According to the latest Ministry of Health Ebola Virus Disease (EVD) report, up until 28 November 2014, the cumulative total of suspected, probable and confirmed cases of EVD in Liberia was 7,635. The cumulative total of deaths stood at 3,145. Cases and deaths continue to be under-reported. Reported case incidence is stable or declining in Liberia. A total of 43 confirmed cases were reported in the 5 days to 28 November 2014, down from 78 the previous week.

Liberia Institute of Statistics and Geo-Information Services estimates that 2,038,583 children are affected by EVD in Liberia. Of these, 599,913 children are under 5 years of age. According to last week’s data from the health ministry, there have been 1,010 confirmed cases of children with EVD, and 507 deaths (40 per cent of these deaths occurred amongst children under 5). The cumulative total of suspected, probable and confirmed cases of EVD in children is 2,081. There are reasons to believe that these numbers are lower than the actual number of cases. 243 volunteer contact tracers trained and engaged by UNICEF will report on all cases of children affected by EVD starting next week. All of the children identified are currently receiving psychosocial support.

Since the beginning of the outbreak in March, UNICEF has procured USD 14.1 million worth of supplies to aid the Ebola response in Liberia. As part of this, UNICEF has airlifted 1,244 metric tons of emergency aid, including essential protective gear, tents, diarrheal kits, emergency health kits, and sanitation supplies such as chlorine.

10 Rapid Response and Treatment of Ebola (RITE) kits have been procured, packed and are ready to be dispatched to RITE or hot spot* locations to respond to outbreaks.

In an effort to strengthen UNICEF’s presence in the field, reinforce coordination with county officials and partners, and identify new partnerships opportunities, UNICEF opened its third field office in Harper, Maryland County, to overlook interventions in three additional counties: River Gee, Grand Kru and Sinoe.

Essential drugs and supplies were released to three NGO partners, covering 40 percent of health facilities to be supported as part of the restoration of essential health services effort.

154 Ebola patients admitted to 10 Ebola Treatment Units (ETU) received comprehensive nutritional care and support including catered food, therapeutic nutrition foods and fortified blended products from combined efforts of MoH, IMS Catering Service, implementing NGO partners, WFP, and UNICEF.

As of 28 November 2014*

7,635
Cases of Ebola
(2,801 confirmed)

3,145
Deaths

1,010
Children and youth 0-18 infected

2 million+
Children living in affected areas

361
Cases and 174 deaths among health care workers

UNICEF revised funding needs until February 2015:
USD 85.8 million

Funding gap:
USD 53.6 million

*Data are based on official information reported by the Liberian health ministry up to 28 November 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 stabilized over the past five weeks, after declining from mid-September until mid-October. A total of 43 confirmed cases were reported in the five days to 28 November, down from 78 the previous week.

The district of Montserrado, which includes the capital Monrovia, reported 34 confirmed cases, and accounted for 79 percent of all confirmed cases reported nationally in the week to 28 November. Bomi (2 confirmed cases), Grand Bassa (4 confirmed cases), Grand Cape Mount (2 confirmed cases, compared with 21 the previous week), and Margibi (1 confirmed case) are the only other districts to report a case during the same period. The district of Lofa, in the north of the country and on the border with Guinea and Sierra Leone, reported no cases for the fifth consecutive week.

Facilitated by UNMEER, the first meeting of the Montserrado county Incident Management System (IMS) was held last week. The county IMS replicates the structure already in place nationally.

Contact tracing is still a challenge in areas of intense transmission. Increasing capacity for contact tracing in areas with low levels of transmission will be necessary to end local chains of transmission.

Community resistance, denial and resorting to traditional healers remain prevalent in Gbarpolu and Grand Cape Mount counties. The high mortality rates in the remote communities affected by the EVD flare ups (e.g. 17 deaths vs. 2 survivors as last reported by the Glensyasu community), combined with limited outreach in hard to reach places, contribute to maintaining a worrying trend in the two counties.

The Supreme Court of Liberia has issued a stay order to the Election slated for 16 December 2014 after two political parties (Movement for Progressive Change and National Democratic Coalition) filed a lawsuit on the holding of elections amidst the Ebola crisis.

Summary Analysis of Programme response

Health and Nutrition

- Essential drugs and supplies were released to three NGO partners, covering 40 percent of health facilities to be supported as part of the restoration of essential health services effort.
- 154 Ebola patients admitted to 10 Ebola Treatment Units (ETU) received comprehensive nutritional care and support including catered food, therapeutic nutrition foods and fortified blended products from combined efforts of MoHSW, IMS Catering Service, implementing NGO partners, WFP, and UNICEF.
- Four 72 m² tents were released for the establishment of a CCC.
- 10 of 12 ETUs were supplied a total of 100 cartons of ready-to-use biscuits, 8 cartons of therapeutic milk F-75 and 524 liters of replacement feeding supplies.
- 40 cartons of ready-to-use therapeutic spread were prepositioned in ETUs to support two-week recovery of Ebola survivors found to be severely malnourished and referred to Integrated Management of Acute Malnutrition (IMAM) sites upon discharge.

Trends, gaps and milestones

- Disaggregated data not readily available from the health ministry on some EVD epidemiological indicators as well as consumption data for supplies.
- Capacity of nutrition focal points working in ETUs needs to be strengthened. Specifically, an orientation package needs to be developed and rolled out.
- Nutritional assessment and treatment of severely malnourished children in the context of Ebola need to be intensified. Specifically, health workers in 93 IMAM sites need to be oriented and mentored especially on the modified nutrition protocols.
- 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.

Water, Sanitation and Hygiene (WASH)
As part of UNICEF’s continued support to the construction of ETUs, a borehole was drilled at Monrovia’s SKD stadium ETU site, while a reticulation system is currently being installed.

The Gbarnaga Holding Centre in Bong County now has a borehole, while a reticulation system is currently being installed and the waste management system construction finalized.

Rehabilitation and upgrade of the water supply system and sanitation facilities in the ELWA-2 ETU has begun. This entails the construction of toilets, showers and storm water drainage system; and the rehabilitation of pipelines for water supply.

Through community meetings and door-to-door campaigns, 29,945 community members have been reached with hygiene promotion messages focusing on hand washing, safe water, importance of latrines and Ebola awareness in target communities in Montserrado, Nimba, Maryland and Grand Gedeh counties.

**Trends, gaps and milestones**

- One out the planned UNICEF supported 15 CCCs completed. Positive momentum seen at both national and county levels (through strong community participation and coordination with partners on planning and assessment) in the setup of the completed CCC, and in the setup of the remaining 14 CCCs.

- Gaps include limited partners for operation and management of WASH facilities in ETUs; challenges in on-site and off-site management of liquid wastes from the earlier constructed ETUs; and the need for rehabilitation/upgrading of WASH services within targeted urban slums.

- A process milestone was a joint UNICEF, GoL and partners annual review meeting. The presentation of the annual progress was divided into two parts – regular and emergency. The recommended actions for 2015 included local capacity building on environmentally sustainable water resources development; emergency preparedness/response mainstreaming; establishment of waste management national policy; and refocus on WASH in schools and health centers.

**Communication for Development (C4D) and Social Mobilisation**

- Last week, UNICEF trained 24 social mobilisers from the health ministry, County Health Team and implementing partners (BCFTA, CRUCEP, REFOUND, BOCAP, BFTA, Scripture Union, RCEP, PPA) in Bong county on the community engagement process for CCCs and RITEs. The training aimed at gaining community support and ownership of CCCs. In addition, participants worked on a framework for micro-planning of interventions at county level and made progress on the multi-sectorial review of current messages to break EVD transmission.

- This week, 14,019 households were reached by door-to-door campaigns. 13,699 men, 15,216 women and 13,132 children participated in 127 meetings and group discussions across 15 counties. 1,050 community leaders were reached by social mobilization teams countrywide. 18 trainings that benefitted 859 people were conducted during the reporting period.

- As of this week, 733 U-reporters are registered on U-report – a new SMS/text-messaging-based tool UNICEF is using for community engagement – in Montserrado, Lofa, Bong and Maryland counties so far.

**Trends, gaps and milestones**

- The small variations in households reached every week are due to inaccessibility of some districts.

- Also, as reported by our community mobilisers, pockets of resistance remain in all counties with rumours like Ebola is no more because the state of emergency was lifted and misconceptions are rife across communities about health workers’ motives.

- The constant figure on population reached by radio messages remains unvarying because there is no independent scientific radio monitoring capabilities in Liberia at present. All social mobilization taskforces continue to meet consistently every week.

**Child Protection**

- Nine caregivers, who are Ebola survivors, were trained last week on the basic concepts of child protection at the UNICEF-supported Interim Care Center meant for children needing observation for a period of 21 days.

- As of last week, 90 Ebola-affected children in Bong, Grand Gedeh, Nimba and Bomi counties benefitted from one-time emergency foster grant/cash assistance meant to serve as immediate recovery support.

- An additional 150 households in Monrovia’s urban slum communities have been reached with Ebola prevention messages by a group of adolescent girls supported by UNICEF. In addition, 150 adolescent girls are tasked with the
responsibility of reaching at least 50 people each during the 16-day activism campaign against gender violence. Of the 7,500 target, 3,750 people have reportedly been reached in the last 5 days.

**Trends, gaps and milestones**

- There are fewer children in the Transit Centre – meant for children who survived Ebola but have no known relative or caregiver to return to after being treated. This is because children are now kept in contact with their family during treatment and are therefore reunited immediately afterwards. The reason for the previously high number of children needing family tracing assistance was that many children were brought to the ETUs without securing contact information of the family or caregiver beforehand.
- There are also fewer children registered in the ETUs. There can be several likely causes for this, including insufficient identification and reporting mechanism in the ETUs or that children are generally underreported in Liberia and are dying at home.
- Currently, funding gaps exist for reinitiating the child welfare committees and for rolling out of child protection databases to all counties.

**Education**

- Liberia’s Education Cluster was activated, and UNICEF’s Cluster Coordinator arrived in Monrovia to initiate formal integration of the Education sector’s ongoing emergency response efforts within existing inter-sectoral coordination structures.

**Trends, gaps and milestones**

- In the wake of ongoing closure of all schools, government teachers continue to spread Ebola awareness, prevention, and community health messages via door-to-door social mobilization in their school communities nationwide.
- Education sector awareness efforts in Montserrado County remain constrained due to the high concentration of private schools in the greater Monrovia area; because private school teachers are not currently receiving salaries while their schools are closed, those who participated in the Ministry’s Ebola awareness trainings cannot be relied upon to conduct community outreach without an alternative source of compensation.
- While teachers and principals mark each house they visit to map awareness coverage at the community level, reporting on total households reached in each district and county is not reaching Monrovia rapidly via the current communication channels available. UNICEF is working with the Ministry of Education to link their decentralized government personnel with our Social Mobilization focal points at the district and county levels, and exploring integration of SMS reporting tools to ensure timely mapping of social mobilization coverage.

**Supply and Logistics**

- Since the beginning of the outbreak, UNICEF has procured USD 14.1 million worth of supplies to aid the Ebola response in Liberia, USD 10.5 million of which was procured offshore, namely 1,244 metric tons of emergency aid, including essential protective gear, tents, diarrheal kits, emergency health kits, and sanitation supplies such as chlorine.
- In the last week, USD 725,240-worth of supplies were procured. 10 RITE Kits have been procured, packed and ready to be dispatched to Rapid Response and Treatment of Ebola (RITE) or hot spot locations to respond to outbreaks.
- As part of UNICEF’s support to the setup of Ebola Treatment Units (ETU) and Community Care Centres (CCC) across Liberia, 44,820 kilos of chlorine has been released to health authorities to date.
- As part of UNICEF’s overall Ebola response, a total of 44,820 household protection kits have been released as of last week. 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.
- Since the beginning of the outbreak, UNICEF released hygiene kits containing personal hygiene items such as soap and bleach kits to benefit at least 39,527 households in six counties (Nimba, Bong, Bomi, Montserrado, Margibi and Lofa).
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 certain health facilities.

In addition to manpower, storage capacity is one of the main constraints in the field. There is a need of increasing the storage capacity and rehabilitate warehouses facilities. Supply and Logistics, teamed with the Ministry of Health, are conducting a Logistics Capacity Assessment in the field. To date, five counties (Bong, Margibi, Bomi, Gbapolu and Grand Cape Mount) have been assessed.

Human Resources
In an effort to strengthen the Ebola response effort, UNICEF deployed 54 national and 61 international staff in Monrovia and at the county level. 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 2 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>UNICEF supported Social Mobilisers across 15 counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>International staff</td>
<td>54</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>National staff</td>
<td>61</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>Total (on 2 December 2014)</td>
<td>115</td>
<td>43</td>
<td>6376</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:

1) To ensure appropriate documentation and follow-up of vulnerable children, the Child Protection Sub-Cluster is using Save the Children’s interagency database to create a reporting tool for social workers using a phone app. This tool is to supersede all other existing databases on vulnerable children. All government social workers will be equipped with a mobile phone with this app installed. The data they enter on the phone regarding the identified vulnerable child is sent, in encrypted format, to the database that will be monitored by the government. The database enables case management and follow up, which helps to monitor and regulate the regularity of follow-up visits to the child.

2) Nutrition Sub-Cluster: Through a partnership of the health ministry, Medical Teams International (MTI) and UNICEF, a team composed of two nutrition trainers and one field supervisor were deployed to Bomi County for 2 weeks to support capacity building of health workers and social workers on nutrition.

3) WASH Cluster: In order to address the safe handling of hazardous liquid waste from ETUs in and around Monrovia, a task force has been established by the WASH Cluster to support Liberia Water and Sewer Corporation (GOL) in the rehabilitation of Fiamah waste water treatment plant to store and treat infectious liquid waste. UNICEF, in consultation with infection prevention and control (IPC) experts from WHO and ICRC, is installing a liquid waste collection bay and constructing facilities to store infectious waste in the plant while final treatment and disposal arrangement will be conducted based on WHO-approved standard operating procedures.

4) The social mobilization and community engagement component/Cluster of the Ebola response operates through a National Social Mobilisation Committee chaired by the Health Promotion Director/Ministry of Health and co-chaired by UNICEF.

The Social mobilization Cluster has so far engaged in the following activities:
• Design and initiation of a national KAP study (results expected end December 2014); and assessing available epidemiological and behavioral data to guide strategic decision making and rapid response;
• Drafting and revision of a national strategic framework (yet to be finalized)
• Mapping of partners and areas of work by county
• Design, production and dissemination of technically sound, locally relevant and audience specific messages and materials in a range of local languages for increasing knowledge and awareness; addressing attitudes, beliefs and norms; and promoting change in behaviours and practices. This includes messages around key prevention and protection behaviours around key modes of transmission; safe and dignified burials; national cemetery and monument; vaccine trials; special election and Christmas time messages, etc.
• Provision of equipment and supplies for implementation e.g. vehicles, megaphones etc
• Training of 4000 Traditional Chiefs and Religious Leaders, as well as 10,000 general Community Health Volunteers (gCHVs) – this is currently underway
• Door-to-door/house-to-house IPC and community discussions and monitoring.
• Radio broadcasts over all 50+ local and community radio stations
• Other on-ground activities such as travelling theatre groups; moving video vans; border initiatives, etc.
• Polling around perceptions and practices (U-Report and Geopolling/CDC/Harvard)

Media Coverage
• Liberian media on UNICEF’s provision of Ebola prevention supplies to vulnerable prison populations (FrontPage Africa) and UNICEF’s support to social cash transfer programmes for Ebola-affected populations (AllAfrica)
• Country Representative Sheldon Yett on UNICEF support to a partner campaign spotlighting Ebola survivors (AllAfrica)
• Country Representative Sheldon Yett in a panel discussion on Ebola conducted by the Brian Lehrer Show (WNYC/NPR)
• A photo essay showcasing the lives of health workers in UNICEF-supported Ebola Treatment Units in Liberia was published by UNICEF Australia (UNICEF)
• Yahoo! highlighted a ‘trending’ video of a UNICEF-supported youth outreach worker (Yahoo!)

Funding

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Original Ebola Requirements (USD)</th>
<th>Revised Ebola Requirements (USD)</th>
<th>Funds received*</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>C4D/ Social Mobilization</td>
<td>9,290,776</td>
<td>12,915,145</td>
<td>2,807,159</td>
<td>10,107,986</td>
</tr>
<tr>
<td>Nutrition</td>
<td>7,704,893</td>
<td>7,289,263</td>
<td>934,075</td>
<td>6,355,188</td>
</tr>
<tr>
<td>Health and HIV/AIDS</td>
<td>17,796,761</td>
<td>25,546,857</td>
<td>8,486,150</td>
<td>17,060,707</td>
</tr>
<tr>
<td>WASH**</td>
<td>22,251,456</td>
<td>22,405,806</td>
<td>10,597,585</td>
<td>11,808,221</td>
</tr>
<tr>
<td>Child Protection</td>
<td>2,872,346</td>
<td>8,079,681</td>
<td>1,594,038</td>
<td>6,485,643</td>
</tr>
<tr>
<td>Education</td>
<td>2,161,926</td>
<td>4,593,643</td>
<td>16,000</td>
<td>4,577,643</td>
</tr>
<tr>
<td>Cross Sectoral</td>
<td>2,687,745</td>
<td>4,981,002</td>
<td>4,411,603</td>
<td>569,399</td>
</tr>
<tr>
<td>Funds under allocation</td>
<td></td>
<td></td>
<td>3,302,359</td>
<td>-3,302,359</td>
</tr>
<tr>
<td>Total</td>
<td><strong>64,765,903</strong></td>
<td><strong>85,811,397</strong></td>
<td><strong>31,148,969</strong></td>
<td><strong>53,662,428</strong></td>
</tr>
</tbody>
</table>

*Programmable amount
**UNICEF received a contribution of $5,238,975 (programmable amount) specifically for WASH in CCCs, which is reflected in the WASH figures above.**

### Programme Results

#### UNMEER and UNICEF Results

**3 December 2014**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Targets</th>
<th>TOTAL RESULTS (in actual numbers)</th>
<th>% TARGET REACHED</th>
<th>COMMENTS/ LIMITATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UNICEF</td>
<td>UNMEER</td>
<td>UNICEF</td>
<td>UNMEER</td>
</tr>
<tr>
<td><strong>EPIDEMIOLOGY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of EVD cases with onset in the past week</td>
<td>-</td>
<td>-</td>
<td>439/7635</td>
<td>439/7635</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</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>COMMUNICATION FOR DEVELOPMENT</strong></td>
<td></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>
<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</td>
<td>60% (7200/12,000)</td>
<td>60% (7200/12,000)</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</td>
<td>13% (12/15 counties)</td>
<td>13% (12/15 counties)</td>
<td>3</td>
<td>3</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</td>
<td>80%</td>
<td>80%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CCC</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of CCCs functional against target set for the current reporting period</td>
<td>100% 15/15</td>
<td>28**</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Percentage of CCCs established after a community dialogue process aligned with Global SOPs or according to norms established in country</td>
<td>100%</td>
<td>100%</td>
<td>0</td>
<td>6</td>
</tr>
</tbody>
</table>

**WASH**
<table>
<thead>
<tr>
<th>Percentage of all Ebola community treatment and holding centers with essential WASH services</th>
<th>100% 44 (27 ETUs 15 CCCs 2 ICCs)</th>
<th>100% 44 (27 ETUs 15 CCCs 2 ICCs)</th>
<th>11</th>
<th>11</th>
<th>25.00%</th>
<th>25.00%</th>
<th>Denominator to be used should be Total = ETU + CCCs + ICC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROTECTION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of EVD-affected children provided with care and support, including psychosocial support</td>
<td>100%</td>
<td>100%</td>
<td>2,081</td>
<td>2,081</td>
<td>100%</td>
<td>100%</td>
<td>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.</td>
</tr>
<tr>
<td>Percentage of children who have lost one or both parents/caregivers or who are separated from their parents/caregivers reintegrated with their families or provided with appropriate alternative care.</td>
<td>100%</td>
<td>100%</td>
<td>36</td>
<td>36</td>
<td>90.00%</td>
<td>90.00%</td>
<td>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.</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></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 hrs</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Currently not reported; will establish systems for collection of data from the CCCs;</td>
</tr>
</tbody>
</table>

**GoL will verify the target number and criteria for actual CCC count**
### Additional UNICEF HPM Indicators

#### UNICEF Results with partners
3 December 2014

<table>
<thead>
<tr>
<th>UNICEF</th>
<th>TOTAL RESULTS</th>
<th>UNICEF RESULTS</th>
<th>COMMENTS/LIMITATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targets*</td>
<td></td>
<td></td>
<td></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>Households reached by Inter-Personal Communication/social mobilization teams</td>
<td>250,000</td>
<td>142,112</td>
<td>56.84%</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ebola treatment/Care centers equipped with medical supplies</td>
<td>42</td>
<td>15</td>
<td>35.71%</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children 6-59 months admitted for SAM treatment</td>
<td>4,000</td>
<td>505</td>
<td>13% <em>based on partial data from 8 counties</em></td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Households equipped with hygiene kits in Ebola affected areas</td>
<td>150,000</td>
<td>24,615</td>
<td>16%</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teachers trained on Ebola awareness and prevention</td>
<td>11,000</td>
<td>5,766</td>
<td>52% <em>Indicator unpacked and target for Ebola awareness revised</em></td>
</tr>
</tbody>
</table>

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**Next SitRep:** 10 December 2014

**Who to contact for further information:**

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