Situation Overview

The new number of confirmed COVID-19 cases reported daily in Sierra Leone has plateaued during the month of July with the current daily average of 9.5 new cases per day. While confirmed cases are roughly equivalent between women and men (46 and 54 per cent, respectively), those who have died are predominantly male (68.7 per cent). Seventy-four per cent of all cases are over 45 years of age; four per cent of confirmed cases are children under 5; seven per cent are children aged 5-14; and 15 per cent are youth aged 15-24. The case fatality rate has dropped from 4.1 per cent at the end of June to 3.7 per cent at the end of July. The median age for COVID deaths is 58 years old.

Health care workers account for 9.3 per cent of all confirmed cases and have served 17,639 COVID-19 tests since the first case was reported on 31 March 2020. Since then, the peak positivity rate was reported at 19.9 per cent during week 8 of the response and has gradually decreased to 3.5 per cent during week 18 in the last week of July.

The highest number of positive cases remains to be in Western Area districts with 57.8 per cent of all cases. Kenema, Bo and Port Loko districts have reported the next highest cases at 6.2 per cent, 5.6 per cent and 4.8 per cent, respectively.

Partial re-opening of schools has occurred for exam students only with strict infection prevention and control (IPC) measures in place, including handwashing stations at all entry points to the schools, use of face masks and social distancing in practice.

Commercial flights resumed operations on 22 July with few airlines serving Sierra Leone. The inter-district travel ban has also been lifted and the curfew reduced to 11pm-5am daily. Restrictions on market operations and prayer services have also been eased. While these efforts have reduced the transportation costs and long wait time for importation of supplies, as well as re-established access to income generating activities dependent on cross-border and inter-district travel, at the same time these relaxed measures may lead to increased transmission of COVID-19. Therefore, continued government-regulated use of face masks, social distancing and handwashing will help to ensure COVID incidence continues on its downward trend.

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1 Sierra Leone Ministry of Health and Sanitation (MoHS) COVID-19 situation report (sitrep) no. 124, 1st August 2020, 3pm.
UNICEF Highlights

- A first shipment of COVID-19 medical supplies procured with funding from the World Bank was officially handed over to the Ministry of Health and Sanitation (MoHS) on 13 July.
- UNICEF assisted the Directorate of Primary Health Care (DPHC) in developing and planning a training programme for CHWs and Periphery Health Unit (PHU) staff who supervise CHWs. The master training was completed in July.
- UNICEF supported the Ministry of Basic and Senior Secondary Education (MBSSE) to conduct a training of trainers for over 900 teachers and school authorities. Teaching and learning materials were also provided to approximately 21,000 children in exam classes in addition to WASH materials for over 7,700 students.
- Communication around school safety protocol and promotion of COVID-19 prevention behaviours, including simulcast programmes through the IRN radio network, public announcements in communities, and printing and dissemination of flyers and posters in schools and communities was conducted by MBSSSE with UNICEF support.
- UNICEF delivered WASH supplies consisting of buckets with lids, soap, tarpaulin and water purification tablets to five District Health Management Teams (DHMTs) across the country.
- Community-based mental health and psycho-social support was provided to a total of 6,286 children, parents and primary caregivers through the Psychosocial Pillar (PSS) with support from UNICEF. Trainings of 360 frontline personnel on Psychological First Aid (PFA), child protection case management and gender-based violence (GBV) reporting was also conducted with UNICEF support.
- An estimated 14,072 households were reached thus far through an emergency cash transfer programme aimed at households of informal workers in urban areas. The programme is ongoing.
- RapidPro continued to be deployed as a tool to support Education, Health and Risk Communication & Social Mobilisation activities. One poll indicated that 62 per cent who respondents thought that violence against girls and boys had increased in their communities since schools closed.

UNICEF’s COVID-19 Response

Health, Nutrition and HIV

The first shipment of COVID-19 medical supplies, which UNICEF procured under the World Bank-funded Sierra Leone COVID-19 Emergency Preparedness and Response Project, was officially handed over to the Ministry of Health and Sanitation (MoHS) on 13 July 2020. Some of the supplies in this initial consignment included resuscitation equipment and other medical devices as well as soap and sanitizers for distribution across the designated health facilities. Other supplies procured, including Infection Prevention and Control (IPC) supplies and appropriate Personal Protective Equipment (PPE), essential medicines and medical equipment are also expected to arrive in phases.

Sustaining access to and demand for quality essential health and nutrition services during the COVID-19 pandemic remains the important focus of UNICEF’s support in Sierra Leone. Following the finalization of the interim guidance note on Community Health Worker (CHW) programming in the context of COVID-19, UNICEF assisted the Directorate of Primary Health Care (DPHC) in developing and planning the training programme for CHWs and periphery health unit (PHU) staff who supervise CHWs. The master training targeting MoHS staff and CSO partners was completed in July, and cascading training at district and community levels will be conducted in August 2020. At the same time, UNICEF supported the MoHS in developing the training package and plan for health workers nationwide to ensure continued essential health service delivery in the context of COVID-19, with special attention given to screening, triage, referral and IPC. Meanwhile a series of face-to-face trainings for inpatient facility (IPF) staff for management of severe acute malnutrition (SAM) with medical complications in the context of COVID-19 commenced on 13 July in Freetown, Bo, Bombali, and Port Loko districts.

As an active member of the Food Assistance and Nutrition (FAN) Pillar and co-chair of its Nutrition Cluster, UNICEF has supported: i) the recruitment of Technical Assistance to support Nutrition Cluster coordination activities; ii) finalization of the distribution plan for nutrition supplies (e.g., Mid Upper Arm Circumference (MUAC) tapes, hand sanitizers, etc.) to support community-based nutrition service delivery by CHWs and Mother Support Groups (MSGs). UNICEF also collaborated with Directorate of Food and Nutrition (DFN) of the MoHS to organize a technical briefing session for nutrition cluster members on the Operational Guidance for the Administration of Vitamin A Supplements among Preschool Children in the Context of COVID-19 by the Global Alliance on Vitamin A (GAVA).
Risk Communication and Community Engagement (RCCE)
An estimated 3.2 million people continued to be reached with regular information on COVID-19 prevention and secondary impact through UNICEF-supported weekly interactive programmes produced and aired across 59 national and district/community radio stations in July. The last U-Report poll run on 3 July, as well as external surveys’ data, show a high level of knowledge and awareness of both COVID-19 transmission and prevention behaviours amongst the youth population due in great part to intensive communication through mass media, particularly radio. Despite high awareness levels, proper adherence to prevention behaviours requires additional effort, especially through social mobilisation and community engagement. In this regard, 2,785 Pastors and Imams who were mobilized on COVID-19 prevention through a collaboration between UNICEF and the Inter Religious Council of Sierra Leone (IRCSL) provided ongoing dialogue and further direct engagement with approximately 60,000 people in their respective congregations. Outreach from religious leaders is now expected to expand further following reopening of churches and mosques, allowing also for greater oversight of adherence to key prevention behaviours – social distancing and use of masks – in their places of worship.

Community dialogue was also maintained through UNICEF and Health for All Coalition (HFAC) support to 1,115 Village Development Committees (VDCs). Documentation on community action plans (CAP) developed have shown a set of concrete actions taken in communities from provision of face masks to establishment of surveillance committees and adoption of by-laws in relation to social distancing and adherence to prevention measures.

Following the partial re-opening of schools, UNICEF provided additional support to the MBSSE for communication around school safety protocol and promotion of COVID-19 prevention behaviours, including simulcast programmes through the IRN radio network, public announcements in communities, and printing and dissemination of flyers and posters in schools and communities.

Education
In response to the COVID-19 pandemic the Government of Sierra Leone (GoSL) closed all schools from 31 March 2020. Recognising the importance of the national exams, the GoSL initiated a partial school reopening on 1 July 2020 for exam classes. Once the exams are completed by mid-September 2020, schools will close again.

As part of the partial reopening and to help ensure the health and safety of students, teachers and community members, the MBSSE disseminated Safe School Protocols and Psychosocial Support Training Manuals to all schools. To ensure teachers are able to successfully adhere to the protocols and manuals, UNICEF supported the MBSSE in conducting a training of trainers for over 900 teachers and school authorities, with the roll out of teacher training to follow. UNICEF has also provided teaching and learning materials to support approximately 21,000 children in exam classes and provided WASH materials for over 7,700 students.

The national radio teaching programme continues to ensure continuous learning for children who are out of schools. UNICEF is supporting the MBSSE and the Teaching Service Commissions to implement a distance teacher training initiative using multiple delivery platforms targeting 4,375 early grade teachers in five of the poorest performing districts.

To help ensure that students and teachers are safe when schools eventually open, UNICEF with Irish Aid funding is procuring and will distribute 2,400 Handwashing Stations for approximately 540,000 students and over 15,000 teachers in 1,200 schools in eight of the most COVID affected districts.

Water, Sanitation and Hygiene
As part of UNICEF’s continuous contribution to the Government of Sierra Leone’s National COVID-19 Response Plan, UNICEF has delivered WASH supplies to five District Health Management Teams (DHMTs) across the country (Bo, Bonthe, Kailahun, Koinadugu, Western Area Rural districts). Items included 900 plastic buckets (20L plastic with lid and tap), 2,400 plastic buckets (12L with lid and tap), 300 tarpaulin sheets, 15,000 bars of soap and 600 packets of water purification tabs. UNICEF has further completed the selection of healthcare facilities including hospitals and peripheral health units (PHUs) in six districts to serve as additional COVID-19 response facilities. Planned activities in the targeted health facilities include the provision of water supply. Humanitarian Programme Document with Living Water International (LWI-SL) signed to provided water in 13 Peripheral Health Units (PHUs).

Child Protection
During the reporting period, UNICEF supported the Psycho-Social Pillar (PSS) led by the Ministry of Social Welfare (MSW) in provision of community-based mental health and psycho-social support to a total of 6,286 children, parents and
primary caregivers. UNICEF further supported trainings of 360 frontline personnel on Psychological First Aid (PFA), child protection case management and gender-based violence (GBV) reporting in the North, Northwest and Western regions.

UNICEF provided technical guidance to the National Secretariat for the Reduction of Teenage Pregnancy (NSRTP) in the development of information education and communication (IEC) materials on GBV prevention and response, which are in process of finalisation at this time and will subsequently be disseminated nationwide. UNICEF will also continue to support the NSRTP on dissemination of key information related to prevention of and response to GBV, as well as teenage pregnancy and harmful practices such as child marriage, through other channels including radio and television programmes at the district level.

In collaboration with the Ministry of Gender and Children’s Affairs (MoGCA), UNICEF continued to support the ‘116’ Helpline to report cases of GBV, which during the reporting period registered a total of 10,676 calls.

Social Protection
Verification of beneficiaries for the emergency cash transfer programme aimed at households of informal workers in urban areas is still ongoing in Freetown, while it was completed in all other target cities. An estimated 14,072 households were reached with a transfer to date. Targeting for the first set of beneficiaries under the national Social Safety Net Programme expansion, which is a key vehicle for COVID response, was also completed. With the onset of rainy season, UNICEF provided raincoats and boots for the targeting teams, enabling them to effectively complete their work in rough conditions.

The first round of data collection for the telephone survey measuring socio-economic impact of COVID-19 on households is coming to an end. The survey will provide data on households’ access to social services such as health and water, children’s education and families’ livelihood situation. Data collection has taken longer than expected, partly due to the challenges of enumerators working from outside their offices. A lessons learnt meeting will be held between the World Bank, UNICEF and Stats SL to identify the required changes in work modalities ahead of the next round.

Evaluation
Planning for the ‘in the middle of action’ evaluation of the national COVID-19 response is progressing in collaboration between National Monitoring and Evaluation Department (NaMED) and UNICEF. Agreement was reached to focus on the national response pillars of Psychosocial Support, Risk Communication and Social Protection and Drugs and Medical Supplies. The evaluation will be implemented by NaMED and UNICEF, with support from UNICEF’s Regional Office, and will have a strong focus on organizational learning.

Innovation
UNICEF continued to support the Emergency Operations Centre (EOC) to sort and analyse data from the 117 National COVID-19 information and reporting call Line. Insights derived from the data analysis included:
- Impact of number of prank calls
- Number of COVID related calls to rise in cases
- Ratio of COVID vs non COVID calls
- The nature of health information request calls by COVID and non COVID
- How the 117 line is perceived by the public

Work is now underway on a live dashboard at the request of the EOC team.

RapidPro continued to be deployed as a tool to support Education, Health and Risk Communication & Social Mobilisation activities. A U-Report poll on COVID-19 focused topics found that there was still confusion among young people as to how the virus spreads, with 20 per cent of respondents stating they still believe that the virus is not real. The poll also recorded that 62 per cent of respondents thought that violence against girls and boys had increased in their communities since schools closed. EduTrac was used by MBSSE to check adherence to reopening guidelines for schools, with results showing generally positive observance. Outputs were shared with the responsible oversight Ministries.

Adaptations to ongoing UNICEF programmes

With a view to sustaining access and demand for quality essential health and nutrition services amidst COVID-19 emergency, UNICEF supports the sensitization through community radio programmes and jingles to promote routine Vitamin A supplementation amongst others. Safeguarding supply and logistics chains to ensure uninterrupted supply of
essential life-saving commodities is another area of UNICEF support. With DFID support, UNICEF procured additional medicines and commodities for the country’s Free Health Care Initiative (FHCI) for pregnant women, lactating mothers, and children under five, in order to replenish the FHCI stocks diverted to COVID-19 treatment centers.

UNICEF is supporting the MoHS to scale up the special baby care units (SBCUs) to provide level II care for sick newborns from an initial four sites (Ola During Children’s Hospital (ODCH) in Freetown, 3 regional hospitals in Makeni, Kenema, and Bo) to nationwide coverage. During the reporting period, despite the operational constraints due to COVID-19 emergency and its containment measures, with UNICEF support, the new SBCU site in Moyamba district hospital managed to install necessary equipment, including incubators, resuscitation tables, radiant warmers, phototherapy medicines, pulse oximeters, oxygen concentrators, infusion pumps, and syringe pumps. In order to ensure regular monitoring, coaching, mentoring and supportive supervision for SBCU doctors and nurses through virtual interactions, laptops and internet modems were procured for all SBCU sites in the country.

Humanitarian Leadership and Coordination

UNICEF attends national coordination through the Public Health National Emergency Operations Centre (PHNEOC) and district level coordination through the District Emergency Operations Centres (DEOCs).

UNICEF is the Co-Chair of the Nutrition Cluster in the COVID-19 response. The Cluster provides leadership and systematic coordination for timely response to nutritional emergencies in the country through operational planning, preparedness, response and monitoring mechanism. In consultation with cluster members in early July 2020, the weekly cluster meetings were reduced to fortnightly to ensure partners have enough time to take actions against COVID Response Plan. UNICEF further proposed a better structured coordination meeting to ensure meaningful engagement and collaboration among cluster members by aligning the status update with COVID response plan and its results framework and including a technical session on global guidelines and emerging evidence on nutrition in the COVID-19 context.

UNICEF is co-lead of the Risk Communication and Social Mobilization Pillar Reporting and Monitoring group. Under the group, UNICEF has provided technical support to the development of a comprehensive M&E framework aligned with the revised RCSM strategy in June and tracking of selected indicators for nation-wide replicated surveys. A reporting mechanism is being established, including the launch of a weekly rapid reporting tool for district risk communication leads through U-Report from mid-July. Along its support to the RCSM pillar, UNICEF is also co-leading the Communication and Media Pillar of the MBSSSE Emergency Task Force. Following the development of the strategic plan and costed budget, UNICEF is now supporting identification of activity priorities and gaps, as well as supporting development of harmonized messages and materials.

Together with WHO and UNFPA, UNICEF advocated with the MoHS for much needed attention to ensure continuation of essential health and nutrition service delivery, which led to the creation of ‘Non-COVID service’ sub-group as part of Case Management pillar within the EOC. During the reporting period, UNICEF promptly communicated UNICEF’s specific support to the Non-COVID work plan developed by the Directorate of Policy, Planning and Information (DPPI) to allow identification of funding gaps and to avoid potential duplication.

Given that UNICEF procures most of the COVID-19 supplies for the Government of Sierra Leone, including PPE, IPC, drugs, oxygen delivery and other medical equipment and commodities, as well as non-COVID health and nutrition supplies such as vaccines, nutrition therapeutic supplies, and the country’s Free Health Care (FHC) drugs, UNICEF provides significant support to the Medical Logistics pillar within the EOC in terms of supply forecasting, technical advice for specification, coordination, and resource mobilisation. UNICEF Procurement and Supply Logistics Chief has been appointed as the COVID-19 Supply Coordinator for the country. During the reporting period, UNICEF worked with the pillar lead (National Medical Supplies Agency (NMSA)) as well as laboratory focal person to update the COVID-19 supply forecast focusing on PPE, therapeutics and diagnostic test kits for the next nine months.

UNICEF continues to support and co-chair WASH pillar coordination at both the national and district levels. UNICEF has provided funds for the establishment or revitalisation of district level WASH coordination mechanisms across the country. A team comprising representatives from the Ministry of Water Resources (MoWR), Ministry of Health and Sanitation (MoHS), and Ministry of Planning and Economic Development (MoPED) will be undertaking a nationwide tour for the establishment of the District WASH Pillar. So far, 15 Districts are visited by the team for the purpose. UNICEF is also working with partners to develop a WASH Cluster response plan.
UNICEF works with the Ministry of Social Welfare (MSW) in providing technical assistance for activities within the PSS Pillar as the co-chair. UNICEF also continues to help coordinate integrated GBV interventions across the MoGCA, MBSSE and the National Secretariat for the Reduction of Teenage Pregnancy (NSRTP).

**Supply and Logistics**

Currently UNICEF is involved in procurements funded by the World Bank, UK Department for International Development (DFID) and a Request for Cost Estimate on behalf of the Global Fund.

While UNICEF Sierra Leone has not yet received PPE other than gloves, indications are that the World Bank supported protective gear and oxygen concentrators are packed and prepared for shipment to arrive in country hopefully as soon as possible.

The first shipment of COVID-19 medical supplies, which UNICEF procured under the World Bank-funded Sierra Leone COVID-19 Emergency Preparedness and Response Project was officially handed over to the MoHS on 13 July 2020. Some of the supplies in this initial consignment included resuscitation equipment and other medical devices as well as soap and sanitizers for distribution across the designated health facilities. Other supplies procured, including IPC supplies and appropriate PPE, essential medicines and medical equipment are also expected to arrive in phases.

Of the 76 items ordered with World Bank funds, 26 items were handed over to government, and 30 items are ready for shipment, which represents approximately 74 per cent of expected World Bank supplies to be delivered. For DFID funded supplies, 40 out of the 71 items are under shipment at the time of reporting.

**Media and External Communications**

The Country Office has worked through the local media spaces to raise awareness about current UNICEF support to the COVID-19 response and to highlight the immediate and longer-term impacts of the pandemic on the lives of children, families and communities.

Global press releases, including the one highlighting the missed learning opportunities for Early Childhood Development (ECD) children who are due to transition to Grade 1, were widely picked up and shared in the local newspapers. Local press releases on the handover of equipment and supplies to the MBSSE and MoHS, respectively, were also widely covered in the local newspapers. In all, 22 newspaper articles generating from the Press Releases disseminated by UNICEF, featured in the media.

UNICEF Sierra Leone's [Facebook](https://facebook.com) and [Twitter](https://twitter.com) pages have been regularly updated during the reporting period. Social media posts have focused on a series of communication initiatives, including the Childhood Challenges, which invited people to share some of their happiest childhood memories to inspire support for children today. The challenge featured local influencers such as Chernor Bah, a respected campaigner for girls' education and Ariana Oluwole, a blogger and an ECD proprietor. The four posts for the challenge reached a total of 15,913 people on Facebook and had a total of 59,536 impressions on Twitter.

With the partial reopening of schools in early July 2020, UNICEF used Social Media pages to complement Government messaging on safe schools reopening by sharing information of what measures are to be in place to protect students and teachers while they are in school. UNICEF also supported the development of IEC materials, which target both students and teachers on importance of handwashing with soap and on the wearing of face masks.

UNICEF and the Sierra Leone Football Association (SLFA) continued to collaborate on sensitization and education activities on COVID-19 by working with some popular local footballers. One four-minute film and 11 graphic design banners with images of the footballers sending out messages on COVID-19 have been developed for billboards, social media and television. Two films and three images have already been published on [UNICEF Sierra Leone Facebook](https://facebook.com) page and [Twitter handle](https://twitter.com). Plans are now underway for them to be also broadcast on local television stations.
### Funding

<table>
<thead>
<tr>
<th>Sector</th>
<th>Funding requirements US$</th>
<th>Funds available US$</th>
<th>Funding gap US$</th>
<th>Gap %</th>
</tr>
</thead>
<tbody>
<tr>
<td>C4D / RCCE</td>
<td>600,000</td>
<td>448,355</td>
<td>151,645</td>
<td>25%</td>
</tr>
<tr>
<td>WASH &amp; IPC</td>
<td>6,700,000</td>
<td>1,845,592</td>
<td>4,854,408</td>
<td>72%</td>
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<tr>
<td>Health, Nutrition and HIV</td>
<td>6,500,000</td>
<td>5,154,347</td>
<td>1,345,653</td>
<td>21%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>200,000</td>
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<td>200,000</td>
<td>100%</td>
</tr>
<tr>
<td>Education</td>
<td>3,500,000</td>
<td>528,543</td>
<td>2,971,457</td>
<td>85%</td>
</tr>
<tr>
<td>Social Protection &amp; Evaluation</td>
<td>1,500,000</td>
<td>102,600</td>
<td>1,397,400</td>
<td>93%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19,000,000</strong></td>
<td><strong>8,079,436</strong></td>
<td><strong>10,920,564</strong></td>
<td><strong>57%</strong></td>
</tr>
</tbody>
</table>

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## Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF and IPs Response</th>
<th>2020 target</th>
<th>Total results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk Communication and Community Engagement</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of people reached on COVID-19 through messaging</td>
<td>3,700,000</td>
<td>3,306,410</td>
<td></td>
</tr>
<tr>
<td># of people engaged on COVID-19</td>
<td>500,000</td>
<td>89,524</td>
<td></td>
</tr>
<tr>
<td># of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms</td>
<td>5,000</td>
<td>2,333</td>
<td></td>
</tr>
<tr>
<td># of key leaders and platforms supported actively engaged to role model and promote preventive and protective behaviours</td>
<td>10,000</td>
<td>4,142</td>
<td></td>
</tr>
<tr>
<td><strong>WASH and IPC</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of healthcare facilities receiving improved WASH services (district hospitals/peripheral health units)</td>
<td>20/30</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td># of people in high-risk communities receiving WASH services</td>
<td>50,000</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td># of people reached with critical WASH supplies (including hygiene items) and services (high level indicator)</td>
<td>250,000</td>
<td>45,492</td>
<td></td>
</tr>
<tr>
<td># of high-risk communities with hand washing with infection control messages</td>
<td>50</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td># of healthcare workers within health facilities and communities provided with Personal Protective Equipment (PPE)</td>
<td>15,500</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td># of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)</td>
<td>15,500</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td><strong>Health, Nutrition and HIV</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases</td>
<td>2,500</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td># of hospitals equipped with oxygen plant</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td># of children 6-59 months admitted for treatment of severe acute malnutrition (SAM)</td>
<td>39,000</td>
<td>9,028</td>
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</tr>
<tr>
<td># of children and women receiving essential healthcare, including prenatal, delivery and postnatal care, essential newborn care, immunization, treatment of childhood illnesses and HIV care in UNICEF supported facilities</td>
<td>1,760,000</td>
<td>1,224,961</td>
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<tr>
<td># of caregivers reached with IYCF messages/recommendations in COVID 19 context</td>
<td>575,000</td>
<td>267,916</td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children supported with distance/home-based learning</td>
<td>1,500,000</td>
<td>Data not available</td>
<td></td>
</tr>
<tr>
<td># of schools receiving WASH supplies (300 schools receive partial WASH support; 10 schools receive full WASH package)</td>
<td>1,200</td>
<td>166</td>
<td></td>
</tr>
<tr>
<td># children receive individual learning materials</td>
<td>100,000</td>
<td>21,301</td>
<td></td>
</tr>
<tr>
<td># of people reached on COVID-19 through messaging on prevention and access to services</td>
<td>600,000</td>
<td>9,487</td>
<td></td>
</tr>
<tr>
<td># of teachers trained to provide alternative learning including PSS to reach 60,000 children</td>
<td>2,000</td>
<td>900³</td>
<td></td>
</tr>
<tr>
<td><strong>Child Protection and GBV</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children, parents and primary caregivers provided with community based mental health and psychosocial support</td>
<td>10,000</td>
<td>6,286</td>
<td></td>
</tr>
<tr>
<td># of children and adults that have access to a safe and accessible channel to report sexual exploitation and abuse</td>
<td>3,700,000</td>
<td>3,306,410</td>
<td></td>
</tr>
<tr>
<td># of UNICEF personnel and partners that have completed training on GBV risk mitigation and referrals for survivors</td>
<td>350</td>
<td>403</td>
<td></td>
</tr>
<tr>
<td><strong>Social Protection</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of households benefitting from new or additional social assistance measures provided by governments to respond to COVID-19 with UNICEF support</td>
<td>64,000</td>
<td>14,072</td>
<td></td>
</tr>
</tbody>
</table>

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² Results presented above are as of 17th July and duly reflected in UNICEF Global Reporting sitrep no. 8.
³ Prior to the partial school reopening, UNICEF supported a TOT for 900 teachers and school authorities on the PPS manual and Safe School Protocols to be rolled out.