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## **Interim Care Centers for Children Affected by Ebola in Liberia**

**Cooperative Agreement No. AID-OFDA-A-15-00013**  
**Reporting Period: December 15, 2014 – March 31, 2015**  
**Submitted: April 30, 2015**

### **A. Introduction**

Liberia was severely affected by the outbreak of the Ebola Virus Disease (EVD) in 2014, with over 9,000 EVD cases and over 4,000 reported deaths. It has been estimated by UNICEF that in Liberia over 7,000 children have been affected by EVD—including child survivors of EVD, children orphaned by EVD, children separated from parents or other caregivers who are undergoing EVD treatment, and children who may have come into contact with an affected person. Many of these children suffer from stigmatization by community members, including extended family, as they are afraid to take these children in out of fear that they may be infected. In response to the need to prevent and control EVD transmission, ensure the well-being of children affected by EVD and promote their successful reintegration into their communities, ChildFund Liberia is implementing the “Interim Care Centers for Children Affected by Ebola in Liberia” project to provide a safe and protective environment for children affected by EVD, where they can receive psychosocial support and be monitored for EVD symptoms for 21 days.

The goal of the project is to ensure that children who are asymptomatic for EVD but at high risk will be monitored for symptoms and referred for early health intervention if they become symptomatic. The project aims to provide safe interim care facilities where children can be protected from the effects of stigmatization, desertion, exploitation, or institutionalization as a result of exposure to the disease, and to support early reintegration with their families and caregivers. An important component of the project is building the capacity of government agencies, general Community Health Volunteers (gCHVs) and social workers to engage local communities in efforts to reduce stigmatization of children who have been released from the ICC or Ebola Treatment Unit (ETU) and are ready to be reintegrated into the community. The project addresses two OFDA sectors: Protection and Health. The geographic coverage of the project includes the following five counties: Bomi, Bong, Margibi, Montserrado and Nimba.

### **B. Protection Sector**

#### **Overview**

The interventions of the protection sector aimed to ensure that at-risk children (those who are vulnerable either due separation from family or possible EVD exposure) receive interim support for their well-being, protection and reunification with their parents or other appropriate caregiver. The ICCs created a safe and protective environment for “contact” children, limiting further spread of the disease. During their temporary stay at the centers, children received nutrition support and were provided with psychosocial support activities through recreation and psychosocial counseling. Government social workers from the Ministry of Gender, Children, and Social Protection (MGCSP) and mental health nurses regularly visited the children to provide counseling to address the loss and grief they suffered. Additionally, the children at the ICCs benefited from literacy and numeracy sessions to ensure that they did not forget the lessons they learned in school and to catch up with their academic work when schools reopen after leaving the ICC. Table 1 (below) outlines the OFDA objectives, sub-sectors, indicators and targets that the project aims to reach for the Protection Sector, as well as progress towards the targets for this quarter.



**Table 1: Protection Sector Beneficiary Data**

<b>Sector Name: Protection</b>		
<b>Objective:</b> To create an interim protective environment for children separated from family due to Ebola exposure; at-risk children have care, protection and support for early return to a parent or other appropriate kinship or foster care arrangement.		
<b>Number of People Targeted:</b>	Overall Target	Reached this Quarter
	1,300 children (girls and boys)	88 children (46 girls and 42 boys)
<b>Number of IDPs<sup>1</sup> Targeted:</b>	80 nurses and social workers (women and men)	115 ICC staff, gCHVs and social workers (75 women and 40 men)
	20 children (girls and boys)	3 children (2 boys and 1 girl)
<b>Sub-sector Name: Child Protection</b>		
<b>Indicator 1:</b> Number of people trained in child protection, disaggregated by sex.	Overall Target	Reached this Quarter
	130 ICC staff, gCHVs, social workers, nurses and caregivers (women and men)	115 ICC staff, gCHVs and social workers (75 women and 40 men)
<b>CFI Indicator 2:</b> Number of children receiving care and support services in the ICC.	1,300 children (girls and boys)	54 children [32 girls (59%), 22 boys (41%)]
<b>CFI Indicator 3:</b> Percentage of children in ICCs and Transit Centers assisted to reintegrate with a parent or appropriate kinship or foster placement.	40% of children (girls and boys) that received care and support services in the ICC	94% (51 of 54 children <sup>2</sup> ); 31 of 32 girls (97%); 20 of 22 boys (91%); Of reunified children, 63% (19 girls and 13 boys) were reunified with their family/parents; 31% (11 girls, 5 boys) were reunified through kinship care; and 6% (1 girl and 2 boys) were reunified through foster care.

**Identification and Placement of Children in ICCs**

During this quarter, ChildFund Liberia in partnership with two local NGOs (SEARCH and ANDP), set up two ICCs in Margibi and Nimba counties, and continued supporting and building ICC staff capacity in child protection at the existing ICC and Transit Center in Montserrado County. Three ICCs and one Transit Center were operational during this quarter. ChildFund ensured that the Standard Operating Procedures (SOP) for setting up ICCs were followed as provided by the government of Liberia through the Ministry of Health and the MGCSP with support from UNICEF. In close collaboration with the MGCSP, 54 EVD-affected children (32 girls and 22 boys) were referred for temporary care and support to the ICCs by the County Social Workers through the County Health Teams (CHTs).

**Family Tracing, Reunification and Reintegration**

In collaboration with the MGCSP and MOH, ChildFund Liberia and its two sub-recipients (SEARCH & ANDP) reunified 51 out of 54 children (31 girls and 20 boys) who completed their 21 days of observation for symptoms of EVD at the ICCs resulting in a 94% reunification rate. Of these reunified children, 32 children (63%) were reunified with their family, 16 children (31%) were reunified with appropriate kinship care and 3 children (6%) were reunified with foster families. ChildFund continues to play a major role in the lives of children who were reunified with parents and/or other caregivers after leaving the ICCs. All 51 children were provided with a reunification package comprising of food and non-food items. ChildFund also supports County Social Workers to conduct regular monitoring and well-being visits to the homes of all reunified children to support their reintegration into their families and communities. In addition to monitoring the 51 children who were reunified this project period, ChildFund continues to support Social Workers to monitor 34 confirmed EVD-affected children (14 girls and 20 boys) who passed through the ICCs and were reunified prior to the start date of the project on December 15, 2014 but still require follow-up well-being checks. During the reporting period, children were referred for services based on the needs identified by the social workers. A total of 18 children (12 girls and 6 boys) from Montserrado County were referred for the MGCSP cash transfers provided by UNICEF.

<sup>1</sup> As stated in the original proposal, IDPs is defined as children who entered ICCs in a county other than their home county, often because a parent or other caregiver sought EVD treatment in Monrovia and the children accompanied the parent or other caregiver.

<sup>2</sup> Out of the 54 children who accessed the ICCs in Margibi, Montserrado and Nimba counties, three are not recorded as reunified. All three became symptomatic for EVD and were referred to the ETUs in Margibi and Montserrado. Two of the three referred children later tested negative for EVD and were transferred to the Transit Center managed by Save the Children in Margibi, while the other child from the ICC in Montserrado later died of EVD at the ETU.



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## **Development and Roll Out of the Community Links SMS Platform**

A key focus of ChildFund's intervention is to align with the Government of Liberia's policies and plans. To ensure the practicality of this principle, ChildFund held bilateral meetings with the MGCSP and UNICEF for the implementation of a Community Links SMS system to monitor EVD-affected children's well-being in project communities, especially those children who are placed in kinship care or foster care. ChildFund has aligned the platform with the revised child tracking tool of the existing Inter-Agency Child Protection Information Management System (IMS) utilized by the MGCSP to ensure complementarity. Key gaps identified by the MGCSP included capacity building for social workers and gCHVs and also the need for strengthening the Child Protection System at the community level to effectively address the challenges facing children who are survivors of EVD. Community Links meets this need by facilitating efficient communication and collaboration between social welfare actors, providing access to real-time data and trends that improve accountability in case management and referral, and eventually empowering Child Welfare Committees — thereby improving the identification, registration and follow-up for children affected by EVD. During this quarter, ChildFund Liberia completed the design of the Community Links SMS tool which will be launched next quarter. When launched, the platform will complement the data collection, management and reporting mechanisms of the IMS.

## **Child Protection and Psychosocial Support Trainings**

In order to improve on the care and protection of children and to ensure that the standards for Alternative Care in ICCs are met, ChildFund Liberia in partnership with the respective CHTs in Margibi and Nimba Counties facilitated a 3-day Child Protection training for ICC staff. A total of 45 ICC staff (33 women and 12 men) in Nimba and Margibi counties including caregivers, security officers, cooks and janitors were trained in Child Protection-related topics including ICC guidelines, the rights of children and Psychological First Aid (PFA). ChildFund, in close collaboration with the Psychosocial Pillar of the Ministry of Health and the Association of Psychosocial Service Providers, conducted a three-day psychosocial and child protection training for Social Workers and gCHVs to improve their skills and knowledge related to facilitating referrals and following up on children. A total of 70 participants (42 women and 28 men) including social workers, ICC staff in Nimba, and gCHVs in Nimba and Bomi counties benefited from this training. Key topics included Psychological First Aid (PFA), such as communicating with children in difficult circumstances, basic loss and grief counseling and self-care for caregivers; as well as the role of ICC staff in child care and community mobilization. As a result of the training, the participants developed a 3-month activity plan. ChildFund will continue to follow up on the activities of the ICC staff and gCHVs, ensuring plan implementation. ChildFund also supported the MGCSP to facilitate a 3-day Psychosocial Support/Child Protection training for 20 social workers (12 women and 8 men) from the five project counties aimed at familiarizing participants with the revised case management forms for EVD-affected and other vulnerable children and to ensure improvement in the quality of data collection, management and analysis.

## **Coordination/Collaboration**

As part of ChildFund's commitment to collaborate with key child protection actors to address overlap and duplication in response, ChildFund Liberia continues to participate in the Child Protection Sub-Cluster coordination meetings and the Psychosocial Pillar support meetings, providing updates on current interventions and achievements. ChildFund participated in the costing exercise of Child Protection Services for Liberia, an initiative facilitated by the MGCSP with support from UNICEF. This activity aimed at developing a platform for resource mobilization and an advocacy forum to address child protection gaps in the Ebola response recovery plan.

## **C. Health Sector**

### **Overview**

Interventions under the Health Sector are aimed at creating an environment that provides preventive health care for children affected by Ebola Virus Disease in Interim Care Centers, and through family monitoring once children are reunited with parents or other appropriate caregivers. During this quarter, children in ICCs were monitored for symptoms through regular temperature checks by the assigned nurse; children who became symptomatic were safely isolated and referred to ETUs for testing and treatment. Representatives from the Ministry of Health also provided health talks to the children on basic hygiene, prevention of EVD transmission and stigma while at the ICCs.



**Table 2: Health Sector Beneficiary Data**

<b>Sector Name: Health</b>		
<b>Objective:</b> To prevent and control EVD transmission among children admitted to ICCs, and limit stigmatization of children exiting ICCs, in order to allow their full reintegration with family in supportive communities.		
<b>Number of People Targeted:</b>	<b>Overall Targets</b>	<b>Reached this Quarter</b>
	15,500 people <sup>3</sup> (women and men, girls and boys);  50 Community Health Workers (50% women and 50% men)	1,275 total Adults: 522 (256 women and 266 men) Children: 735 (375 girls and 360 boys)  51 (26 women and 25 men)
<b>Number of IDPs Targeted:</b>	200 persons and 0 Community Health Workers.	0
<b>Sub-sector Name: Communicable Diseases</b>		
	<b>Overall Targets</b>	<b>Reached this Quarter</b>
<b>Indicator 1:</b> Incidence and prevalence of EVD by sex and age.	0%	2% (1 boy age six of 54 children in ICCs; 0% of girls and 5% of boys; 8% of boys ages 5-14, 0% of all other sex and age groups)
<b>Indicator 2:</b> Number and percentage of EVD cases diagnosed and treated per standardized case management protocols, by age and sex.	390 out of anticipated 1,300 children entering ICCs (30%)	1 case <sup>4</sup> (boy age six) (2% of total children in ICCs; 0% of girls, 5% of boys; 8% of boys ages 5-14)
<b>Indicator 3:</b> Case fatality rate of EVD by sex and age.	0%	1 case fatality (boy age 6); case fatality rate (1 of 1 EVD cases: 100%)
<b>Sub-sector Name: Community Health Education/Behavior Change</b>		
	<b>Targeted this Quarter</b>	<b>Reached this Quarter</b>
<b>Indicator 1:</b> Number of Community Health Workers trained and supported (total and per 10,000 population in target area), by sex.	50 Community Health Workers (50% women and 50% men)	51 [26 women (51%) and 25 men (49%)]
<b>Indicator 2:</b> Number and percentage of community members utilizing targeted health education message practices.	15,500 people (women and men, girls and boys);	0 (This indicator will be addressed next quarter.)

**Sub-Sector: Communicable Diseases**

According to WHO Situation Reports for Liberia, since the beginning of the epidemic, there have been 9,712 EVD cases and 4,332 deaths (case fatality rate: 45%). Approximately 51% of cases have been male and 49% female. Of the EVD cases, approximately 18% were ages 0-14, 59% were ages 15-44 and 23% were ages 45 and over. Project counties have had the following number of cases: Montserrado (1,797), Margibi (393), Bong (150), Bomi (139), Nimba (116). During the December 15 – March 31 period, there were 62 new EVD cases documented in Montserrado, 5 in Bong, 4 in Nimba, 2 in Margibi and 0 in Bomi. The last confirmed EVD case in Liberia was on March 20, which resulted in the immediate referral of three children (one boy age 3, a female age 14 and a female age 17) to the ICC in Monrovia.

During this reporting period, 12 children (5 girls and 7 boys) in the ICCs were referred for follow-up health care and treated for malaria and colds. Another 3 of the 54 children in the ICCs became symptomatic for EVD and were referred to the ETUs in Montserrado and Margibi Counties. One child (a boy age 6) tested positive for EVD and later died while the other two children (a boy age 11 and a girl age 3) tested negative for EVD but were diagnosed and treated for other conditions. Within the ICCs, there was an overall 2% prevalence of EVD (0 girls and 1 boy) and the prevalence was 8% for boys ages 5-14 and 0% for all other age and sex groups. The child who tested positive for EVD and later died was diagnosed and treated at the ETU per standardized case management protocols. During the 3-day Child Protection training for ICC staff in Nimba and Margibi, 45 ICC caregivers, security officers, cooks and janitors (33 women and 12 men) were also trained in Infection Prevention and Control (IPC) to ensure that children's health care in ICCs meets the standards for IPC in a communicable disease outbreak, including Ebola-specific measures.

<sup>3</sup> Targets by county: Bong (800); Bomi (3,300); Margibi (2,100); Nimba (4,700); Montserrado (4,700). The targeted beneficiaries are approximately 1% of the population of all counties, except Montserrado, where targeted beneficiaries are approximately 0.5% of the population.

<sup>4</sup> Three children developed symptoms of EVD. Two tested negative, while one case was diagnosed as positive.



**Sub Sector: Community Health Education/Behavior Change**

During the reporting period, ChildFund collaborated with County Health Teams (CHTs) in two of the five project counties (Bomi and Nimba) to train 51 gCHVs (26 women and 25 men) in health education tools to engage their communities in EVD prevention and reducing stigmatization of EVD-affected children. At the end of the training, the gCHVs came up with a work plan for a period of three months focused on engaging their community with behavior change communication activities. Following the training, a Memorandum of Understanding (MOU) was prepared to engage the gCHVs through the respective CHTs in community outreach initiatives to disseminate health education and behavior change messages. The trained gCHVs plan to reach 1,224 individuals (600 women and 624 men) in 245 households in the two project counties with information on EVD prevention and de-stigmatization of EVD-affected children. As part of the community outreach initiatives, the gCHVs are in consultation with their communities, disseminating health education and behavior change messages on the prevention of discrimination against the survivors and children who have passed through the ICCs within the family structure and the community.

**D. Challenges and Potential Solutions**

In light of the sharp decline in Ebola transmission since project initiation, ChildFund has faced a major challenge in achieving the original objectives and deliverables of the project. Given the decline in EVD cases, there is a decreased need for ICCs. However, at the same time there is a new challenge facing children affected by EVD without appropriate care at the household and community level, namely an increased need for psychosocial support and family and community reintegration for children affected by EVD. Although ChildFund will maintain the existing number of ICCs in the near term—in order to be able to mobilize rapidly to address any new outbreak that might occur—our focus moving forward will be on strengthening family and community capacity to stabilize safe and protective environments for children. Adapting to the decline in new EVD cases will enable the project to reach more EVD-affected children through emergency child protection interventions, as well as health and behavioral communication in communities. Further, as a result of the drop in the reported cases of EVD, there is a need for a shift in the project’s expenditure pattern. A project modification and budget realignment request has been submitted to OFDA for consideration, including follow-up responses to requests for further information. If approved, the project modification and realigned budget will support reallocation of funds to the family reintegration-focused approach and no additional ICCs will be opened. This would result in adjustment to some M&E indicators and targets. The DART representatives in Monrovia advised ChildFund to submit a revised M&E plan only after a decision is reached on the project modification and budget realignment.

In addition, the breakup of the MOHSW and the reconstitution of Social Welfare into the new MGCSP has been a challenge in terms of coordination, as both ministries are in a period of transition, adjustment and integration resulting in roles and responsibilities that are still emerging and solidifying.

**E. Planned activities from April to June 2015**

	April	May	June
<b>Protection sector</b>			
Launch the Community Links SMS and roll it out to county level staff and volunteers	X	X	X
Provide material and non-material support to affected children and families	X	X	X
Train gCHVs, social workers and youth in Child Protection and Psychosocial Support Services (PSS)	X	X	X
Support the reunification of any children still remaining in ICCs	X	X	X
Support gCHVs and social workers to facilitate reintegration and follow up well-being checks	X	X	X
Conduct parenting education, with foster care, kinship care and families caring for children orphaned by EVD prioritized <i>(pending modification approval)</i>		X	X
Support gCHVs to conduct one-on-one support to affected households <i>(pending modification approval)</i>		X	X
Conduct assessment of households for emergency cash support <i>(pending modification approval)</i>	X		
Provide emergency cash support to targeted households <i>(pending modification approval)</i>		X	X
<b>Health sector</b>			
Support the County Health Teams in the training and monitoring of gCHVs	X	X	X
Strengthening support to EVD-affected children and child EVD survivors in communities through gCHVs and youth community engagement	X	X	X
Strengthen the weak linkages between CHTs and other community structures (CWCs, Youth Clubs and CSOs)	X	X	X
Follow up on the field activities of trained gCHVs in the areas of operation	X	X	X
Recruitment of a community health specialist <i>(pending modification approval)</i>	X		