



UNICEF rapidly sent and erected isolation tents as part of the outbreak response in Margibi

# Liberia June Situation Report on Ebola

1 July 2015



## HIGHLIGHTS

- A 17-year-old male who died on 28 June 2015 in Unification Town, Margibi County, tested positive for EVD on 29 June 2015, making him Liberia's first reported Ebola case in over 90 days. The next day, a linked case was also confirmed Ebola positive.
- As immediate response on day 1, UNICEF sent in a team of social mobilization, WASH and child protection experts from Monrovia to Margibi County to better analyze the local situation and identify priority actions. UNICEF also immediately dispatched supplies to address the most urgent infection, prevention and control (IPC) needs in the affected communities (the school, health facility and checkpoints amongst others) including tents for isolation, hand-washing buckets, chlorine and gloves. In addition, UNICEF supported the Ministry of Health to develop appropriate messages to be disseminated through community radio. In conjunction with the government, UNICEF will lead the social mobilization, psychosocial support and WASH pillars of the response.
- Delivery of training and learning material for 4,460 schools countrywide is underway. UNICEF is supporting the Ministry of Education to procure and distribute Teaching and Learning Materials (TLM) to benefit all students, teachers and schools in the country. So far, TLM have been distributed to benefit almost 40,000 students across schools in Montserrado County. While distribution is underway to the remainder of the schools in Montserrado County, UNICEF is working closely with county and district education personnel to finalize distribution plans in the remainder of the counties.
- UNICEF is supporting the countrywide polio campaign that took place 26-29 June 2015. An estimated 683,573 children aged between 0-59 months were targeted to receive the Oral Polio Vaccine (OPV) and amongst them, 603,153 children aged between 6-59 months were targeted to receive Vitamin A. UNICEF is supporting social mobilization efforts, training of vaccination teams, as well as the procurement and distribution of vaccines and IPC supplies.
- A coverage survey of the UNICEF-supported countrywide measles campaign that concluded in Liberia last month is currently being carried out at the county level. Preliminary national level data shows that coverage exceeded 98 per cent of the target population. UNICEF provided key campaign supplies, including measles and polio vaccines, de-worming tablets, syringes and needles and operational funds for the campaign. In addition, UNICEF led and coordinated the nation-wide social mobilization and community engagement efforts to address the negative perceptions of immunization resulting from recent Ebola vaccine trials and educating the general public about the importance of routine immunization.

## SITUATION IN NUMBERS

**As of 30 June 2015<sup>1</sup>**

**0**

Days since the last confirmed case

**2**

Laboratory confirmed cases over the past 21 days

**4,905**

Children registered as directly affected by EVD\*

**2 million+**

Children living in affected areas

**UNICEF funding needs until June 2015**

**USD 187.1 million**

**Funding gap**

**USD 52.9 million**

*\*The Government has defined the number of children 'affected' as quarantined, orphaned, unaccompanied and separated children (UASC), in treatment and discharged.*

<sup>1</sup>Data are based on official information reported by the Liberian health ministry up to 30 June 2015. These numbers are subject to change due to on-going reclassification, retrospective investigation and availability of laboratory results.

## Situation Overview

On 29 June 2015, routine surveillance detected a confirmed case of Ebola in Margibi County, Liberia—the first new confirmed case in the country since 20 March 2015. The case is a 17-year-old male who first became ill on 21 June 2015. After presenting at a local health facility, the patient was treated for malaria and discharged. He died on 28 June 2015 and received a safe burial the same day. An oral swab taken before the burial subsequently tested positive twice for Ebola. 102 contacts have been identified, although that number is expected to increase as investigations continue. At this stage the origin of infection is not known. The case reportedly had no recent history of travel, contact with visitors from affected areas, or funeral attendance.

The next day, in the late hours of 30 June 2015, the Ministry of Health reported a second confirmed Ebola positive case. The victim is being treated at the ELWA-3 Ebola Treatment Unit (ETU) and is linked to the first case; yet the link between the two or the mode of transmission remains unclear.

Currently, 28 individuals have been identified as primary contacts and are being investigated. Investigations are ongoing to find the chain of transmission and track down the index case.

## UNICEF response related to the recent outbreak

The response team led by the Margibi County Health Team was activated in Margibi County, comprising the Health Promotion, Coordination, Contact Tracing, Burial, and Psychosocial Teams. Immediate action taken in recent days included an active case search and contact tracing, closure of the concerned health center, quarantine of 14 healthcare workers, and assessment of the possibility of voluntary quarantine of affected communities. Along with the Margibi County Health Team and key partners, UNICEF continues to address immediate needs of the social mobilization, psychosocial support and WASH pillars of the response. UNICEF also dispatched supplies to address the most urgent IPC needs in the affected communities (the school, health facility and checkpoints amongst others) including tents for isolation, hand-washing buckets, chlorine and gloves. In addition, UNICEF supported the Ministry of Health to develop appropriate messages to be disseminated through community radio.

### **Social mobilization/community engagement**

A mop-up campaign will commence 1 July 2015, targeting 16,530 people (3,120 households) in the affected communities situated around the Unification Town Health Center. As part of this, house-to-house visits and community dialogues (including with traditional healers considering the critical role they play in communities) will be led by social mobilization teams and accompanied by contact tracers (in teams of two comprising one active case finder and one social mobilizer) to effectively communicate key messages on the threat of Ebola and adequate preventive measures (and at the same time, carry out active case search).

### **WASH**

In addition to dispatching IPC supplies (hygiene kits, chlorine, soap, tents for isolation, etc.) for the school, health facility, checkpoints, etc., UNICEF is responsible for the decontamination of the health facility where the victim was being treated as well as the school that he attended. Mobile latrines will be installed and drinking water will be provided to the facility where the healthcare workers are quarantined. Additional hygiene kits and drinking water will be provided to quarantined households of high-risk contacts. Drinking water is also being sent to the ETU where some contacts are being treated, including a second Ebola positive patient. Tents for isolation will be erected at the holding center on 1 July 2015 and equipped with mattresses and other necessary supplies.

### **Psychosocial Support Services (PSS)**

PSS response is on-going with community dialogue and talking to persons who are reluctant to stay in quarantine. Trained by UNICEF, PSS teams will collect information from contact tracers and social mobilization teams regarding families and individuals in distress needing PSS. Subsequently, teams made up of social workers (Ministry of Gender, Children and Social Protection), mental health clinicians (Ministry of Health) and the NGO partner staff trained in psychosocial support will be assigned to provide PSS.

Teams will be assigned to the focal areas known as of now, including the children in the victim's school, the inhabitants of the home of the victim's mother, the inhabitants of the home of the victim's father, and the quarantined health workers.

### **Innovation**

In collaboration with the Ministry of Health, UNICEF's innovation team is putting in place an SMS-based tool called "Trace and Go", which provides an opportunity for family members to track the condition of their loved ones admitted in ETUs.

## UNICEF response prior to the outbreak in the month of June 2015

### Education

- Delivery of training and learning material for 4,460 schools countrywide is underway. UNICEF is supporting the Ministry of Education (MoE) to procure and distribute Teaching and Learning Materials (TLM) to benefit all students, teachers and schools in the country. So far, TLMs have been distributed to benefit almost 40,000 students across schools in Montserrado County. While distribution is underway to the remainder of the schools in Montserrado County, UNICEF is working with county and district education personnel to finalize distribution plans in the remainder of the counties.
- Training of teachers on pedagogy and psychosocial support is expected to begin during the next reporting period.
- UNICEF is assisting the MoE and UNDP in strengthening the country's education sector recovery plan by ensuring that key elements are adequately reflected and budgeted. The UNICEF-led Education Cluster has reactivated the Strategic Advisory Group to ensure lessons learned from the Ebola response are captured and used to integrate preparedness and resilience into future sector policy and planning, including the development of a contingency plan; and to begin the transition phase to a permanent Education in Emergencies working group under the Education Sector Development Committee.
- Last month, Back-to-School kits containing infection prevention and control supplies were delivered to an additional 611 schools in Montserrado County serving approximately 206,480 children. The schools were not included in the original vetted distribution list provided by the Ministry of Education. In total, 4,619 schools serving approx. 1.2 million children received the supplies required for infection, prevention and control. In order to ensure effective implementation of safe school protocols in all schools, all the 98 District Education Officers (DEO) were trained on the use of these Ebola Infection Prevention and Control kits. The DEOs further trained two teachers and one Parent Teacher Association member from each school, bringing the total to 9,238 teachers and 4,619 parents. Prior to reopening of schools, 5,995 teachers were trained on Ebola prevention practices and supported social mobilization efforts by reaching out to every household with the right messages and information on prevention and protection. These teachers have since been reintegrated to perform their normal functions once schools have reopened.

### Child Protection

- The Government of Liberia has identified 4,905 children (2,349 girls and 2,556 boys) as affected by Ebola. The Government has defined the number of children 'affected' as quarantined, orphaned, unaccompanied and separated children (UASC), in treatment and discharged. The total number of children registered to date as having lost one or both parents/primary caregivers due to Ebola is 3,660 (990 having lost both parents and 2,670 lost one parent).
- Of the 3,660 registered children who have lost one or both parents/primary caregivers due to EVD, to-date 2,527 children have received a one-off financial cash grant of USD 150 through the Ministry of Gender, Children and Social Protection (MoGSCP) representing 69 per cent of registered children.
- UNICEF continued to support the revitalization of birth registration and certification in Liberia, which slowed down or stopped in many health centers during the Ebola outbreak. Prior to the outbreak, UNICEF helped increase the birth registration rate from 4 to 25 per cent, but assessments have shown that most of the 73,000 children born during the Ebola outbreak have not been registered. During the reporting period, UNICEF continued to support the process of registering Ebola-affected children across all counties, upgrading the e-database and facilitating the delivery of birth certificates to all citizens who have not yet received one.
- UNICEF assisted the MoGSCP with expert technical guidance in influencing the National Investment Plan for Rebuilding a Resilient Health System in Liberia by ensuring that it includes a strong social protection component for children, which will be included within a holistic health package. Simultaneously, UNICEF is working with the ministry to strengthen the sector recovery plan.
- During the reporting period, a two-day training on the provision of psychosocial care, basic principles of child rights, referral path for gender-based violence (GBV) and prevention of family separation was conducted for 35 members and staff of the Inter Religious Council of Liberia (IRCL). The knowledge gained will be applied in faith-based communities to provide support to Ebola-affected children and families.
- The Independent Accreditation Committee (IAC) commenced the assessment of child welfare institutions in Montserrado County. This assessment is a measure of monitoring and ensuring that welfare institutions are adhering to the National Alternative Care Guidelines. The process will also be used to document children who have not been registered but are residing in welfare institutions.
- In collaboration with the MoH, UNICEF conducted a three-day workshop on Adolescent Reproductive Health in Maryland, Grand Kru and River Gee counties. Over four hundred health workers and adolescents have been empowered with the basic knowledge and techniques on how to prevent sexually transmitted infections and avoid early pregnancy. The trained health workers and adolescents are expected to pass on the acquired knowledge to the different

communities.

- UNICEF supported the MoGSCP to observe 'The Day of the African Child,' with the theme 'Ending Child Marriage,' bringing together an estimated 2,000 children, parents, government officials and foreign dignitaries in Grand Bassa County. The programme also included the induction of the newly-elected leadership of the National Children's Representative Forum.

## Health and Nutrition

- UNICEF is supporting the countrywide polio campaign that took place 26-29 June 2015. An estimated 683,573 children aged between 0-59 months were targeted to receive the Oral Polio Vaccine (OPV) and amongst them, 603,153 children aged between 6-59 months were targeted to receive Vitamin A. UNICEF is supporting social mobilization efforts, training of vaccination teams, as well as the procurement and distribution of vaccines and infection prevention and control supplies.
- A coverage survey of the UNICEF-supported countrywide measles campaign that concluded in Liberia last month is currently being carried out at the county level. Preliminary national level data shows that coverage exceeded 98 per cent of the target population. UNICEF provided key campaign supplies, including measles and polio vaccines, de-worming tablets, syringes and needles and operational funds for the campaign. In addition, UNICEF led and coordinated the nation-wide social mobilization and community engagement efforts to address the negative perceptions of immunization resulting from recent Ebola vaccine trials and educating the general public about the importance of routine immunization.
- In an effort to strengthen district and community level health system, UNICEF is supporting the Government of Liberia to develop a community health roadmap and launch the National Community Health Worker program in January 2016.
- UNICEF is providing technical assistance to the MoH in the development of national and county level operational plans based on the country's Resilient Health System Investment and Transition Plan, which was recently finalized.
- As part of the implementation of the health worker training on Helping Babies Survive, UNICEF supported the national Training of Trainers and subsequent trainings in Grand Gedeh, Sinoe and Bomi, starting in July 2015.
- According to reports from the month of May 2015, 642 severely malnourished children from five out of the six counties (Bomi, Bong, Lofa, Margibi, and Montserrado) worst affected by EVD were admitted to the Integrated Management of Acute Malnutrition (IMAM) program during the month.
- Sixty-eight health workers from nine health facilities in Sinoe County were trained on IMAM protocols and at the same time, additional outpatient therapeutic program (OTP) sites were established. By mid-June 2015, nine OTP sites in addition to the County Hospital in all the 10 health districts of Sinoe County were offering nutrition-related treatment and medical services. In addition, health workers from IMAM sites in Montserrado County, MSF France and Action contre la faim (ACF) were trained on IMAM protocols.
- A three-day joint supervision field visit was carried out in four OTPs and two in-patient facilities (IPFs) in Montserrado County by the County Health Team, UNICEF, and implementing partner ACF. The purpose of the exercise was to monitor the level of progress, identify challenges and find a way forward to improve the quality of care in the IMAM sites. Three out of the four OTPs visited were providing nutrition treatment services according to the nutrition protocol and infection prevention and control guidelines. Health workers in one IPF in Montserrado were trained on IMAM protocols because the majority of trained staff left the hospital.
- 144 community health volunteers in Margibi County were trained on Mid-Upper Arm Circumference (MUAC) from 9-11 June 2015. Immediately after the training, a countywide MUAC screening was organized by the County Health Team in collaboration with UNICEF from 12-15 June 2015. 26,484 children were screened for malnutrition in Margibi.
- The Essential Nutrition Actions Training in Lofa County commenced last 8 June 2015. A county training of trainers was conducted until 13 June 2015, where 17 county facilitators were selected out of the 25 that participated. The county facilitators trained 68 health workers from all 59 health facilities (52 health clinics, three health centers, and four hospitals) in Lofa county and 120 community health volunteers on nutrition counselling and community nutrition promotion. UNICEF provided technical and financial support for the entire exercise.
- The technical working group for the National Nutrition Survey planned for the months of July and August 2015 was created under the leadership of the Ministry of Health. The technical working group members are currently supporting the Ministry of Health to come up with indicators and agree on roles and responsibilities for the survey.

## Water, Sanitation and Hygiene (WASH)

### Wash in Schools

- UNICEF is supporting the government's WASH-in-Schools effort with the aim to harmonize standards for school-based WASH infrastructure improvements and hygiene promotion. An assessment of WASH facilities in selected schools is currently being carried out. In the first phase, 140 schools across nine counties will receive a full WASH package that

includes water supply, sanitation facilities that cater to the needs of both boys and girls, waste management, hand washing locations accessible by the physically challenged, and school health clubs.

- UNICEF provided technical and financial support for the training of Ministry of Education (MoE) and Ministry of Public Works (MPW) officials, and NGO implementing partners on National WASH in Schools (WINS) protocols. During the training, an action plan to roll out WINS in the counties and districts was developed.
- In collaboration with the MoE, soap distribution to 4,521 is ongoing in schools across the 15 counties of Liberia.
- Construction of six latrines in Sims Community School in Caldwell is underway, increasing the number of latrines up to 14 for a total of 1,436 pupils.
- At the request of MoE, 83 schools in Montserrado County will receive a full school WASH package as part of the UNICEF/Government work plan for 2015.

#### **WASH in Health facilities**

- As part of the rehabilitation and improvement of WASH systems in healthcare facilities to ensure infection prevention and control compliance, a joint detailed assessment by UNICEF, the Ministry of Public Works and the Ministry of Health was carried out with the aim to identify key needs for the short and medium terms toward restoring WASH systems in health facilities and making them resilient to respond to similar outbreaks in future.
- Out of this assessment, bills of quantities and technical drawings for the WASH installations in the first set of 12 priority health facilities have been completed and bids have been placed for construction. Once implementation starts within these 12 facilities, and based on direct request from the MoH, the second phase targeting the remainder of the 38 facilities will commence. In addition, UNICEF is supporting the ministry to put in place standard guidelines for WASH in health facilities.
- UNICEF, through a private contractor, completed the erection of a steel water tower at the JFK hospital compound in Monrovia and the installation of a 1,500-gallon poly tank installed on the tower to ensure water supply for the National Drugs Service's (NDS) grounds. As a result, NDS is now better prepared to support immunization efforts through timeline preparation of ice packs, for instance.

#### **Progress on Sanitation and Hygiene across communities**

- UNICEF facilitated the participation of Liberian government officials at the AfricaSan conference in Dakar in May 2015. Given the low rural sanitation (staggering 71 per cent of rural population practice open defecation, and Liberia is highly unlikely to meet the MDG sanitation target), this facilitation was meant as a first step towards rallying actors/leadership (technical and political) for the sanitation challenge in the country.
- As part of the community-led total sanitation implementation process, 158 communities are prepared for Open Defecation Free Verification in River Gee, Grand Kru, Maryland, Nimba counties.
- During the reporting period, a total of 2,963 hygiene kits were delivered to the Montserrado County Health Team and distributed in the urban slum communities of New Kru town. In addition 15,000 Water Guard vouchers were added to these hygiene kits. This voucher system will be utilized to track, through cell phone based application, feedback from households and continued usage of kits.

### **Social Mobilisation**

#### **Engaging communities and creating understanding on the need for another polio vaccination booster**

- UNICEF led social mobilisation activities for the countrywide polio vaccination and vitamin A campaign that took place 26-29 June 2015.
- Advocacy meetings involving key partners and stakeholders were held at national, county and district levels. Posters and flyers were used to disseminate messages to all counties and districts, and to support community engagement activities - mainly house-to-house visits and community dialogues. For at least 10 days, 100 town criers conducted community announcements in key locations like market places and around clinics and crowd gatherings across the country.
- UNICEF partner Carter Center, carried out community engagement interventions with traditional chiefs across the country. The chiefs were particularly active amongst select communities in Montserrado and Lofa counties that had incidences of non-compliance.
- UNICEF supported mass media programming to raise awareness about the campaign and to counter any potential resistances. At least 67 radio stations (both national and community based) aired a polio jingle and radio spot eight times a day for four days before and four days of the campaign, and several of the stations had talk shows involving local health or community influencers as guests. For print mass media, half page advertisements in three national newspapers ran for three days.

## Intensified cross-border community engagement

- UNICEF continues to conduct and plan cross-border community engagement activities related to maintaining vigilance amidst a surge in cases in neighboring Guinea and Sierra Leone. UNICEF also continues to participate in Border Crossing Group [BCG] meetings focusing on both international borders and internal boundaries surveillance among counties. Moving forward, trainings have been planned for district mobilisation coordinators using the approved cross border toolkit with an emphasis on community-based surveillance.
- In order to inform and document its social mobilization activities, UNICEF has been involved in several studies/exercises. Drafts of three short and two long case studies have been finalised. The results of these exercises will be disseminated at the pledging conference in New York on 9-10 July 2015. Currently, UNICEF Communication for Development section is working with the Health section and Planning, Monitoring and Evaluation section in planning for baseline assessment to support the government's community health interventions.

## Sustaining EVD Prevention Momentum

- UNICEF continued to conduct and monitor the community engagement activities across the country relating to cross-border EVD prevention, safe schools and immunization. Preliminary figures for June 2015 show that 51,204 households were reached with door to door visits; while 785 community meetings/discussions were held reaching 3,502 community elders, 88,554 men, 90,308 women and 58,402 children. Mobilisers continue to carry out activities to provide appropriate support to deal with key challenges mobilizers are facing, mainly due transportation difficulties and unfriendly weather.

## Media Coverage

- UNICEF Representative, Sheldon Yett, attends [national water and sanitation board meeting](#) (gnnliberia.com)
- UNICEF Representative, Sheldon Yett, [UNICEF donates three vehicles](#) to Ministry of Public Works (allAfrica.com)
- UNICEF Representative, Sheldon Yett, [distribution of teaching and learning materials](#) (Huffington Post)
- UNICEF Representative, Sheldon Yett, [Liberia's Ebola orphans torn between Government orphanages](#) (news.videonews.us)
- Distribution of [teaching and learning materials to 700,000 children across Liberia](#) (Thevoiceonline.co.uk; StarAfrica.com; globaltimes.cn)
- UNICEF CONNECT BLOG [The success of social mobilization and community engagement](#) and [Ebola in Liberia: what it took to get to zero](#)
- UNICEF Liberia [Liberia children's media day](#) (inprofiledaily.com)
- UNICEF Liberia [measles campaign May 8-14](#) (who.int)
- UNICEF Liberia [Russia donates \\$2million to fight Ebola](#) (Sierra Leone Times)

## Funding

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	13,850,885	8,737,472	39
Nutrition	7,289,263	10,736,999	3,740,116	6,996,883	65
Health and HIV/AIDS	25,546,857	70,812,058	43,864,429	26,947,629	38
WASH	22,405,806	45,378,144	29,252,607	16,125,537	36
Child Protection	8,079,681	12,239,127	13,291,579	-1,052,452	-9
Education	4,593,643	14,532,090	9,532,800	4,999,290	34
Cross Sectoral	4,981,002	7,667,614	6,143,712	1,523,902	20
Cluster/Sector Coordination	0	3,117,296	2,601,665	515,631	17
Funds under allocation			2,815,209	-2,815,209	
Recovery cost			9,036,468	-9,036,468	
<b>Total</b>	<b>85,811,397</b>	<b>187,071,685</b>	<b>134,129,471</b>	<b>52,942,214</b>	<b>28</b>

\*Programmable amount

## Programme Results

UNICEF and Pillar/Sector Results for EVD Response						
Liberia, Week ending 3 July 2015						
Indicators	Pillar / Sector			UNICEF		
	Target	Actual	% Achieved	Target	Actual	% Achieved
<b>EPIDEMIOLOGY</b>						
Registered Ebola children who lost one or both parents/primary caregivers		3,623				
<b>COMMUNICATION FOR DEVELOPMENT</b>						
Households reached with interpersonal communication on Ebola prevention	750,000	658,369	88%	500,000	593,270	119%
Sub-prefectures Chiefdoms and/or counties reporting resistance/reticence to cooperating with front line workers in the past week				0	0/15	
Households reached with Inter-Personal Communication for National health campaigns (Integrated Measles, Polio, and Deworming campaign)				200,000	229,031	114%
Proportion of population surveyed who indicated discriminatory attitude towards Ebola survivors				<3%	37% <sup>1</sup> (435/1,165)	
Proportion of population surveyed who rejected alternatives to traditional burials/funerals				<3%	17% <sup>2</sup> (194/1,155)	
<b>Community Care Centres/RITES</b>						
CCCs established		25			12	
CCCs functional		14			8	
CCCs decommissioned		4 <sup>3</sup>			4 <sup>4</sup>	
CCCs converted/transformed into Alternate Care Centres		4 <sup>5</sup>			2 <sup>6</sup>	
RITES pre-positioned for Rapid Response					16	
RITES utilized in hot spot communities					3	
<b>WASH</b>						
Ebola community, treatment and holding centres with essential WASH services	29 <sup>7</sup>	24	83%	14 <sup>8</sup>	14	100%

<sup>1</sup> KAP Survey, December 2014

<sup>2</sup> KAP Survey, December 2014

<sup>3</sup> For Liberia, decommissioning refers to the decontamination, repurposing or deconstruction of a CCC facility. Therefore, not all decommissioned CCCs are converted but all converted CCCs have to be decommissioned first.

<sup>4</sup> One was closed, three have been decontaminated and of the three, two have been converted, see #7.

<sup>5</sup> Two are now used as temporary isolation and triage facility, one as a service delivery point, and was upgraded as a temporary ETU.

<sup>6</sup> One is now used as a Treatment Triage and Isolation Unit and the other as an Ad-hoc learning centre by the community.

<sup>7</sup> 25 CCCs, 4 transit centres/holding centres

<sup>8</sup> 12 CCCs, 2 transit centres/holding centres

Non-Ebola health centres in Ebola-affected areas provided with hand washing station and/or WASH support				270	270	100%
People benefiting from household WASH kits in Ebola-affected areas				450,000	349,700	78%
<b>CHILD PROTECTION</b>						
Ebola-affected children provided with minimum package of psychosocial support (PSS) services	189,630	6,140	3%	189,630	6,140	3%
Registered children who lost one or both parents/primary caregivers due to Ebola and child survivors of Ebola who received a minimum package of support/nationally agreed package, including family tracing and reunification or placement in alternative family based care	3,623	2,527	70%	3,623	2,527	70%
<b>HEALTH</b>						
Health structures in Ebola-affected areas provided with Infection, Prevention and Control (IPC) supplies				470	270	57%
Community Health Workers trained in Ebola prevention and case management				650	102	16%
<b>NUTRITION</b>						
Ebola patients receiving nutrition support				1,088	988	91%
Children suffering from severe acute malnutrition (SAM) admitted for treatment				13,925	4,440	32%
Infants 0-6 months who cannot be breast fed, receiving ready to use infant formula				32	32	100%
<b>EDUCATION</b>						
Teachers trained in Ebola prevention	12,114	11,082	91%	6,000	5,995	100%
Schools equipped with minimum hygiene package for Ebola prevention compliant with protocols <sup>9</sup>	4,400	4,619	105%	4,400	4,619	105%
Children enrolled in schools equipped with minimum hygiene package	1,153,316	1,196,010	104%	1,153,316	1,196,010	104%
Children enrolled in schools benefiting from the distribution of learning kits	1,196,010	39,258	3%	1,196,010	39,258	3%

## Next SitRep: 1 August 2015

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<sup>9</sup> The higher number of accomplishment is due to the inclusion of schools that were not included in the original validated list, and schools that were not officially registered with the MoE but have enrolled students for this school year.