



UNICEF supports EVD-affected children with foster care, psychosocial care and other assistance.

Liberia Ebola Situation Report no. 80

8 April 2015



HIGHLIGHTS

- No new confirmed cases were reported from Liberia in the past week.
- The Government of Liberia has identified 4,345 as affected by the Ebola Virus Disease (EVD). 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 EVD. 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 EVD is 3,091 (847 having lost both parents and 2,244 having lost one parent).
- Verification of school re-opening progress continued with a second phase of call center direct outreach to principals and District Education Officers.
- The 2,467 schools reached after the second round of data collection represent 61 per cent of the 4,038 total schools targeted for infection-prevention-control (IPC) kit delivery by the Ministry of Health (MoE)/UNICEF during the first phase of school reopening. The random sampling of urban and rural schools in all 15 counties provides a strong indicative representation of the overall back to school picture; however, school re-opening/enrolment percentages are subject to change pending ongoing data collection/verification.
- 21 UNICEF-supported County Mobilization Coordinators from 15 counties were trained on the recently developed cross-border toolkit.
- A government-led validation exercise of the Resilient Health System Investment and Transition Plan took place last week, in which UNICEF was actively involved in reviewing and refining critical investment areas for building a resilient health system. Providing a career path for general community health volunteers and strengthening the district health system were amongst key UNICEF interventions.
- UNICEF continues to support the preparation of the upcoming measles campaign (integrated with oral polio vaccine (OPV)/deworming tablets) that is scheduled to take place from 8 May to 14 May 2015 for children under five. Microplanning sessions have now been concluded in all 15 counties. Social mobilization efforts and distribution of Information-Education-Communication (IEC) and other campaign materials to the counties is taking place in conjunction with NGO partners.

SITUATION IN NUMBERS

As of 5 April 2015¹

10,048

Cases of Ebola
(3,150 confirmed)

4,421

Deaths

4,345

Children registered as directly
affected by EVD

2 million+

Children living in affected areas

372

Cases and 184 deaths among
health care workers

**UNICEF funding needs until June
2015**

USD 187.1 million

Funding gap

USD 55.1 million

¹Data are based on official information reported by the Liberian health ministry up to 5 April 2015. These numbers are subject to change due to on-going reclassification, retrospective investigation and availability of laboratory results.

Situation Overview and Humanitarian Needs

According to the Ministry of Health and Social Welfare Ebola reports, the last confirmed Ebola case was reported on 20 March 2015. Liberia's World Health Organization 42-day countdown to being declared Ebola-free restarted on 28 March 2015, the day after the last patient succumbed to the disease.

No new confirmed cases were reported from Liberia in the past week. The last confirmed case passed away on 27 March 2015. A total of 332 contacts associated with the case are currently being monitored. Heightened vigilance is being maintained throughout the country. In the week to 5 April 2015, 310 new laboratory samples were tested for EVD, none of which tested positive. All counties with the exception of Montserrado have not reported a new case for over six weeks.

Summary Analysis of Programme Response

Education

- Verification of school re-opening progress continued with a second phase of call center direct outreach to principals and District Education Officers:
 - Out of 2,467 schools, which have been contacted so far, 2,443 (99 per cent) report that they are open.
 - 98 per cent of schools responding have confirmed receipt of the Back-to-School IPC kits distributed by UNICEF and Education/Logistics Cluster partners.
 - Registration figures indicate that enrolment has increased to approximately 92 per cent of 2014 levels within the schools sampled.
 - Attendance estimates suggest that 88 per cent of students registered in 2015 are attending classes each day.
 - While 99 per cent of schools contacted reported that they were open and 98 per cent had received IPC kits, this data should be considered in terms of potential reporting biases subject to mobile network coverage and principal responsiveness.
- The 2,467 schools reached after the second round of data collection represent 61 per cent of the 4,038 total schools targeted for IPC kit delivery by the MoE/UNICEF during the first phase of school reopening. The random sampling of urban and rural schools in all 15 counties provides a strong indicative representation of the overall back to school picture; however, school re-opening/enrolment percentages are subject to change pending ongoing data collection/verification

Social Mobilisation

- 21 UNICEF-supported County Mobilization Coordinators from 15 counties were trained on the recently developed cross-border community based surveillance and community engagement guidance package that is part of Government of Liberia's cross-border toolkit. They were also oriented on the complete toolkit that contains protocols, policy guidelines and Standard Operating Procedures (SOP) for working with communities, immigration authorities and county health teams on cross-border health security and surveillance. As a follow up to the training, county-specific community engagement interventions and plans for engaging the County Health Teams (CHT) were developed.
- UNICEF conducted a Training of Trainers of county health teams on the social mobilization and community engagement package for routine immunization followed by planning county-level rollout activities specific to the upcoming Integrated Measles, Polio and Deworming campaign in May 2015. Each county developed their county-specific social mobilization and community engagement plans and will begin cascade training of frontline mobilizers this week.
- In Grand Bassa, UNICEF has been working closely to support the CHT in collaboration with Red Cross and Concern Worldwide to conduct rapid response social mobilization/community engagement in seven health districts to respond to a measles outbreak. The need for immediate intervention prior to the national integrated campaign in May 2015 is to ensure that the target population are immunized. As a result, 145 mobilizers from district 1 to 4, Buchanan, Owengroove and Campwood districts were trained and have been conducting community engagement activities to encourage families to immunize their children.
- On 24 March 2015, a joint team comprising UNICEF and key partners attended a cross-border meeting in Lola, Guinea as part of cross-border collaboration and information-sharing and to establish strategies for stopping cross-border EVD transmission. This meeting is part of the series of tri-country meetings to strengthen cooperation on border surveillance. On a related note, the Grand Cape Mount Cross Border Action Plan for checkpoints and ports of entry - of which UNICEF is a partner in community engagement and surveillance - was finalized on 31 March 2015. The action plan is part of the county's cross border surveillance strategy.

Child Protection

- On 20 March 2015, a woman from Caldwell in Montserrado County (Sector II), was diagnosed with EVD and being the first case since 28 days. She subsequently passed away. Of her three children under observation, one came down with symptoms and was taken to the Ebola Treatment Unit (ETU). The two test results showed negative for EVD and the child was returned to her siblings. All three children are still under observation at the UNICEF-supported Kerlekula Interim Care Center in Montserrado County. The Ministry of Health mandated observation for the family of the victim, the adjacent households and two schools for the requisite 21 days (to end 8 April 2015).
- Of the 3,091 registered children who have lost one or both parents/primary caregivers due to EVD, to date 2,292 children have received a one-off financial cash grant of USD 150 through the Ministry of Gender, Children and Social Protection (MOGCSP), representing 74 per cent of registered children.
- The Ministry of Gender, Children and Social Protection was assisted with technical expert guidance in influencing the National Investment Plan for Rebuilding a Resilient Health System in Liberia by ensuring that it includes a strong social Welfare System that focuses on the social welfare workforce which is comprised of the social workers and psychosocial experts. Guidance provided also focused on strengthening language on specific impacts of EVD on the lives of women and children.
- UNICEF's local implementing partners SEARCH and Helping Hand completed a training-of-trainers of 20 and 32 staff respectively for the rollout of psychological first aid capacity building for adult survivors of EVD. SEARCH and Helping Hand are currently in the process of hiring 900 survivors in six counties - Bong, Cape Mount, Lofa, Margibi, Montserrado and Nimba – to provide psychosocial support to families affected by EVD by linking them to relevant services as needed.
- UNICEF continues to support MOGCSP Social Workers and psychosocial support teams at community level in Bong, Grand Gedeh and Lofa counties so that all children affected by EVD are identified, registered, followed up, receive the cash grant and attend school. UNICEF is also supporting the mapping of existing Child Welfare Committees. These Committees are community-based groups supporting the monitoring and reporting of child rights violations to NGOs or the government, especially in rural and difficult to access areas. In communities without (or with inactive) Child Welfare Committees, UNICEF Child Protection Field Officers support the (re)activation of these groups.
- Last week, a UNICEF Child Protection Field Officer and Social Workers in Lofa identified a mother of quadruplets who lost her husband due to EVD during her pregnancy. The children were not previously identified and registered due to the inaccessibility and remoteness of the village, close to the Guinean border. The mother was provided with psychosocial support, and food and non-food items. The County Health Team is monitoring the health and nutritional status of the mother and her four children.

Health and Nutrition

- A government-led validation exercise of the Resilient Health System Investment and Transition Plan took place last week, in which UNICEF was actively involved in reviewing and refining critical investment areas for building a resilient health system. Providing a career path for general community health volunteers and strengthening the district health system were amongst key UNICEF interventions.
- UNICEF continues to support the preparation of the upcoming measles campaign (integrated with OPV/deworming tablets) that is scheduled to take place from 8 May to 14 May 2015 for children under five. Microplanning sessions have now been concluded in all 15 counties. Social mobilization efforts and distribution of IEC and other campaign materials to the counties is taking place in conjunction with NGO partners.
- Planning is underway for the mass campaign around distribution and use of long-lasting insecticidal nets, now scheduled to launch on World Malaria Day, 25 April 2015.
- While EVD hotspots are now mostly concentrated in Margibi and Montserrado counties, they are both part of the six priority counties for Severe Acute Malnutrition (SAM) treatment, which also includes Bong, Nimba, Grand Cape Mount and Lofa. These are the original six counties where high number of EVD cases were recorded during the height of the EVD crisis. Of the total 92 SAM cases admitted in March 2015, 71 are from Grand Gedeh, 14 from Grand Cape Mount and 7 from Sinoe County.

Water, Sanitation and Hygiene (WASH)

- Assessments were carried out in two schools in Monrovia City – SIMS Community School in Caldwell and Massaquoi School in West Point. The findings revealed the need for rehabilitation of WASH facilities in both schools. In SIMS Community School, UNICEF, in partnership with CODES, have started upgrading six latrine cubicles that will be followed later with construction of eight new latrine cubicles. As for Massaquoi School, Welthungerhilfe will rehabilitate the existing latrines and the water supply system. UNICEF will work to ensure desludging of the septic tanks that are already full.
- WASH in Schools National Steering committee has been formally established which includes government officials, WASH consortium, UNICEF and NGO representatives. It has been agreed that the government will follow [the 3-star approach concept on WASH in schools](#).
- A group hand washing in schools model has been completed at Prisia Memoria Institute Elementary Junior and High School, Monrovia. The facility has been supported by UNICEF.
- The [Rapid guidance on decommissioning of ETUs and Community Care Centers \(CCC\)](#) will assist the streamlining of desludging operations in ETUs. The development of this document was led by WHO with inputs from UNICEF. The document serves to guide countries in the event of decommissioning the structures used for the ETUs and CCCs.
- A working group for the WASH in urban slums in the context of recovery has been established, with MPW as the chair. UNICEF will partner with Oxfam to implement this component.

Supply and Logistics

- As part of the preparations for the measles campaign, vaccines and supplies for infection prevention and control have been dispatched.
- As part of UNICEF's overall EVD response efforts, 675 kilos of chlorine was delivered to the German Red Cross this week.
- Since the beginning of the outbreak, UNICEF has brought in 13,484 cubic meters or USD 29.6 million worth of life-saving aid to Liberia for EVD prevention and treatment at the household level as well as for schools, CCCs, ETUs, Rapid Isolation and Treatment of Ebola sites, Interim Care Centers, Transit Centers and health facilities.

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.

Media Coverage

- UNICEF Representative, Sheldon Yett's op-ed on [the effects of Ebola on children's health in Liberia](#) (Daily Beast)
- Social Cash Transfer Programme on [Guess what happened when Liberia tested a pilot program of cash transfers to the extreme poor in Bomi](#).

Funding

Funding Requirements, as defined in Humanitarian Appeal of December 2014 (for 6 months)					
Appeal Sector	Ebola Requirements Sept 2014 (USD)	Revised Ebola Requirements Dec 2014 (USD)	Funds received*	Funding gap	
				\$	%
C4D/Social Mobilization	12,915,145	22,588,357	12,906,895	9,681,462	43
Nutrition	7,289,263	10,736,999	3,861,988	6,875,011	64
Health and HIV/AIDS	25,546,857	70,812,058	46,018,910	24,793,148	35
WASH	22,405,806	45,378,144	29,778,211	15,599,933	34
Child Protection	8,079,681	12,239,127	13,310,179	-1,071,052	-9
Education	4,593,643	14,532,090	8,956,460	5,575,630	38
Cross Sectoral	4,981,002	7,667,614	4,155,675	3,511,939	46
Cluster/Sector Coordination	0	3,117,296	2,178,655	938,641	30
Funds under allocation			1,909,163	-1,909,163	
Recovery cost			8,938,121	-8,938,121	
Total	85,811,397	187,071,685	132,014,256	55,057,429	29

*Programmable amount

**UNICEF received from OFDA a total of USD 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 8 April 2015	TARGETS		TOTAL RESULTS		% TARGET REACHED	
	UNICEF	Pillar/ Sector	UNICEF	Pillar/ Sector	UNICEF	Pillar/ Sector
INDICATORS						
EPIDEMIOLOGY						
Percentage of EVD cases with onset in the past week ¹	-	-	110/9898	110/9898	1%	1%
COMMUNICATION FOR DEVELOPMENT						
Percentage of county Social Mobilization taskforces (SMT) reporting on the dashboard each week	100% (15)	100% (15)	13	13	87%	87%
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 ²	100% (15)	100% (15)	15	15	100%	100%

¹ Report based on MoH SitRep # 318 covering the week March 23 - 29 released on 30 March 2015. Cases referred here are suspected and probable cases. The last confirmed case in the country was recorded in 20 March, who eventually died on 27 March 2015.

² Trained members of the Inter-Religious Council of Liberia (IRCL) are now actively promoting safe funeral and burial practices in 15 counties.

Percentage of counties with at least one security incident or other form of refusal to cooperate in past week	0% ³ (0/15)	0% (0/15)	1 ⁴	1	7%	7%
CCC						
Percentage of Community Care Centers (CCCs), Rapid Isolation Treatment for Ebola (RITE)/ Mobile CCC, Interim Care Centers (ICC) and Transit Centers (TC) functional against target set for the current reporting period ⁵	100% (12 CCCs, 19 RITEs, 2 ICCs, 2 TCs/ holding facility)	100% (25 CCCs, 19 RITEs, 4 ICCs, 4 TCs/ holding facility)	35/35 (19 RITE kits, 2 ICCs, 2 TCs, 12 CCCs)	45/52 (19 RITEs, 2 TCs, 2 ICCs, 22 CCCs)	100%	86%
Percentage of Community Care Centers (CCCs) established after a community dialogue process aligned with Global SOPs or according to norms established in country	100%	100%	12/12 ⁶	22/22	100%	100%
WASH						
Percentage of all Community Centers (CCCs), Rapid Isolation Treatment for Ebola (RITE), Interim Care Centers (ICC) and Transit Centers (TC) provided with essential WASH services ⁷	100% (8 ETUs, 12 CCCs, 19 RITEs, 2 holding centers/TC, 2 ICCs)	100% (27 ETUs, 25 CCCs, 4 ICCs, 19 RITEs, 4 TCs /holding centers)	41/43 (8 ETUs, 19 RITEs, 2 holding centers, 12 CCCs) ⁸	56/79 (13 ETUs, 22 CCCs, 19 RITEs, 2 holding centers)	95%	71%
PROTECTION						
Percentage of EVD-affected children provided with care and support, including psychosocial support ⁹	100%	100%	4,345	4,345	58%	58%
Percentage of children who are without a primary care giver due to EVD reintegrated with their families or provided with appropriate alternative care. ¹⁰	100%	100%	62/64	62/64	97%	97%

³ Target has been revised for this indicator as incident(s) of refusal or non-cooperation has been maintained at very low levels as a result of social mobilization activities, and in at least five weeks of (non-consecutive) reporting had zero incident.

⁴ Recent security incident was recorded in Baloma, Grand Cape Mount where a measles vaccinator was chased by community members.

⁵ Changes in the numbers is brought about by the last approved number of ICCs, RITEs and other similar facilities planned by the MoH. The sudden increase of RITE facilities is triggered by government decision to add an additional 9 RITEs for the prepositioning and/or immediate deployment and set-up of EVD treatment operation in smaller outbreak areas in the counties. A decision not to increase the number of CCCs beyond what has been completed in the past weeks is reflective of the government change of strategy, as plans are underway to convert existing CCCs to support the restoration of health services in the country as one of the highly affected public social services during the height of Ebola, now that infections are down to zero.

⁶ All completed CCCs were put up following community dialogue process. UNICEF CCCs are now pegged at 12 (see footnote #5).

⁷ The denominator is based on the updated approved number of ICCs, RITEs and other similar facilities being planned by the MoH.

⁸ UNICEF supports the installation of WASH facilities in CCCs and other Ebola facilities that are not necessarily built by UNICEF but by other partners.

⁹ The Government of Liberia has identified 4,345 (2,271 girls and 2,074 boys) as affected by EVD. 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 due to the Ebola virus Disease. To-date, a total number of children registered by the Ministry social workers as having lost one or both parents/primary caregivers due to EVD is 3,091 – 2,244 having lost one parent and 847 having lost both parents. This number is expected to still increase as social workers of the Ministry of Gender, Children and Social Protection in the counties are still identifying orphans. Data entry and backlog of forms is still ongoing, which includes children registered by NGOs and not yet verified and captured by the Ministry of Gender, Children and Social Protection database. The status of all children currently being transferred to the database is being followed up and verified by government social workers.

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 there are 3 children in an ICC and 5 children in a Transition Center (of the 5 children, only two are EVD affected, the remaining 3 are there because of physical abuse by their caregivers). Otherwise all are with families or in an appropriate alternative care. The number reflected above is cumulative.

UNICEF Liberia Humanitarian Performance Monitoring Indicators

Indicator	Target	TOTAL UNICEF RESULTS	
		Results	(%)
Households reached by social mobilization teams	500,000 ¹¹	398,851	80%
HEALTH			
Ebola treatment/care centers equipped with medical supplies ¹²	52	28	54%
Health facilities equipped with essential commodities for maternal, new-born and child health care and infection prevention and control ¹³	470	270	57%
NUTRITION			
Percentage of Ebola patients who received nutrition support in UNICEF supported ETUs and CCCs ¹⁴	94%	964/1,088	89%
Percentage of children in previously identified Ebola hotspots admitted for SAM treatment ¹⁵	4,000	2,357	59%
WASH			
Households equipped with hygiene kits in Ebola-affected areas	150,000	55,380	37%
EDUCATION			
Teachers trained on Ebola awareness and prevention	11,000	5,995	55%
District Education Officers (DEO) trained on the use of the EVD Infection Prevention and Control (IPC) kits for the safe reopening of schools ¹⁶	98	98	100%
Schools equipped with a minimum EVD Infection-prevention-control (IPC) package for safe re-opening ¹⁷	4,400	3,974	90%
CHILD PROTECTION			
Percentage of registered children who have lost one or both parents/primary caregivers due to EVD provided with one-off financial cash grant ¹⁸	100%	2292/3,091	76%

Next SitRep: 15 April 2015

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¹¹ The old target has been updated as social mobilization activities get underway in more areas with the mobilization of district level coordinators in all 15 counties. The revised target also reflects the intensification of social mobilization activities as part of a new strategy in urban areas.

¹² Delivery of medical supplies to partner operated facility in Keita, Grand Cape Mount (MTI) and in Karnplay, Nimba (PCI).

¹³ Facilities covered by UNICEF PCAs supplied with essential commodities.

¹⁴ 11 out of 14 ETUs provided with appropriate nutrition supplies. Grand Cape Mount, MMU and Chinese ETU have their own procurement and do not receive nutrition supplies from UNICEF. The target for this indicator was revised based on the Nutrition Results Matrix.

¹⁵ The six (6) priority counties for SAM treatment, which includes Montserrado, Margibi, Bong, Nimba, Grand Cape Mount and Lofa, are the original six counties where high number of EVD cases were recorded during the height of the EVD crisis. Of the total SAM cases admitted in February, 60 are from Margibi and 87 from Nimba counties; in March, 16 are from Grand Cape Mount.

¹⁶ This indicator is developed in conjunction with the Education intervention on the rollout of the “Protocol on for Safe School Environments in the Ebola Outbreak in Liberia”. The 98 school districts represent all the school district for the entire country.

¹⁷ UNICEF has been the main provider of EVD IPC kits in support of the Safe School Reopening Protocol in Liberia. Data source: UNICEF Supply and Logistics delivery and Education Cluster partner reports, and phone confirmation from an ad-hoc Call Center manned by MoE staff and Education Program youth volunteers.

¹⁸ Since children who have survived or lost one or two parents/caregivers due to EVD are still being identified, the number of children receiving the one-off cash grant is also expected to increase and so is the total denominator. All children are verified by the county-based government Social Workers. This is to ensure that all children who survived or lost parents due to EVD receive the one-off cash grant, and noting that for some children and their caregivers (especially if they were affected by EVD earlier in the outbreak who may not have all the necessary documentation as ‘proof’), Social Workers triangulate information from a variety of sources, including interviews with community leaders, county health officials, etc., for cross-checking and verification.