This weekly report is produced by the Office of the Resident Coordinator in Liberia. It covers all the Ebola response efforts undertaken by humanitarian actors in Liberia.

**Highlights**

- Ministry of Health and Social Welfare (MoHSW) has switched to a more thorough EVD reporting system more focusing on daily trends rather than cumulative totals.
- The new system has shown more cases and a drop in death toll.
- Stigmatisation of EVD-affected families, burial teams or community health workers still ongoing.
- Difficult road transportation continues to hobble distribution of relief supplies.

**Situation Overview**

The MoHSW has shifted to a more detailed daily reporting of EVD cases which has revealed a rise in confirmed, suspected and probable cases, but shown a drop in deaths. As of 25 October, it reported a total of 6,267 cases and 2,106 deaths. On 20 October, 2,737 deaths out of 4,744 cases were reported. It could be that some deaths reported as due to Ebola were actually not.

Stigmatisation and discrimination of EVD affected people persists. Burial teams in Grand Bassa County face discrimination. Community members want landlords to evict them. In Nimba County, residents of Small Ganta cannot go about their daily activities easily and in Ganta District, food insecurity is feared due to stigmatisation.

There have been challenges faced in cross-border transport. A convoy of mobile storage units and prefabs from the UN Depot in Ghana on its way to Liberia has been held at the Liberian-Ivorian border.
awaiting release from authorities. Poor roads and ongoing UNMIL road works and rehabilitation have caused delay transporting supplies up country, including transport of equipment for FLBs.

Eight refugees were released on 22 October from the quarantine centre at Bahn Camp in Nimba County after showing no symptoms of the virus for 21 days. They were quarantined after being in contact with a refugee living in the community who contracted the disease. Presently, there is only one contact remaining at the camp’s Community Care Centre, a male who was quarantined after coming in contact with a Liberian who had sought treatment at the camp but was not admitted.

Health (WHO, UNFPA, UNWOMEN, UNAIDS, UNICEF, WFP, UNDP, FAO, UNHCR, UNMIL, MoHSW)

Needs:

- No functioning ETUs to date in the south east. It is important to have them up and running as soon as possible.
- Community outreach through social mobilisation, especially around dead body management and contact-tracing.
- Body bags for safe burials.
- Rapid scaling up of case finding and referral to treatment centres.
- Establishment and expansion of additional treatment and holding centres to isolate cases from the general population and to facilitate specialised care.
- Re-opening of health facilities to ensure provision of critical lifesaving interventions for non-Ebola-related health conditions.

Response:

- 17 new ETUs are under construction to supplement current system. The aim is to have at least one functioning ETU in each county. This will build into building health systems and infrastructure to be able to withstand infectious disease outbreaks.
- The ETU built by the Department of Defence is completed and is to be opened on this week.
- Training of health care workers is ongoing by multiple partners including MSF, CDC and RBHS. Coordination structure for receiving participants to the trainings has been set up. All training requests to go through MoHSW in future.
- Discussion about better handling of the dead in line with local traditions ongoing. Burial grounds being identified due to resistance to cremation.
- System for communicating with families of patients in ETUs being developed following complaints over lack of information once patients are admitted.
- Management of PPE handling and distribution to be conducted through RBHS to better streamline the types in use and distribution to where most needed.
- LISGIS is providing mapping services for partners to give evidence-based data for decision makers and health authorities to appropriately intervene in the EVD epidemic.
- UNICEF and key partners are supporting the health ministry to adapt innovative technologies to collect data from frontline health workers and use that to provide the general population with access to basic health services across the country in real time using SMS (text messaging).
- Since the beginning of the outbreak, UNICEF has airlifted 660 metric tons of emergency aid, including essential protective gear, tents, diarrhoeal kits, treatment for emergency malnutrition cases, and sanitation supplies like chlorine.
- As part of UNICEF’s support to the setup of ETUs and CCC across Liberia, six metric tons of chlorine was released to the health ministry last week.
- As part of UNICEF’s contribution to re-activating routine essential immunization efforts to curb vaccine-preventable diseases, it is in the process of procuring supplies to ensure infection prevention and control in addition to funding training, outreach and field monitoring.
Gaps & Constraints:

- Data collection and analysis challenges persist. Discussions are underway to streamline the process.
- Better streamlining of PPE management is needed from procurement to distribution. Standardisation of PPEs used is also needed.
- Available treatment services are still inadequate for the sheer scale of the outbreak and resulting case load, with the scale-up of planned ETUs and CCCs lagging behind expectations.
- Routine health services are not operational in the country due to administrative issues related to health worker demands for improved remuneration, allowances and insurance, as well as to concerns related to personal safety from the virus in the work environment.
- The initial steps critical to re-opening health services – re-training of health workers on infection control and handling of Ebola cases, disinfection of facilities and distribution of essential drugs – are still outstanding in many counties.
- General Community Health Volunteers (gCHVs) are increasingly involved directly in Ebola outbreak response activities (as contact tracers, health promoters, etc.) and may not be available to provide the equally critical service of addressing the (still prevalent) common childhood illnesses.

Nutrition Sub-Cluster (UNICEF, MoHSW)

Needs:

- Nutritional support for Ebola patients during treatment and for convalescent patients.
- Nutritional support for infants and young children from Ebola-affected households.
- Nationwide training of health workers nationwide on the modified IMAM protocol, including training of gCHVs on visual active screening.
- Timely identification, screening, referral and treatment of severely malnourished children.
- Prevention and control of micronutrient deficiencies through vitamin A supplementation for children under five.

Response:

- UNICEF procured sufficient supplies to address the nutrition needs of orphans and infants under six months in ETUs.
- UNICEF is supporting the health ministry to finalise guidelines and protocols on providing therapeutic food to Ebola patients and convalescents.
- Project cooperation agreement signed between UNICEF and Africare to shore up case management and restore health, nutrition and WASH services in Bong and Nimba Counties. The project targets 100 health facilities and five CCCs.

Gaps & Constraints:

- Inadequate funding to support alternative infant and young child feeding in affected households.
- Global Interim Nutritional Care for EVD patients under treatment and convalescents.
- Few nutrition actors to support IMAM activities in the health facilities level and IYCF activities in the community level.
## Water Sanitation and Hygiene (WASH) (UNICEF, MoPW)

### Needs:

- Shift social mobilisation focus from purely prevention messaging to community engagement, readiness and acceptance of CCCs. This should be scaled up and rapidly implemented. Strong coordination must be initiated with technical working groups.
- Construction, operation and maintenance of WASH facilities in Ebola care centres (minimum of 27 ETUs and 65 CCCs), including solid infected waste management and sludge treatment.
- Assessment and provision of WASH facilities in health centres to support the essential health services in the country and ensure that Infection Prevention and Control procedures can be implemented safely.
- Solid Infectious Waste Management projects in urban and rural areas to ensure that waste is safely handled and disposed.
- Provision of equipment and supplies for disinfection and decontamination of health facilities (including treatment units) and affected households.
- Safe dead body management and understanding of traditional practices that could hamper safe care and burials.
- Expansion of hygiene promotion and awareness-raising measures.

### Response:

- WASH partners (MoPW, UNICEF, CODES and OXFAM) to set up a CCC in Grand Kru. Team will leave this week for the field.
- The WASH Cluster is establishing an integrated WASH assessment and monitoring team to provide technical assistance and monitoring to confirm the operational effectiveness and relevance of the WASH services and ensure that minimum requirements are met for the opening, operation and maintenance of Ebola health facilities.
- WHO, MOHSW, IMC and MSF are operating and maintaining WASH facilities in ETUs with 400 beds in Lofa, Bong and Montserrado Counties.
- The construction of the WASH system for additional ETUs in the country is scaling up with four under construction (400 beds) and sites selection for six others ongoing to increase the total capacity of beds to 1200. (Actors: Save The Children, UNICEF, WFP, WHO, AFL, WHH, USAID and WB)
- Identification of new partners to operate and maintain ETUs, with IRC in Montserrado for 100 beds, IOM for 300 beds in Bomi, Grand Bassa and Grand Cape Mount. Partners in Health in Nimba and Grand Gedeh Counties.
- Support site selection for CCCs. UNICEF is responsible for WASH in CCCs and will ensure technical standards for appropriate and effective WASH practices and waste management are met.
- Hygiene kits distribution is scaling up, with 30,000 distributed across the country since the beginning of the outbreak. 50,000 kits from UNICEF to be delivered in the coming weeks.
- Dead body management (DBM) is improving. Global Communities now have 33 burial teams and some 70 vehicles in all the 15 counties and are supporting the Red Cross DBM teams in Monrovia. The teams largely consist of environmental health specialists, which worked for the NGO’s WASH program prior to the outbreak. The teams are embedded in the County Health Teams, which facilitates coordination.
- Rehabilitation of Fiamah waste water treatment to manage hazardous liquid waste from ETUs. Partners are also looking at the social mobilisation component to ensure that a communication plan and community awareness is done properly.
Gaps & Constraints:

- There are few WASH actors implementing WASH Ebola response.
- Operation and maintenance of health care (Ebola and non-Ebola) facilities remains a challenge for the WASH actors. Few actors have committed to implementing such activities.
- Training capacity of WASH actors to operate and manage WASH facilities in CCCs and ETUs is below the planned needs.
- Documentation and study of behaviour change regarding critical procedures such as isolating symptomatic patients and safe burials are not systematically tracked and or done in real time, hampering response and prioritisation of actions.
- Solid infectious waste management in urban and rural areas should be quickly ramped up.
- Sludge treatment is a key challenge: different propositions have been suggested from on-site treatment and safe “de-sludging systems”.

Logistics (WFP, UNMIL, UNICEF, UNHCR, UNOPS, MoHSW)

Needs:

- Hundreds of additional staff to implement the logistics plan as Ebola outbreak response scales up, the volume of commodities and number of actors involved increases.
- ETUs are rapidly being constructed and it is expected that in the coming weeks, centres accommodating up to several thousands of patients will need to be regularly serviced. Forward Logistics Bases (FLBs) will be positioned strategically in order to ensure the prepositioning of essential supplies and equipment.
- Five Forward Logistics Bases will need to be positioned strategically throughout the country in order to ensure the prepositioning of essential supplies and equipment.

Response:

- The Logistics Cluster is operating a common logistics hub in the SKD stadium in Monrovia.
- Materials for the establishment of the FLBs have arrived; 12 mobile storage units, four prefabricated units, two generators and office equipment were dispatched to Voinjama and Gbarnga where construction of sub-hubs begun.
- Through WFP, the Logistics Cluster has provided mobile storage units to partners: in need of these structures for use in treatment/care facilities and for storage of EVD related supplies. Loans to date include, seven storage units to MSF-Belgium, two to MSF-Swiss, two to MoHSW, four to STC, two to Save the Children in Kakata and one to IMC in Gbarnga.
- A total of 33,983.43 m³ of relief supplies have been transported so far. During the reporting period 3,752.43 m³ (876.58 MT) was transported for USAID/OFDA, MoHSW, WHO, UNICEF, MSF-France, ICRC, IMC, MAP International, Save the Children, and MSB.
- Storage services for this week is 3,817.57 m³ (495.84 MT) on behalf MoHSW, USAID/OFDA, Save the Children, MSB, WHO, UNICEF, MAP international and IMC. The total volume of humanitarian commodities stored so far is 8,285.55 m³.

Gaps & Constraints

- Following partner complaints about being stopped in checkpoints around the country for lengthy periods of time, the Logistics Cluster is working with the Ministry of Health and Social Welfare (MoHSW) in order to address these delays.

- Organisations using storage at the main logistics hub are encouraged to dispatch commodities where they may be needed as soon as possible as the main hub is for transit storage only and space is limited.
- There have been challenges faced with cross border transport. There is still a convoy of mobile storage units and prefabs from the UN Depot in Ghana on its way to Liberia which has been held at the Liberian-Ivorian border awaiting release from authorities.
- Poor roads and ongoing UNMIL road works and rehabilitation have caused delay transporting supplies up country, including transport of equipment for FLBs.
- Limited passes are currently available and some NGOs continue to encounter problems at checkpoints despite use of passes. More passes are being printed and discussions are held with Liberian police to make sure sticker passes are recognised and that lists of humanitarian agencies are provided to all checkpoints to enable quick and safe passage.
- The airport can only handle one aircraft at any given time, creating delays and overloading of limited capacity. Partners have been requested to inform the Logistics Cluster of any known or planned cargo flights into Monrovia airport. Furthermore, an air coordination cell has been established in UNICEF HQ in Copenhagen, Denmark, in coordination with the Logistics Cluster and WFP Aviation.
- The Logistics Cluster is also currently assessing options for augmenting transport capacity throughout the country, including the possibility of using commercial transport contracts.

Food Security (WFP/FAO, MoA)

Needs:
- Continued food and livelihoods assistance for people affected by EVD.
- Supply chain for continuous distribution of animal feeds to the various self-help groups’ animal husbandry sites.
- Micro grants to existing self-help groups for improved and an expanded agriculture production.
- Cash transfer for Ebola awareness-raising and to reignite village savings and loan schemes.
- Training of farmers, forest users, youth and women groups.
- Support to agriculture production in the affected communities.
- More awareness and sensitisation of farmers on the spread of Ebola.
- Continued assessment needs to understand the impacts of the EVD crisis on agriculture and food security.
- Community growth monitoring and promotion.
- Increased logistical support to empower and strengthen agriculture partners.

Response:
- Food distribution to EVD affected communities under the health emergency response in Liberia is continuing to scale up. In the reporting week, WFP Liberia distributed 1,196.22mt of assorted food commodities to 73,355 beneficiaries. By 26 October, a total of 5,549.359mt of assorted food commodities were distributed to 356,469 EVD-effected population since the start of food distribution in July 2014.
- In addition to food distributions, partners are providing agricultural inputs and tools (such as rice, cassava sticks, pepper seeds and pesticides) and conduction trainings and working to increase awareness and improve hygiene and sanitation practices.
- Partners are also providing training on site preparation and pest control, cash motivation for seeds and tools protection.
Gaps & Constraints

- Lack of cash in communities especially women’s and village savings and loans associations and drop in purchasing power.
- Lack of adequate funding for national NGOs.
- Lack of manpower due to the fact that many of the self-help groups members are persons with disabilities.
- Fear and often stigma especially in the wake of Ebola.
- There is a need to better understand the impacts of the EVD crisis on agriculture and food security to inform immediate, short-, middle- and long term interventions.
- Reaching isolated communities because of road conditions. Limited road network, transportation and communication continue remain a challenge.
- Restrictions on the movement of traders into some communities. This is a strong measure being instituted by some communities to avoid the transmission of Ebola by visitors.
- There is a need to strengthen the use of local NGOs as implementing partners in the distribution of food around the country as well as their focused communities.
- As primary health care facilities (non-Ebola) are less accessible, some agriculture and livelihoods activities are reducing, affecting food security.

Protection (OCHCR, UNICEF, UNHCR, UNWOMEN, MoJ, MoG&D)

Needs:

- Health facilities in Sinoe County reportedly has six EVD kits, however health workers do not know how to use them. The head of the main facility in the County admitted that it is not properly equipped to provide an adequate response in emergency situation. In Montserrado’s JFK, health workers filed a formal complaint with Liberia National Legislature. Reportedly, they are being dismissed from work for unknown reasons and receive salaries considerably lower than their foreign colleagues. They further complained that in a hospital with the most EVD patients, health workers are not given sufficient number of PPE. Lack of adequate equipment in health facilities and low salaries for health workers is also reported to be an issue in Gbarpolu and Grand Bassa Counties.
- Stigmatisation and discrimination of EVD affected people persists. Burial teams in Grand Bassa County face discrimination. Community members want landlords to evict them. In Nimba County, residents of Small Ganta cannot go about their daily activities easily and in Ganta District, food insecurity is feared due to stigmatisation.
- Denial of EVD existence continues. In River Gee County, EVD sensitisation teams have been denied access to some communities to carry out on the prevention and control awareness.
- In Nimba County, the number of orphaned children is reported to be growing due to EVD. There is a serious and urgent need to address concerns such as lack of caretakers, suitable shelter, nutrition and clothing for these children and provision of adequate social protection.
- In Grand Bassa County, family members of EVD patients that were sent to Monrovia ETUs complained that they have not been receiving any updates on state of health of their relatives. It appears that ETUs do not communicate to either County or District taskforces on any EVD patients taken for treatment.
- In Margibi and Nimba Counties, serious lack of coordination between INGOs and the County Health Team has been cited as one of the challenges in a harmonised EVD response. In Nimba it was reported that NGOs carry out social mobilisation and awareness trainings in the same districts, resulting in duplication of activities yet there are still gaps and unaddressed issues over the effective EVD response.
Response:

- On 23 October, Protection Cluster members discussed issues of gender and gender-based violence amidst the EVD outbreak.
- IOM organised training in Monrovia for newly-recruited health care workers in locally constructed ETUs and CCCs.
- In River Gee County on 20 October, a USAID-sponsored project, Global Communities, in collaboration with the MoHSW, organized a workshop on Ebola awareness for burial teams and community leaders. Approximately 50 participants included health workers, community leaders, district and town commissioners, and representatives of women and youth groups.
- In Gbarpolu County, the Ministry of Education initiated trainings for local teachers on EVD awareness to sensitize communities.
- In Nimba County, the county health team together with individuals and philanthropic groups provided support for orphans of EVD-affected families who are living in a temporary home in Ganta. The EVD taskforce has been soliciting NGOs to raise more support for the orphans.

Gaps & Constraints:

- Dire lack of equipment at health facilities and untrained staff continue undermine EVD containment.
- Denial of some communities of existence of EVD further hinders sensitisation and possible prevention of EVD spread.
- Sensitisation of communities seems to have little effect on ending discrimination and stigmatisation against EVD affected persons.
- Lack of coordination between NGOs and the County Health Teams poses another obstacle to enhance efficiency and adequate response to EVD.
- Provision of essential services such as food security and nutrition, water, safe waste management and fuel to affected quarantine households. Ensuring access to child and maternal health care for safe deliveries at primary level, vaccination as well as treatment for common infections for populations at risk.
- Engagement of affected community monitors and reporters and complaints mechanisms need to be put in place for feedback from the affected populations on the Ebola response, to register complaints and provide responses to their questions or complaints. Public information of the existence of these mechanisms and how to access them.

Child Protection Sub-Cluster (UNICEF, UNWOMEN, MoG&D MoJ)

Needs:

- Over 3,000 children have lost either one or both parents/primary caretakers as a result of Ebola. Many of these children require immediate care and protection as their extended family is either unable or unwilling to look after them.
- Children face increased vulnerability to sexual and physical abuse, violence and exploitation, including trafficking as a result of their separation from family.
- Over 2,000 families with confirmed, suspected or probable Ebola cases are without any psychosocial support.
- Over 100 children with no symptoms of the disease have been brought to the ETUs with their family members and need to be isolated for 21 days before they return to their communities and be integrated into their extended families or be placed in foster care.

Response:
With UNICEF support, 595 (169 in Monrovia and 426 to the other nine counties of high prevalence of the EVD) separated, unaccompanied and orphaned children affected by Ebola have been registered to receive one-time cash assistance as part of immediate recovery support.

The reunification rate of children temporarily housed - 17 in the Interim Care Centre and 40 in Transit Center - is 98 percent, with almost all children having been reunified or placed into foster care. Five children were referred to the ETU after showing symptoms of Ebola, three were tested positive and are currently undergoing treatment, one died at the Island Clinic ETU and another tested negative and has been put under observation.

Entirely supported by UNICEF, 110 social workers and mental health clinicians provided psychosocial, family tracing, reunification and reintegration support to 740 children (337 boys, 403 girls) in the ten most affected counties, including in ETUs. In addition, UNICEF hired and trained 20 Ebola survivors to provide care in the Interim Care Centre and Transit Centre.

Supported by UNICEF, a group of young girls in West Point are on the front line in the fight against the Ebola, with an initiative they call "A-Life", or "Adolescents Leading the Intense Fight against Ebola". As of this week, 3,000 households in Monrovia’s urban slum communities have been given Ebola prevention messages.

The alternative care guidelines and referral path for Ebola response will be finalized by the end of October. Other protocols in preparation are guidelines for the Interim Care Centre and the referral pathway.

A total of 10 (seven girls, three boys) adolescents were trained on U-report using text messaging. This was done to provide adolescents and youth with skills to share information amongst themselves and report on issues affecting them.

Gaps & Constraints:

- Protocols for social workers and mental health clinicians’ engagement with families of suspected and probable cases in the communities are still being developed and will require expert guidance.
- Minimum standards for running of Transit Centres and facilities where children are under surveillance as “contacts” for 21 days have been drafted but remain under review. Due to the changing scenario and the experience on the ground, these standards and protocols for care will require constant review and adjustment in order to reach optimal standards of protection. The referral pathway between ETUs, Ebola Care Centres, Transit Centres and other forms of alternative care needs to be defined and agreed by all partners.
- Referral systems are being established, but limited services are being offered (e.g. the Ebola Call Centre is not adequately responding to calls for pick-up or home assistance. This is particularly true for young children whose parents died while in quarantine in their homes.
- Additional homes will be required if family tracing and foster placement is not successful within two weeks to one month after admittance into the Transit Centre and if there is no available extended family member or foster family ready to care for a child on discharge after 21 days from the facility for surveillance of “contact” children.
- Data on the total number of children affected is still very limited.
- There is still a need for additional 200-plus social workers and mental health clinicians.

Early Recovery/Livelihood (UNDP, MoFDP)

Needs:
• The non-health impact of the Ebola crisis are well-recognised, including the impact on the economy, the social fabric of society, and undermining and interrupting the development progress of Liberia (see previous weekly reports for figures on growth, price of commodities, business etc.). The health profession has threatened strike action in recent weeks and the importance of maintaining appropriate pay levels for health care workers is essential to maintain ETUs, CCCs, Lab work and other issues essential to combatting Ebola.

Response:

• The Ministry of Finance and Development Planning has progressed to the final stages of an Economic Stabilization and Recovery Plan which will be presented to the president-chaired Economic Management Team for approval in the coming week. The government, with Cluster members, has also developed an implementation matrix to specify activities and identify partners to immediately become involved in economic stabilization and recovery activities. The Cluster Coordinator and UNDP also met with private sector leaders on engaging with the activities identified in the plan to support recovery, job creation, skills training, and overall rebuilding the country and building resilience in communities.

• UNDP also delivered safety materials (cleaning equipment, sanitation products) to motorbike riders in support of a Ministry of Transport initiative to keep motorbike taxis operational and maintaining their livelihoods in a safe and Ebola-resistant manner (motorbikes and taxis have been a significant mode of transmission of EVD). The initiative ensures motorbike riders can maintain their livelihoods and the threat of EVD transmission is guarded against.

• The cash transfer non-cluster, related to the Early Recovery Cluster, has started gathering data on harmonised salary levels and payments to health workers. The Ministry of Health has published guidelines on salary payments that have been in effect since 1 October. The non-cluster will ensure that harmonised salaries are abided by wherever possible and health workers continue to be paid and continue working to bring Liberia out of the crisis.

Gaps & Constraints:

• The Economic Stabilization and Recovery Plan needs to be finalised before consolidated action can be taken on reinvigorating the economy and significantly bringing the private sector into the recovery effort. It is hoped that the EMT will approve the plan in the coming week and implementation of the plan will begin.

OTHER WORKING GROUPS

Social Mobilization/Public Information (UNICEF, UNMIL, WHO, UNAIDS, UNDP, UNWOMEN, UNHCR, MICAT, MIA)

Needs:

• Ensuring clear messaging on Ebola signs, symptoms and prevention measures, as well on as “what to do if” a friend or family member begins showing the signs and symptoms of Ebola.

• Developing information, education and communication (IEC) and behaviour change communications (BCC) materials and products (including posters, flyers, radio spots and videos) based on these messages.

• Developing trainings, training manuals and training aids for use by all actors involved in interpersonal communication (IPC) outreach.
• Translating Ebola awareness materials and products into local languages.
• Supporting the training, compensation and supervision of gCHVs to conduct Ebola awareness and outreach together with the MoHSW and its County Health Team system.
• Contracting, training and deploying additional outreach workers to conduct Ebola awareness to complement the gCHVs.
• Identifying and supporting other traditional or innovative outreach methods such as performance groups and “moving vans” equipped with PA systems.
• Supporting the MoHSW in promoting coordination of all actors engaged in social mobilization efforts.
• Promoting harmonisation of Ebola messaging across Government and non-governmental entities from the MoHSW, to the Ministry of Internal Affairs, County structures, NGOs and UN agencies.

Response:

• UNICEF has been working to strengthen large-scale social mobilization campaigns throughout Liberia using house-to-house interpersonal communications and radio including call-ins for prevention advice, with the updated mapping of partners’ interventions by county and an upcoming release of the Knowledge, Attitude and Practice findings.
• House-to-house interpersonal communication campaigns and radio broadcasts through 50 radio stations continue to reach over 1.5 million people every week on a range of prevention and protection behaviors as well as on addressing stigma and discrimination through newly created radio spots of testimonials from survivors and their families.
• A UNICEF led process of mapping sub-national (county) level work by NGOs and INGOs working in the area of social mobilization and community engagement has been refined and updated with information from 20 major NGOs and INGOs. This matrix has been shared with all partners through the National Social Mobilization Committee, and will be reviewed on a monthly basis.
• UNICEF has successfully advocated for the creation of a sub-group on monitoring and evaluation for the National Social Mobilization Committee. The sub-committee will be chaired by Johns Hopkins University – Centre for Communication Programs (JHU-CCP). Terms of Reference for launching a national knowledge, attitudes, behaviors and practices (KABP) study have been finalized. UNICEF and WHO are contributing resources to this study.
• An agreement has been signed with PCI Media Impact to develop and launch a radio education-entertainment show that will combine a radio drama as well as a listener call-in show for advice and discussion on key prevention and protection behaviors.
• A briefing package for the social mobilization/community engagement component of the Community Care Centers (CCC) roll-out has been developed and is being rolled out as part of county level workshops on the establishment of CCCs.
• As part of the Ministry of Education’s Ebola Response Plan, UNICEF is supporting the nationwide rollout of training for teachers to deliver door-to-door Ebola awareness, prevention and home protection messages in all 15 counties. As of this week, at least 77 education personnel at national level, 298 at county level and 568 at district level have been trained nationwide through these efforts.

Gaps & Constraints:

• Inadequate funding to support full range of UNICEF’s social mobilization activities.
• Inadequate cadre of IPC workers to cover the country; UNICEF is ramping up trainings of gCHVs to try to fill this gap, but roll out will take time and coverage will still fall below the ideal.
While improving, gaps in coordination of activities and harmonization of messaging persist. Lack of a nationwide monitoring mechanism for identifying rumours; UNICEF is currently relying on its field coordinators to gather such information.

Contact persons

For further information, please contact:
Ms. Margaret Gulavic, Strategic Planning Advisor/Head of RCO, margaret.gulavic@one.un.org
Mr. Otto Bakano, Public Information Officer, bakano@un.org

For more information, please visit www.unliberia.org
Sources: Clusters (Health, Logistics, Food Security, WASH, Protection and Early Recovery), Sub-clusters (Nutrition and Child Protection) and Working Groups (Social Mobilization and Coordination)