Caretaker Helen Morris, an EVD survivor, hugs young children goodbye at the UNICEF-supported Interim Care Center in Monrovia as they await being driven to foster and kinship homes @UNICEF/2014

SITUATION IN NUMBERS

- According to the Ministry of Health, as of 12 January, the cumulative total of suspected, probable and confirmed cases of Ebola Virus Disease (EVD) in Liberia stood at 8,331. Last week witnessed the lowest weekly total of confirmed cases since the first week of June 2014. Case incidence has declined from a peak of over 300 new confirmed cases per week in August and September 2014 to 8 confirmed cases in the 7 days to 11 January 2015 (WHO).
- Schools began registering students on 12 January for the launch of the new academic year, and the Ministry of Education finalized a condensed 2015 academic calendar, including a minimum of 187 instructional days from 2 February to 2 November.
- The number of children registered as orphaned by EVD is 4,519. All of the children identified are currently receiving follow-up and psychosocial support. However, the Child Protection sub-Cluster estimated that as many as 7,500 children may be orphans due to EVD. UNICEF is partnering with the government and NGOs to train and engage more social workers to identify and ensure that all the orphans are in a protected environment.
- Data collectors for next week’s UNICEF-funded Joint Emergency Education Needs Assessment were trained in Gbarnga on 12-13 January by the assessment technical working group comprising UNICEF, MoE and NGO partners and are deploying to 9 counties to assess current education capacity in regions with high, moderate, and low EVD incidence to inform planning as schools prepare to reopen next month.
- UNICEF deployed rapid response teams to hotspots in Tewar, Porkpa and Gola Konneh districts in Grand Cape Mount County. UNICEF joined partners in organizing social mobilizers to engage the population of the quarantined and neighboring villages in each case 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, and safe and dignified burials; addressing issues of stigma, and asking residents if anyone was sick in their community.
- UNICEF is a key partner on the upcoming assessment and building resilient health systems effort in Liberia. Dialogues started this week around the scope and level of preparedness by the country to undertake a health system assessment and development of a budgeted integrated national health plan.

HIGHLIGHTS

As of 12 January 2015¹

- **8,331** Cases of Ebola
  (3,127 confirmed)
- **3,569** Deaths
- **4,519** Children registered as orphans
- **2 million+** Children living in affected areas
- **370** Cases and 178 deaths among health care workers

UNICEF funding needs until June 2015
USD 187.1 million

Funding gap
USD 92.2 million

¹Data are based on official information reported by the Liberian health ministry up to 12 January 2015. These numbers are subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results.
Situation Overview and Humanitarian Needs

Case incidence has declined from a peak of over 300 new confirmed cases per week in August and September 2014 to 8 confirmed cases in the 7 days leading up to 11 January 2015.

Montserrado County, which includes the capital Monrovia, continues to report cases. In the 7 days leading up to 11 January, 4 cases were reported in Montserrado and the remaining 4 in Grand Cape Mount. Lofa, which borders Gueckedou, has reported no cases for 78 days.

On the first of a three-day stakeholders’ consultative meeting on the assessment of health systems and building resilient health systems in Liberia, the Minister of Health and Social Welfare stated that the country was not prepared to fight EVD adequately on its own. He asserted that the development of a resilient health system required adequate financial support, which remained a major impediment to the resuscitation of the national health system.

Summary Analysis of Programme Response

Education

- Data collectors for next week’s (UNICEF-funded) Joint Emergency Education Needs Assessment were trained in Gbarnga on 12-13 January by the assessment technical working group (UNICEF, MoE, NGO Partners) and are deploying to 9 counties to assess current education capacity in regions with high, moderate, and low EVD incidence to inform planning as schools prepare to re-open next month.
- UNICEF is in the process of procuring hygiene and sanitation supplies that will meet minimum infection prevention and control requirements for the re-opening of schools as stipulated by the government.

Social Mobilisation

- UNICEF deployed rapid response teams to hotspots in Tewar, Porkpa and Gola Konneh districts in Grand Cape Mount County. UNICEF joined partners in organizing social mobilizers to engage the population of the quarantined and neighboring villages in each case 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, safe and dignified burials, addressing issues of stigma and asking residents if anyone was sick in their community.
- Door-to-door visits by social mobilization teams reached 24,942 households across all counties. Community meetings and group discussions reached 14,251 women, 14,731 men and 15,087 children; and 934 community leaders and elders. This intervention entails intensified activities in counties where outbreaks are taking place, including Grand Cape Mount and Montserrat.
- As of this week, 3,361 U-reporters have registered for U-report – an SMS/text-messaging-based tool UNICEF is using for community engagement – in Bong, Nimba, Lofa, Grand Bassa, Montessardo and Margibi counties.

Trends, gaps and milestones

- Last week a mobile truck equipped with a public announcement system was used to sensitize communities and four markets sites in two hotspots (Soul Clinic and Bernard Farm communities) in Paynesville in Montserrat County. In addition, “Operation Stop Ebola” targeting over 900,000 persons launched last week is still underway.
- Frontline mobilisers reported issues relating to long distances, mobility and communication. UNICEF is providing motorbikes, mobile phones and portable Internet modems to address these issues.

Child Protection

- UNICEF is working to ensure that children who have lost parents/caregivers due to EVD continue to receive family care through kinship arrangements, thus preventing institutionalization in orphanages. For Liberian families, it is common to care for orphaned children of relatives. To strengthen this, UNICEF provides one-time cash transfer to the families that take the responsibility to care for orphaned children. As of last week, a total of 649 EVD-affected children in Bong, Grand Gedeh, Nimba, Lofa, Montserrat, 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. Verification of additional 1,852 affected by EVD is ongoing.

- In the UNICEF-supported Interim Care Center in Monrovia – established to provide care for ‘contact’ children who need to be under observation for 21 days – all of the 53 children that stayed in this center over the last few months have returned to their families.
- In the UNICEF-supported Transit Center in Monrovia – established to provide care for children who survived EVD but have no known relative or caregiver to return to after being treated – there are currently four children for whom the family tracing and reunification services are being organized. In the event that they are unable to trace any family, the Department for Social Welfare will identify foster families for the children.

**Trends, gaps and milestones**

- A birth registration strategy in 2015 will entail getting birth certificates for children orphaned by EVD.
- The number of EVD survivors with mental disorders in Liberia is reportedly growing. This affects their ability to care for children. Local teams have been responding to the cases by providing medication and psychosocial support to the survivors.

**Health and Nutrition**

- UNICEF is a key partner on the upcoming assessment and building resilient health systems process in Liberia. Dialogues started this week around the scope and level of preparedness by the country to undertake a health system assessment and development of a budget integrated national health plan (strategic and operational plans). This meeting will provide an opportunity for the country and its key partners to reach consensus on next steps based on comparative advantage of each entity (government, donors and international technical agencies) and agree on roles and responsibilities.
- UNICEF led the Periodic Intensification of Routine Immunization (PIRI) effort targeting 551,364 children (9-59 months old) for measles and other vaccines for under-ones who missed their routine vaccination. 11 counties have already been covered with results indicating that a total of 95,540 children aged 9–59 months received measles vaccines. Results are still being collated in two counties (Montserrado and Bong) while 2 counties (River Gee and Maryland) did not implement the exercise in the first round. Planning is underway for the second round to be implemented from January 26–30, 2015.
- 52 patients admitted in ETUs and CCCs were provided with comprehensive nutritional care and support.
- Four out of the five infants from affected households in Bomi County continued to receive replacement-feeding support through collaborative efforts of district social workers, health workers and the County Nutrition Supervisor. Fortnightly nutritional assessments of these infants were regularly conducted as well.

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

- In the last week, a total of 13,989 children, women and men were reached with hygiene promotion and EVD awareness messages in Nimba, Grand Gedeh, Maryland, G. Kru and Montserrado counties. In addition, 2,123 hygiene kits were delivered to River Cess, Lofa and Margibi counties for distribution to families. Since the beginning of the outbreak, UNICEF has released hygiene kits containing personal hygiene items such as soap and bleach to benefit at least 54,630 households in five counties as well as to hotspot across the country. 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.
- UNICEF performed assessments in all ETUs in Monrovia to ascertain the volume of sewage and determine the retention time in preparation for de-sludging
- UNICEF facilitated training for driving and operating sewage trucks using one of the two ICRC sewage trucks

**Trends, gaps and milestones**

- The Environmental and Social Impact Assessment matrix has been prepared ahead of the assessment next week.

**Supply and Logistics**

- UNICEF is in the process of procuring hygiene and sanitation supplies that will meet minimum infection prevention and control requirements for the re-opening of schools as stipulated by the government. 90 percent
• Since the beginning of the outbreak, UNICEF has procured USD 22.8 million worth of supplies to aid the EVD response in Liberia and brought in 8,784 cubic meters of essential life-saving supplies used for EVD prevention and treatment at the household level as well as in Community Care Centers (CCC), Ebola Treatment Units (ETU), Rapid Isolation and Treatment of Ebola (RITE) deployments, Interim Care Centers, Transit Centers and health facilities.
• Last week 6 ETUs (Buchanan, Zorzor, Barclayville, Gbedian Town, Bopolu and Greenville) received the monthly deliveries of drugs, medical supplies and sanitation and hygiene consumables.
• As part of the overall EVD response, UNICEF is in the process of bringing in 200+ motorbikes to conduct its outreach activities (community engagement and psychosocial support) at the district and community levels. Many of them have already been distributed.
• As part of UNICEF’s overall response efforts, 49,446 households have benefitted from protection kits since the beginning of the outbreak. These kits contain basic protective gear and disinfectants designed to help frontline health workers to protect themselves against EVD or protect the family when a sick person’s EVD 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 ETUs are not readily available or accessible.

Human Resources
In an effort to strengthen EVD response efforts, UNICEF currently has 106 staff deployed in Monrovia and 24 at the field/county level, in addition to engaging 8,478* 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 13 January 2015, notwithstanding regular field monitoring and support visits to the field on a daily basis.

<table>
<thead>
<tr>
<th>Type of staff</th>
<th>Number of personnel in the capital</th>
<th>Number of personnel in the field</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>106</td>
<td>24</td>
</tr>
<tr>
<td>Surge (UNICEF staff on mission and staff through standby partners)</td>
<td>14</td>
<td>6</td>
</tr>
<tr>
<td>Third-party contractors (deployed for EVD response, financially supported by UNICEF)</td>
<td>0</td>
<td>8,478</td>
</tr>
</tbody>
</table>

Total as of 13 January 2015 | 120 | 8,508 |

*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 from this week include:

Social Mobilization Cluster
• The Montserrado IMS (MIMS) adopted a “sector” approach to intensify and target all interventions in an integrated and coordinated manner. Each of the four geographical sectors will be led by the government, with MSF, CDC, and Global Communities providing operational support in the individual sectors. UNICEF will support social mobilization interventions across all the four sectors hand-in-hand with surveillance activities which will be led by WHO. Towards operationalizing the social mobilization strategy, and ensuring targeted and coordinated implementation of community engagement interventions, UNICEF is developing a detailed database of all active
social mobilization partners and assets in Montserrado, down to the community level, to identify gaps and overlaps.

**Child Protection Sub-Cluster**
- The UNICEF-led Child Protection Sub-Cluster is field-testing a pilot project that involves the use of mobile applications to collect data relating to vulnerable children. Using phones provided by UNMEER and an open source program, an app has been designed. The app enables social workers to collect and submit data, according to requirements of the various ministries, directly from the field to the ministries’ database. More than 40 government social workers were trained and 12 phones were distributed to cover all parts of Monrovia. The social workers participated actively in the training and field-testing.

**WASH Cluster**
- UNICEF is working to improve water supply and sanitation facilities in three slums in urban Monrovia (New Kru, West Point and Dolos-Town) in partnership with Oxfam and Monrovia City Corporation. Most of the preliminary interventions have been accomplished, such as: recruitment of WASH staff; recruitment of community health volunteers (CHVs); reactivation of WASH committees; development of designs for urban water supply systems; identifying sites for construction of two water systems; and training for CHVs on community health mobilization and waste management.

**Media Coverage**
Regional Director Manuel Fontaine on [immunization efforts in the context of Ebola](All Africa). (All Africa)
Global C4D Chief Rafael Obregon on Ebola Survivors and the #IsurvivedEbola campaign [Reuters/CBC CIO Deutsche Welle Front page africa](https://www.deutsche-welle.de/)
Communication Specialist Helene Sandbu Ryeng on How Ebola has affected Children in West Africa (Huffington Post); and [Children out of school](UNICEF blog)
C4D Specialist Adolphus Scott on [operation stop ebola](The Heritage)
C4D Specialist Rania Elessawi on [Operation Stop Ebola](All Africa)

**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></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>5,959,827</td>
<td>16,628,530</td>
</tr>
<tr>
<td>Nutrition</td>
<td>7,289,263</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>25,546,857</td>
<td>70,812,058</td>
<td>34,248,349</td>
<td>36,563,709</td>
</tr>
<tr>
<td>WASH</td>
<td>22,405,806</td>
<td>45,378,144</td>
<td>28,172,805</td>
<td>17,205,339</td>
</tr>
<tr>
<td>Child Protection</td>
<td>8,079,681</td>
<td>12,239,127</td>
<td>6,073,225</td>
<td>6,165,902</td>
</tr>
<tr>
<td>Education</td>
<td>4,593,643</td>
<td>14,532,090</td>
<td>130,164</td>
<td>14,401,926</td>
</tr>
<tr>
<td>Cross Sectoral</td>
<td>4,981,002</td>
<td>7,667,614</td>
<td>6,078,741</td>
<td>1,588,873</td>
</tr>
<tr>
<td>Cluster/Sector Coordination</td>
<td>3,117,296</td>
<td>720,625</td>
<td>2,396,671</td>
<td>77</td>
</tr>
<tr>
<td>Funds under allocation</td>
<td></td>
<td>5,544,016</td>
<td></td>
<td>-5,544,016</td>
</tr>
<tr>
<td>Recovery cost</td>
<td></td>
<td>6,697,895</td>
<td></td>
<td>-6,697,895</td>
</tr>
<tr>
<td>Total</td>
<td>85,811,397</td>
<td>187,071,685</td>
<td>94,848,390</td>
<td>92,223,295</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

### UNMEER and UNICEF Results

14 January 2015

<table>
<thead>
<tr>
<th>TARGETS</th>
<th>TOTAL RESULTS</th>
<th>% TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>SETTINGS</td>
<td>pillar / sector</td>
<td>pillar / sector</td>
</tr>
</tbody>
</table>

### Indicators

#### Epidemiology

<table>
<thead>
<tr>
<th>Indicator</th>
<th>UNICEF</th>
<th>Pillar / Sector</th>
<th>UNICEF</th>
<th>Pillar / Sector</th>
<th>UNICEF</th>
<th>Pillar / Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of EVD cases with onset in the past week(^1)</td>
<td>-</td>
<td>-</td>
<td>127/817</td>
<td>1</td>
<td>2%</td>
<td>2%</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(^2)</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Communication for Development

<table>
<thead>
<tr>
<th>Indicator</th>
<th>UNICEF</th>
<th>Pillar / Sector</th>
<th>UNICEF</th>
<th>Pillar / Sector</th>
<th>UNICEF</th>
<th>Pillar / Sector</th>
</tr>
</thead>
<tbody>
<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>
<td>15</td>
<td>100%</td>
<td>100%</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(^3)</td>
<td>100% (15)</td>
<td>100% (15)</td>
<td></td>
<td></td>
<td></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(^4)</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 EVD(^5)</td>
<td>80%</td>
<td>80%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### CCC

<table>
<thead>
<tr>
<th>Indicator</th>
<th>UNICEF</th>
<th>Pillar / Sector</th>
<th>UNICEF</th>
<th>Pillar / Sector</th>
<th>UNICEF</th>
<th>Pillar / Sector</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) functional against target set for the current reporting period(^6)</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>15/29 (10 RITE kits, 2 ICC, 2 TC, 1 CCC)</td>
<td>24/49 (10 CCCs, 10 RITE, 2 TC, 2 ICC)</td>
<td>52%</td>
<td>49%</td>
</tr>
</tbody>
</table>

---

\(^1\) Reports against week ending 9 January, 2015.

\(^2\) Not currently reported by the MoH, in discussion with the MoH Database managers to create template for analysis.

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

\(^4\) Two cases were are related to resistance from the burial team to take the dead bodies in Grand Cape Mount and River Gee.

\(^5\) 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 is brought about by the latest approved number of ICCs, RITEs and other similar facilities being planned by the MoH.
<table>
<thead>
<tr>
<th>Percentage of Community Care Centers (Community Care Centers (CCCs)) Established after a Community Dialogue Process Aligned with Global SOPs or According to Norms Established in Country</th>
<th>100% (15 CCCs, 10 RITEs, 2 ICCs, 2 TC/holding facility)</th>
<th>100% (31* CCCs, 10 RITE, 4 ICCs, 4 TCs/holding facility)</th>
<th>17</th>
<th>10</th>
<th>3%</th>
<th>20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH</td>
<td>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</td>
<td>100% (56)</td>
<td>100% (76)</td>
<td>23</td>
<td>33</td>
<td>41%</td>
</tr>
<tr>
<td>PROTECTION</td>
<td>Percentage of EVD-affected children provided with care and support, including psychosocial support</td>
<td>100%</td>
<td>100%</td>
<td>4,519</td>
<td>4,519</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>Percentage of children who are without a primary care giver due to EVD reintegrated with their families or provided with appropriate alternative care</td>
<td>100%</td>
<td>100%</td>
<td>35/55</td>
<td>35/55</td>
<td>64%</td>
</tr>
<tr>
<td>HEALTH</td>
<td>Percentage of patients admitted to CCCs who are tested for EVD infection and whose test result is available within 36 hours</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

7 A 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.

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.
## 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>221,752 89%</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ebola treatment/care centers equipped with medical supplies(^{12})</td>
<td>52</td>
<td>20 38%</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of Ebola patients who received nutrition support(^{13})</td>
<td>100%</td>
<td>735 85%</td>
</tr>
<tr>
<td>Percentage of children residing in Ebola hotspots admitted for SAM treatment(^{14})</td>
<td>4,000</td>
<td>352 9%</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>42,630 28%</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>5,995 55%</td>
</tr>
</tbody>
</table>

### Next SitRep: 21 January 2015

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

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\(^{12}\) New deliveries of medical supplies to four ETUs have been recorded in the last 10 days; a ready to deploy RITE kit was also delivered in Grand Cape Mount as part of the support to the rapid response to new confirmed EVD cases in the area.

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

\(^{14}\) Presently, Ebola hotspots are located in six counties: Bong, Grand Cape Mount, Lofa, Margibi, Montserrado and Nimba. Of the total SAM cases, 95 new cases came from Montserrado.