrat county health teams, along with the contact tracing lead from the national Incident Management System, are currently evaluating all contacts, and ensuring that each and every contact is followed up daily and all dead bodies swabbed.

In addition to helping set up the Margibi Emergency Operations Center with tents, generators, tables/chairs, whiteboards, etc., a storage area for emergency supplies and a holding center in the hotspot community in Margibi, UNICEF is reaching affected households, health facilities where contacts have been seen, and schools that contacts have attended with a wide range of assistance.

At the request of the Ministry of Health, UNICEF’s innovation team has put in place an SMS-based tool called Trace and Go, which provides family members the opportunity to track the condition of their loved ones admitted in Ebola Treatment Units (ETU). Trace and Go is now fully operational in the ELWA-3 ETU, where four confirmed cases and ten suspect cases are being followed up as of 21 July 2015. Two case investigators have been trained and deployed at the ETU.

Education

- In response to the new Ebola cases in Margibi County, UNICEF decontaminated two schools attended by some of the Ebola-positive patients and their contacts in the hotspot communities. In addition, these schools were supplied with additional hygiene kits containing infection prevention and control (IPC) supplies. In order to respond quickly to the rising concerns amongst parents, students and teachers, a refresher training on Safe School Protocols (infection prevention and control) is being conducted in all schools located in Mamba-Kaba district. In addition, psychosocial support services (PSS) is being provided to students and school staff. As part of the Back-to-School response in February 2015, 453 participants across 151 schools in Mambah-Kaba district benefitted from the assistance. The same numbers are being targeted this time around. 106 schools in the Mambah-Kaba district are in the process of being provided with additional soap and hand washing stations (approx. 35,785 students).
- Distribution of teaching and learning material (TLM) to 4,460 schools countrywide continues. So far, TLM has been distributed to 143,225 students and 12,175 teachers across 728 schools in Montserrado County. The remainder 267 schools will be reached after schools reopen in the first week of September 2015. UNICEF is working closely with county and district education personnel to finalize the distribution in the remainder of the counties.
- Training of moth than 10,000 teachers countrywide on pedagogy and psychosocial support is expected to begin during the next reporting period.

Child Protection

- Psychosocial Support Services (PSS), which includes talking to persons who are reluctant to stay under voluntary precautionary observation, has been provided to households and health workers under voluntary precautionary observation. Trained by UNICEF, PSS teams are collecting information from contact tracers and social mobilization teams regarding families and individuals in distress needing PSS. Subsequently, teams made up of social workers (Ministry of Gender, Children and Social Protection), mental health clinicians (Ministry of Health) and the NGO partner trained in psychosocial support are assigned to provide PSS.
- In addition to facilitating entry of humanitarian aid and encouraging communities/villages to release information on the whereabouts of missing contacts, and providing stress management to affected individuals and families, PSS teams are also working with the Food Security Cluster to ensure contacts under voluntary precautionary observation are getting food and a basic package of psychosocial services.
- PSS teams are regularly visiting quarantined health workers and accessing their PSS needs. UNICEF sent immediate assistance to contacts that are now under precautionary observation in Montserrat, which included drinking water, IPC supplies, blankets, mattresses and recreational kits to ten families with 54 children between the ages of 2-17.
Furthermore, UNICEF donated mobile phones to patients in treatment at the ETU to enable communication with their families and loved ones.

- The Government of Liberia has identified 4,915 children (2,353 boys and 2,562 girls) as affected by Ebola. 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 the Ebola. More specifically, to-date a total number of children registered by the Ministry social workers as having lost one or both parents/primary caregivers due to Ebola is 3,691 (995 having lost both parents/caregivers and 2,696 having lost one parent/caregiver). To date, 6,490 children affected by Ebola were provided with the minimum package of psychosocial support services.

- During the reporting period, a two-week training on provision of basic social work skills, child protection, child rights principles and psychosocial care was conducted for 35 social workers and staff of the Ministry of Gender Children and Social Protection (MoGCSP) to promote competent service delivery in their work and documentation of Ebola-affected children.

- With the aim to strengthen the child protection system at community level, an additional 300 survivors were hired and trained on psychological first aid in Bomi, Lofa, Montserrado and Gbarpolu counties. 150 health care providers were trained on the provision of adolescent sexual and reproductive services in Maryland, River Gee and Grand Kru counties.

- Two mobile teams from the Ministry of Health visited Nimba, River Gee, Sinoe and Grand Gedeh counties to help clear the backlog of birth registration data that was not processed during the Ebola crisis. 5,817 certificates were printed and are being distributed. Presently the mobile team is in Voinjama, Lofa County for six days helping to clear the backlog and print birth certificates.

- MoGCSP reported that the moratorium on international/inter-country adoption has been lifted. In its efforts to regulate the process properly, the ministry and its partners have updated the Standard Operation Procedures (SOP) for adoption reflecting stringent measures as stipulated in the Hague Convention on inter-country adoption. The Ministry is currently working with its partners to have the Government of Liberia ratify the Hague convention.

Health and Nutrition

- In response to the new admissions of confirmed and suspect cases in the ELWA-3 ETU, a nutrition assessment was done at the ETU, the holding center and communities under precautionary observation in Margibi County. UNICEF provided the households with pregnant women with contact details for the nearest health facilities (that are not being used for isolation of health workers) in the event of any pregnancy-related complications. Sufficient therapeutic food was prepositioned in the ETU to cover 50 patients for one month to ensure their nutritional needs are met. In addition, a clinical supervisor and a warehouse manager from the ETU received one-on-one mentoring from Ministry of Health Nutrition Division along with copies of the clinical guidelines on nutritional care and support for patients in ETUs. UNICEF’s PSS team distributed prenatal vitamins to visibly pregnant women in households under precautionary observation.

- UNICEF supported the countrywide polio campaign that took place 26-29 June 2015, which reached 801,596 children aged 0-59months with the Oral Polio Vaccine (more than 85 per cent coverage) and 732,493 children aged 6-59 months with Vitamin A (more than 88 per cent coverage). Specifically, UNICEF provided support for social mobilization efforts, training of vaccination teams, as well as the procurement and distribution of vaccines and infection prevention and control supplies.

- As part of its support to the Ministry of Health and partners on the re-structuring of the community health services program leading to the creation of a community health worker program in 2016, UNICEF supported the training of 34 Community Health Services Supervisors (for the 34 districts in the five counties in south-eastern Liberia) and will support the refresher training for general community health volunteers on the provision of integrated community case management (iCCM) services in the same counties starting next week. 36 motorcycles (six specifically for the iCCM focal points in six counties) were donated to the Ministry of Health to strengthen field monitoring and supervision at county/district levels.

- In Liberia, UNICEF is one of the partners providing technical assistance to the Ministry of Health in the development of national and county level operational plans based on the country’s Resilient Health System Investment and Transition Plan, which was recently finalized.

- As part of the implementation of the health worker training on Helping Babies Survive, UNICEF supported the national Training of Trainers (48 persons from 14 counties trained) and subsequent trainings in Grand Gedeh, Sinoe and Bomi counties.

- From June 2015, 919 severely malnourished children from Bomi, Bong, Lofa, Margibi, Montserrado, and Nimba, the counties worst affected by Ebola, were admitted to the Integrated Management of Acute Malnutrition (IMAM) programme. Out of the 642 severely malnourished children discharged from IMAM programme in June 2015, 95 per cent were cured, 4 per cent did not respond to treatment, and 1 per cent died.
• Out of the seven infants below 12 months identified in six quarantined households in three communities in Margibi County, one six-month old infant in Margibi who cannot be breastfed was provided with two weeks worth of supplies (84 bottles) of ready to use infant formula (RUIF).

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

• In response to the recent outbreak, UNICEF continues to dispatch supplies to address the most urgent IPC needs in the affected communities (schools, health facilities and holding center, households and checkpoints amongst others) including tents for isolation, hand-washing buckets, chlorine and gloves. Hygiene kits are currently being delivered to every household in the catchment area (more than 3,000). Through these kits, households will be able to practise safe hand washing and have access to safe drinking water through use of water guard that is provided as part of the kit.
• UNICEF sent teams to decontaminate two health facilities in the area, and provided packaged drinking water for health workers and households under voluntary precautionary observation as well as to the ETU where patients are being treated. Mobile toilets were installed at the health facilities and are currently in use by health workers that are contacts and have therefore been placed under precautionary observation. Regular desludging/emptying services are being provided. Emergency shower facilities with soak away pits have been constructed.
• UNICEF also provided rain boots to over a 100 teams of social mobilizers, 50 PSS workers, and WASH and environmental health experts on the ground. In addition, UNICEF supported the construction of fixed latrines for 18 households under precautionary observation in Margibi. Working through the social mobilisers, these households have been sensitised on the use and maintenance of these facilities.
• Mobile latrines have also been installed at Charlesville clinic, Needowein Isolation Centre and Unification Health Centre/Operations Centre. These latrines are regularly disinfected and desludged. Separately, bathing facilities and hand washing stations have also been constructed at these centres/clinic. In response to the water supply needs (laundry and hygiene), six 5,000-litre polytanks have been installed at the Operations Centre/Unification Health Clinic and Isolation Centre. Water is being trucked to the site.
• To enable hand washing, temperature checks and isolation during the rainy season, UNICEF is supporting the setup of shelters at three checkpoints in Margibi County (Bong Mines Road, BWI and 26th gate).

**WASH in schools**

• As part of the UNICEF/Government of Netherlands-supported WASH in Schools Ebola Response/Restoration activities, 80 schools have been identified for the implementation of WASH in Schools activities. These schools are selected from five underserved counties in southeastern Liberia as well as rural Montserrado. Agreements are being finalised with implementing partners.
• Construction of six latrines in Sims Community School in Caldwell is complete, bringing the total number of latrines to 14 serving 1,436 pupils.

**WASH in health facilities**

• As part of the rehabilitation and improvement of WASH systems in healthcare facilities effort to ensure IPC compliance, UNICEF will support the rehabilitation of WASH facilities at F.J. Grante Hospital (Sinoe County) and Rally Time Hospital (Grand Kru County). In addition to this, a partnership agreement is being finalised with an implementing partner for the installation of solar powered water pumping and treatment units at the two facilities.

**Social Mobilisation**

• In the wake of the recent Ebola outbreak in Margibi (June 2015) and the confirmation of a case in Montserrado (July 2015), UNICEF and other partners have intensified their support to both county health teams on rapid Ebola prevention through social mobilization and community engagement efforts.
• In Margibi, the social mobilization pillar of the local County Health Team:
  o Revised their strategy to a 360 approach involving community and religious leaders, media, teachers, and community mobilizers
  o Quickly identified local community mobilizers to pair with active case finders for house-to-house tracing and counselling
  o With the support of the Carter Centre, quickly mobilized Paramount Chiefs and other traditional leaders for a reorientation of the prime messages, including reporting of all deaths, having all dead bodies swabbed and seeking treatment early to increase the chance of survival, and sustaining vigilance in all communities
  o Revised and conducted orientation training for the use of new supervisors forms, reporting forms for social mobilizers, pre-intervention rapid assessment survey forms, monitoring checklists for the team supervisors and county level monitors, and post-intervention survey forms
  o Is currently conducting a house-to-house campaign from 2 to 31 July 2015, by which time all 3,316 households in the catchment area would have been visited and counselled at least four times.
• In Montserrado, a ring approach concept note and key strategic activities have been developed and all County and District Mobilization Coordinators have been oriented on the new forms introduced in Margibi and have begun re-activating their old contacts, in particular religious and traditional leaders. In Montserrado, the 289 general community health volunteers (gCHV) that were already being supported, have intensified their door-to-door visits and community meetings to maintain an optimum level of awareness.

• A ring approach is being applied to cover counties bordering with Margibi and Montserrado. An evidence-based micro-strategy is being implemented based on daily and weekly data and information collected, including rumour tracking. In addition, social mobilization efforts will be enhanced by mobilizing influential leaders and community members to maintain vigilance. UNICEF is renewing its partnership with Carter Center to engage over 240 traditional leaders and healers; and with the Inter-religious Council of Liberia to re-engage hundreds of religious leaders.

• There have been rumors regarding the genesis of the new outbreak, including several conspiracy theories. These are being countered by reinforcing factual messages on 52 radio stations (national and community based) and through community dialogues.

• Across all counties, 2,743 community meetings reached 32,895 men, 33,335 women, 38,889 children and 1,106 community elders with EVD awareness and prevention messages.

**Media Coverage**

• Press release on [latest Ebola cases in Liberia, and UNICEF support](UNICEF.org)

• UNICEF Representative, Sheldon Yett, on [new cases of Ebola in Liberia](Reuters)

• UNICEF Representative, Sheldon Yett, on [support to the response to latest Ebola outbreak](RTT News)

• UNICEF Representative, Sheldon Yett, quoted on [UNICEF supplies provided for Ebola response](ENews, Park Forest)

• UNICEF Representative, Sheldon Yett, on [UNICEF support to latest outbreak of Ebola](Christianity Daily)

• UNICEF Representative, Sheldon Yett, on [new Ebola cases detected in Liberia](BellJar News)

**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*</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>C4D/Social Mobilization</td>
<td>12,915,145</td>
<td>22,588,357</td>
<td>13,936,029</td>
<td>8,652,328</td>
</tr>
<tr>
<td>Nutrition</td>
<td>7,289,263</td>
<td>10,736,999</td>
<td>3,751,897</td>
<td>6,985,102</td>
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<tr>
<td>Health and HIV/AIDS</td>
<td>25,546,857</td>
<td>70,812,058</td>
<td>44,794,536</td>
<td>26,017,522</td>
</tr>
<tr>
<td>WASH</td>
<td>22,405,806</td>
<td>45,378,144</td>
<td>29,434,607</td>
<td>15,943,537</td>
</tr>
<tr>
<td>Child Protection</td>
<td>8,079,681</td>
<td>12,239,127</td>
<td>13,308,465</td>
<td>-1,069,338</td>
</tr>
<tr>
<td>Education</td>
<td>4,593,643</td>
<td>14,532,090</td>
<td>9,677,026</td>
<td>4,855,064</td>
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<tr>
<td>Cross Sectoral</td>
<td>4,981,002</td>
<td>7,667,614</td>
<td>5,848,954</td>
<td>1,818,660</td>
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<tr>
<td>Cluster/Sector Coordination</td>
<td>0</td>
<td>3,117,296</td>
<td>2,625,718</td>
<td>491,578</td>
</tr>
<tr>
<td>Funds under allocation</td>
<td></td>
<td></td>
<td>2,508,901</td>
<td>-2,508,901</td>
</tr>
<tr>
<td>Recovery cost</td>
<td></td>
<td></td>
<td>9,099,115</td>
<td>-9,099,115</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>85,811,397</strong></td>
<td><strong>187,071,685</strong></td>
<td><strong>134,985,248</strong></td>
<td><strong>52,086,437</strong></td>
</tr>
</tbody>
</table>

*Programmable amount
**Programme Results**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Pillar / Sector</th>
<th>UNICEF</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Target</td>
<td>Actual</td>
<td>% Achieved</td>
<td>Target</td>
</tr>
<tr>
<td><strong>EPIEMIOLOGY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registered Ebola children who lost one or both parents/primary caregivers</td>
<td>3,691</td>
<td>3,691</td>
<td></td>
<td>3,691</td>
</tr>
<tr>
<td><strong>COMMUNICATION FOR DEVELOPMENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Households reached with interpersonal communication on Ebola prevention</td>
<td>1,000,000</td>
<td>699,896</td>
<td>70%</td>
<td>750,000</td>
</tr>
<tr>
<td>Sub-prefectures Chiefdoms and/or counties reporting resistance/reticence to cooperating with front line workers in the past week</td>
<td>0</td>
<td>0/15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Households reached with Inter-Personal Communication for National health campaigns (Integrated Measles, Polio, and Deworming campaign)</td>
<td>350,000</td>
<td>360,744</td>
<td>103%</td>
<td></td>
</tr>
<tr>
<td>Proportion of population surveyed who indicated discriminatory attitude towards Ebola survivors</td>
<td>&lt;3%</td>
<td>37% (435/1165)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of population surveyed who rejected alternatives to traditional burials/funerals</td>
<td>&lt;3%</td>
<td>17% (194/1155)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Community Care Centres/RITES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCCs established</td>
<td>25</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCCs functional</td>
<td>14</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCCs decommissioned</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCCs converted/transformed into Alternate Care Centres</td>
<td>7</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RITES pre-positioned for Rapid Response</td>
<td></td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RITES utilized in hot spot communities</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ebola community, treatment and holding centres with essential WASH services</td>
<td>29</td>
<td>24</td>
<td>83%</td>
<td>14</td>
</tr>
</tbody>
</table>

1 The target for this indicator has been revised and increased from 750,000 to 1,000,000.
2 The target for this indicator has now been reviewed and increased from 500,000 to 750,000.
3 KAP Survey, December 2014
4 KAP Survey, December 2014
5 For Liberia, decommissioning refers to the decontamination, repurposing or deconstruction of a CCC facility. Therefore, not all decommissioned CCCs are converted but all converted CCCs have to be decommissioned first.
6 One was closed, three have been decontaminated and of the three, two have been converted, see #7.
7 Two are now used as temporary isolation and triage facility, one as a service delivery point, and was upgraded as a temporary ETU.
8 One is now used as a Treatment Triage and Isolation Unit and the other as an Ad-hoc learning centre by the community.
9 25 CCCs, 4 transit centres/holding centres
10 12 CCCs, 2 transit centres /holding centres
| Non-Ebola health centres in Ebola-affected areas provided with hand washing station and/or WASH support | 270 | 270 | 100% |
| People benefiting from household WASH kits in Ebola-affected areas | 450,000 | 405,970 | 90% |

**CHILD PROTECTION**

| Ebola-affected children provided with minimum package of psychosocial support (PSS) services | 189,630 | 6,490 | 3% | 189,630 | 6,490 | 3% |
| Registered children who lost one or both parents/primary caregivers due to Ebola and child survivors of Ebola who received a minimum package of support/nationally agreed package, including family tracing and reunification or placement in alternative family based care | 3,691 | 2,808 | 76% | 3,691 | 2,808 | 76% |

**HEALTH**

| Health structures in Ebola-affected areas provided with Infection, Prevention and Control (IPC) supplies | 470 | 270 | 57% |
| Community Health Workers trained in Ebola prevention and case management | 650 | 136 | 16% |

**NUTRITION**

| Ebola patients receiving nutrition support | 1,088 | 988 | 91% |
| Children suffering from severe acute malnutrition (SAM) admitted for treatment | 13,925 | 5,352 | 38% |
| Infants 0-6 months who cannot be breast fed, receiving ready to use infant formula | 35 | 33 | 94% |

**EDUCATION**

| Teachers trained in Ebola prevention | 12,114 | 11,082 | 91% | 6,000 | 5,995 | 100% |
| Schools equipped with minimum hygiene package for Ebola prevention compliant with protocols | 4,400 | 4,619 | 105% | 4,400 | 4,619 | 105% |
| Children enrolled in schools equipped with minimum hygiene package | 1,153,316 | 1,196,010 | 104% | 1,153,316 | 1,196,010 | 104% |
| Children enrolled in schools benefiting from the distribution of learning kits | 1,196,010 | 143,222 | 12% | 1,196,010 | 143,222 | 12% |

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**Next SitRep: 5 August 2015**

Web: UNICEF Liberia  
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YouTube: UNICEFLiberia  

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11 The higher number of accomplishment is due to the inclusion of schools that were not included in the original validated list, and schools that were not officially registered with the MoE but have enrolled students for this school year.