Highlights

- As of 26 November 2014, according to the Government of Sierra Leone, the cumulative number of laboratory confirmed Ebola virus disease (EVD) cases is 5,595. The number of confirmed deaths is 1,429 and 956 have been discharged from treatment (survivors). The government estimates that around 22 percent of cases are children and youth (0-17 years).
- To date, the UNICEF-led Family Tracing and Reunification (FTR) network has identified 7,050 children as being directly affected by the Ebola crisis (3,559 girls and 3,491 boys), including 2,753 children having lost one or both parents to EVD. This is an increase of 2,676 affected children from the previous reporting period.
- UNICEF is delighted to report that our colleague who has been receiving EVD treatment at a hospital in France has made a full recovery and is now back in Sierra Leone.
- The ten UNICEF supported community care centres (CCCs) operating in Bombali have received 66 suspected cases (including ten children), of which 38 were admitted, 26 have been referred to an Ebola holding or treatment centre and 23 were discharged, with one death reported. 11 people are still receiving care, including three children who are awaiting discharge.
- The UNICEF West and Central Africa Regional Office (WCARO) organised a cross border Child Protection conference in Sierra Leone on 20 and 21 November 2014. Participants included government, NGO and UNICEF staff from the three most affected Ebola countries - Guinea Liberia and Sierra Leone.
- UNMEER has scaled up its presence in the field by deploying Field Crisis Managers to each district to assist in coordination of the international response at the local level.
- UNICEF Sierra Leone is 92 percent funded against the six month humanitarian action for children (HAC) appeal of US$61 million issued on 16 September 2014. However, given the unprecedented scale of the crisis and increasing needs in the country, the current funding appeal is under revision.

Situation Overview & Humanitarian Needs

Although there has been significant progress in the country, including efforts to strengthen coordination mechanisms, scale-up treatment capacity in a safe way and intensify social mobilization activities, the number of cases in Sierra Leone are still on the rise. The county is reporting almost 5,600 confirmed Ebola virus disease (EVD) cases, an increase of over 440 cases since the last reporting period. According to the government, people between the age of 25 and 35 years represent the highest number of cases, with female and males equally affected.
The Western Area – both urban and rural, with Freetown, the capital being the worst affected area; Port Loko and Bombali continue to report the most increase in cases. Transmission and confirmed cases also remains high in Tonkolili, Bo, Koinadugu, Kono and Moyamba.

The EVD crisis continues to impact children severely. Over 7,000 are now affected, with almost 2,800 having lost one or both parents. In terms of education, the crisis is having a continuous impact on the two million children not attending school as well as on teachers who are also heavily affected. According to the Sierra Leone Teachers Union (SLTU), among the EVD deaths in the country, at least 64 have been primary and secondary teachers, with Kailahun (15), Port Loko (12) and Bombali (9) being most affected. In addition, as many as 100 teachers are currently under quarantine. Prior to the EVD outbreak, the school system was already struggling with insufficient numbers of teachers.

Community engagement, early reporting and isolation, safe and dignified burial practices, effective quarantining and providing safe and supportive care for affected children, including contact children without an adult caregiver, are key factors in containing the outbreak. Further, the borders between districts are porous and high numbers of people continue to move. As Christmas approaches, more people are expected to move from one region to another – this could add to the already high transmission rates in the country.

Communications for Development (C4D)/Social Mobilization

- UNICEF continues to coordinate and support social mobilization activities across the country, especially with rapid response activities targeting hotspots and hard-to-reach areas with street-to-street announcements, motorbike rallies and home visits focusing on safe and dignified burial practices and early referral/isolation/home-based protection.

- This week, social mobilization and engagement continued with communities around the ten operational UNICEF supported CCCs in Bombali. District social mobilization and WASH partners conducted community dialogue in locations where the new CCCs are being constructed by UNICEF – five additional communities in Bombali and 13 in Tonkolili. The first phase of the community engagement process was initiated in Kambia, with a preliminary meeting with district officials. This will be followed up with a half-day meeting with the district health management team (DHMT), district councilors, paramount chiefs and partners.

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1 UNICEF is the lead agency for the UN for social mobilization and community engagement in the Ebola response and is co-chairing the Social Mobilization pillar with the Health Education Division (HED) of the MoHS. The SM pillar meets three times a week at UNICEF.
With UNICEF support, local radio discussions at district level were organised focusing on key messages determined by the needs and epidemiological data of each district. Topics included: safe and dignified burials; early referrals of suspected cases to health facilities; proper isolation/home-based care while waiting for a referral; and the importance of quarantine.

This week, the Social Mobilization (SM) pillar received seven out of 14 district SM pillar reports. According to the reports, all seven districts have functioning SM committees and action plans in place. The challenge of partners not reporting their activities on a weekly basis continues with 56 out of the 100 partners who attended the pillar meeting submitting their reports to the district SM committees. Social mobilisers reached 294 religious leaders and 57 paramount chiefs to motivate them to support SM activities in seven districts during the reporting week. In six out of the seven districts, social mobilisers visited 10,242 households to disseminate key messages.

Under the SM pillar, “Get early treatment” was covered in-depth throughout the week in press conferences, national radio shows, television, and print media as week two of “Ebola Big Idea of the Week.” Journalists continue to develop their own content, engaging religious leaders, burial teams, epidemiologists, medical personnel, and government spokespersons.

Health

The training of peripheral health unit (PHU) staff in infection prevention and control (IPC) continued this week across the country. Trainings were conducted in 151 PHUs - 55 in Bo, 40 in Koinadugu, 30 in Port Loko and 17 in Tonkolili. 41 percent of targeted PHUs (497 of 1,200) have now completed the training, a total of 2,183 staff trained. The distribution of IPC supplies continued during the reporting period, with the remaining four districts (Bonth, Kenema, Kono, Pujehun) receiving 342 pre-packed IPC kits. A total of 1,090 kits have been supplied to the 12 districts, while the Western Area – both urban and rural, received the same supplies but not as pre-packed kits. Every district has now received IPC supplies, which have been delivered to the district medical stores (DMSs); the supplies are essential for infection prevention and control at the PHU level.

Phase I of the mass drug administration (MDA) campaign, led by the Ministry of Health and Sanitation (MoHS), through its National Malaria Control Programme (NMCP), with support from MSF and UNICEF, is planned to take place from 5 to 8 December 2014, targeting 2.4 million people (from 0.5 years of age and above). The campaign will distribute artemisinin-based combination therapy (ACT) in hotspot areas in the districts of Bombali, Kambia, Koinadugu, Moyamba, Port Loko, Tonkolili, and in all of the Western Area. 48 national supervisors have been trained as trainers to support the distribution of the ACT; training will also take place at the district and chiefdom level. Phase II of the MDA campaign is planned for January 2015.

The UNICEF regional health advisor had a five-day mission to Sierra Leone to support the process of establishing observational interim care centers (OICCs) for contact children without parental care.

Districts have developed plans for the training of community health workers (CHWs) in the ‘No Touch Policy’ with trainings commencing next week.

Nutrition

Last week, as part of the Integrated Management of Acute Malnutrition (IMAM), 1,345 children under 5, were screened at the community level in 59 out of 149 chiefdoms and referred for treatment at the PHUs providing nutrition treatment services. 807 severe acute malnourished (SAM) children were identified, of which 355 SAM cases

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4 This week, Bombali, Kailahun, Kenema, Kono, Moyamba, Port, Loko and Tonkolili submitted district reports. Last week, reports were received from Bombali, Bonth, Kambia, Kenema, Kono, Moyamba and Pujehun.

3 IPC trainings will be conducted in approximately 1,200 PHUs in the country, targeting around 4,000 health staff and other workers.

3 The aim of the campaign is to reduce the number of malarial morbidity and mortality in the context of the current weakened health system as well as to reduce the number of malaria related fevers leading to hospitalization as a suspected Ebola case prior to lab confirmation.

1 OICCs will provide care for contact children between four and 12 years of age, who need to be closely monitored during the 21-day period in the event they become symptomatic. Contact children, are children who have been in close contact with someone infected with EVD.

3 UNICEF currently has NGO partnerships in five districts (Bombali, Kambia, Kono, Moyamba, Port Loko) and is in the process of establishing partnerships in every district. In the remaining eight districts, the district nutritionist through the DHMT, screens children and refers children for SAM but only reports to the MoHS and UNICEF on a monthly basis. UNICEF also provides the nutrition supplies for these children.
were admitted for treatment at an outpatient therapeutic feeding programme (OTP) and 64 children with medical complications were referred to an inpatient facility (IPF) to receive paediatric and nutrition care. In total, almost 1,300 children under 5 are receiving adequate treatment as part of the OTP, and approximatively 201 cartons of ready-to-use therapeutic food (RUTF) were utilized.

- 12 Ebola treatment units (ETUs) are using nutrition supplies (high energy fortified biscuits (BP100), ready-to-use infant formula (RUIF) and Ultra High Temperature (UHT) whole/full cream milk), provided by UNICEF for Ebola patients and survivors, including children. Nutritional supplies have also been prepositioned at the DMS for the ten UNICEF supported CCCs which are operational in Bombali.

- Together with the district nutritionist of Port Loko, UNICEF conducted a short training to build the capacity of 9 medical staff, including the community health officer, at the Red Cross supported Maforki ETU/holding centre in Port Loko. A similar training was also organized along with the nutrition focal person for three staff at one of the government supported EHCs in Port Loko. The trainings focused on the utilization of supplies (RUIF, UHT milk and BP 100) for EVD affected children.

- UNICEF held a briefing on nutritional products (BP100, RUIF, UHT) for around 70 clinical staff working at the ten CCCs in Bombali. The briefing focused on target groups/beneficiaries and how to properly use the supplies. The briefing was followed by the distribution of the supplies to six of the CCCs. Storage of nutritional supplies at the CCCs is a challenge. Although there is some space, large quantities of supplies cannot be stored effectively.

**WASH**

- UNICEF is coordinating the WASH sector response, in collaboration with the government, including the monitoring of WASH facilities and actors involved in all 48 ETUs and EHCs currently receiving patients. On 20 November 2014, during a WASH partners meeting, UNICEF presented on behalf of the Ministry of Water Resources the sector strategy: *Accelerated Delivery of Improved Water Supply Services in Response to the Ebola Viral Disease.*

- UNICEF continues supporting 21 ETUs and EHCs with an essential WASH package (waste management and water supply for drinking, personal hygiene and disinfection) in eight districts, with a total capacity of 356 beds. This week, UNICEF has completed work in WASH facilities at the EHC in Foredugu, Port Loko including the installation of an additional water storage tank and provision of a 5kv generator. Work in WASH facilities for a new EHC in Pujehun is still ongoing.

- Together with local implementing partners, this week UNICEF has completed the construction of five CCCs, including WASH facilities in Bombali. In total, 15 CCCs have been constructed in the district with UNICEF support. Site selection and provision of materials to implementing partners and contractors for 13 CCCs in Tonkolili has been completed. Construction has started and should be completed by the end of November 2014.

- This week, to support 504 quarantined households (QHHS) in Western Area, UNICEF has provided 2,016 collapsible jerry cans (four 10L/per QHH), together with a 21-day supply of aqua tabs (25,200) for water purification. To date, UNICEF has provided around 4,400 QHHS with 17,632 jerry cans and 220,200 aqua tabs benefiting around 30,800 people in quarantine households and communities. Supplies have been distributed through WFP packages.

**Child Protection**

- To date, in coordination with the Ministry of Social Welfare, Gender and Children’s Affairs (MSWGCA), the UNICEF-led Family Tracing and Reunification (FTR) network has identified 7,050 children as being directly affected by the Ebola crisis (3,559 girls and 3,491 boys), with 2,753 children having lost one or both parents to Ebola and 371 have become unaccompanied or separated from their caregiver. There has been 805 children (410 girls, 395 boys) confirmed with *UNICEF is the lead agency in WASH, and is supporting the Ministry of Water Resources (MoWR) and MoHS to coordinate the WASH response among partners. WASH coordination meetings are organized by UNICEF once a week. In each district, a WASH partner has been designated as lead agency to ensure district level coordination.*

*UNICEF is supporting WASH facilities in the following districts: Bo, Bombali, Koinadugu, Moyamba, Port Loko, Pujehun, Tonkolili and Western Area Urban.*

*UNICEF is the lead agency for the UN on child protection in the Ebola response and is co-chairing the Child Protection, Psychosocial and Gender pillar with MSWGCA. The pillar meets once a week at the MSWGCA.*
EVD, with over 489 child survivors. Through this network, 3,424 children have been provided with psychosocial support (PSS) services and 360 affected children without parental care have been reunited with their families or placed in foster care.

- In collaboration with the MSWGCA and MoHS, with the support of UNICEF and partners, there has been significant developments in plans to rapidly establish OICCs across the country, especially issues concerning the clinical management side of the centres. The strategy on the concept of OICCs and the standard operating procedures (SOPs) has been approved by the MSWGCA and will be submitted to the National Ebola Response Centre (NERC) for endorsement. As of now, three OICCs are operational, with a plan for five more to be opened by 1 December 2014. These will be supported by UNICEF and managed by MSWGCA.

- UNICEF Sierra Leone, with the support of the regional office and headquarters, organized a two-day cross border child protection conference on 20 and 21 November 2014. Participants included government, NGO and UNICEF staff from Guinea, Liberia, Sierra Leone as well as Senegal and the United States. The purpose of the conference was for the three most affected Ebola countries to develop a common approach and plan of action for child protection. FTR, PSS, care for children in communities under quarantine and information management (IM) systems were some of the issues covered.

- So far seven protection desks have been established at the district level Ebola Command Centres. The desks will help facilitate and strengthen rapid referrals of protection services for vulnerable or at risk people, especially women and children.

Education

- To ensure continuity of learning for children while schools remain closed across Sierra Leone, in collaboration with the Ministry of Education, Science & Technology (MEST) as lead, with the support of UNICEF and other partners, the Emergency Radio Education Programme (EREP) continues airing daily one hour-long lessons countrywide.10 This week, as part of the ongoing listenership rapid assessment, a total of 2,489 households in ten districts (Bo, Bonthe, Kailahun, Kambia, Kenema, Moyamba, Pujehun, Western Area Urban & Rural) were visited by UNICEF implementing partners (World Vision, CARL and Action Aid) at the time the EREP was airing, to determine if children were engaging in the programme.11 The visits showed that 47 percent (1,180 households) had children of primary school age listening to the programme, an increase from 44 percent (1,233 households) reported last week.12 To date, 10,565 households have been visited to monitor listenership of the EREP among primary school aged children.

- A two-day EREP house-to-house monitoring and sensitization campaign, led by the MEST with support from UNICEF, started last week in all of the 394 wards countrywide, and is about 80 percent complete. The campaign is expected to be finished by 28 November 2014. Around 11,800 households with school age children will be visited by the 1,182 teachers who have been trained on social mobilization and monitoring. Compared to the listenership rapid assessment, this is a more detailed exercise, with disaggregated data on children’s participation in the EREP being collected as well as information on the death of learners or parents/caregivers being assessed. Teachers will also provide households with key messaging on Ebola prevention.

- UNICEF is developing messaging to raise awareness of the EREP and for parents/communities to ensure their children are allowed time to listen. To address the non-availability of radios and outages either as a result of battery rundown/unavailability or erratic electricity supply, UNICEF is in the process of procuring around 50,000 radios (solar powered) for the most vulnerable households. UNICEF is working with education partners in all communities, especially hard-to-reach areas and those with poor coverage, to distribute pre-recorded lessons so that children will have access to these materials, with the expectation that teachers will support children and caregivers to engage.

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10 The EREP broadcasts several daily one-hour lessons across a network of 43 radio stations nationwide, coordinated by the SLAJ and the Independent Radio Network (IRN) for primary, junior and secondary school age children.

11 Listenership monitoring data was received from 131 supervision areas covered by three IPs across ten districts: World Vision with 83 supervision areas in Bo, Bonthe, Kailahun, Kenema, Moyamba and Pujehun; CARL with 46 in Western Area – both urban and rural; and, Action Aid with two in Kambia and Tonkolili.

12 During a verification of data, the figures that were reported last week on the listenership were found not to be accurate and have now been amended. UNICEF is working with IPs to collect adequate data for junior and secondary school going children. Although, some IPs are collecting data on these children is not sufficient for reporting requirements. As the capacity of monitors conducting the listenership rapid assessment is strengthened, this data will be routinely available.
UNICEF is also working with the MEST and technical experts to improve script writing, production and the overall presentation of the EREP.

Media & External Communication

- UNICEF work this week was featured on BBC 5 live/Radio Cambridge, who spoke to the head of UNICEF’s Child Survival and Development (CSD) programme on how Ebola hit vaccination rates, while the CSD Chief was also featured in a lengthy profile in the Israeli newspaper Yediot Aharonot. Our work with an AFP visiting team helped highlight the impact of Ebola on child birth: Ebola heightens childbirth danger in Sierra Leone and teenage pregnancy. UNICEF also assisted a TV crew from the Netherlands film children listening to the emergency radio education programme (EREP) and raised the profile of Ebola orphans with IRIN’s article Ebola orphans now face stigma, stress and a piece on Television Gallega (Spain). UNICEF’s Sierra Leone country office published a web story on the CCCs In Sierra Leone, bringing isolation closer to home and gave information on the CCC project to several media outlets including VoA, France24 and AP. The team also supported the week-long deployment of UNICEF’s global photo editor by helping to set-up coverage of a child survivor in Moyamba, stories around the arrival of patients at UNICEF-supported CCCs in Bombali, and the EREP. Material about EREP was quickly processed for CNN, who had requested video to accompany a report planned on the subject.
- Social media postings continued on a daily basis on Facebook and Twitter. During the reporting period, on Facebook, there were 85 new page likes and over 5,806 posts viewed on the site, while on Twitter we gained 66 new followers and had 246 mentions.

Supply and Logistics

- This week, four charters arrived with 142 MT of personal protective equipment (PPE), medicines and chlorine for the Ebola response as well as medicines for the Free Healthcare Initiative. To date, a total of 20 charters have delivered 1,097 MT of essential supplies in response to Ebola crisis in Sierra Leone.
- From 17 to 21 November 2014, in close collaboration with Central Medical Stores, UNICEF distributed medical supplies and PPEs for the Ebola response to 50 ETU/EHCs covering 1,393 beds as well as surveillance and burial teams in the all districts.

Funding

- In line with the UN inter-agency response strategy for the Ebola Outbreak, UNICEF humanitarian action for children (HAC) is appealing for US$ 61 million for Sierra Leone to support the needs of women and children affected by the Ebola crisis. This appeal will cover six months of the emergency response, from September 2014 to February 2015. To date, US$ 56.2 million has been received, 92 percent of the current appeal. However, given the unprecedented scale of the crisis and increasing needs in the country, UNICEF’s current funding appeal is under revision.
- UNICEF greatly appreciates the contributions that have been received to date including from the Governments of Canada, Germany, Ireland, Italy, Japan, The Netherlands and United Arab Emirates, DFID, ECHO, OFDA/USAID, SIDA, SLFA, OCHA, the World Bank, and the UK and US Fund for UNICEF, as well as the private sector. Continued funding from donors is urgently needed to ensure that UNICEF and its partners can meet the rapidly growing needs of women and children affected by the crisis.

Next Situation Report: 3 December 2014

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Annex A:
Summary of Programme Results

Given the rapidly evolving context in the country, UNICEF is currently adjusting its performance indicators and methods for data collection, monitoring and evaluation. Changes will be reflected in upcoming situation reports.

<table>
<thead>
<tr>
<th>UNICEF Results Table. Period 16th September 2014–15th March 2015</th>
<th>UNICEF Target</th>
<th>Total Cumulative UNICEF Results</th>
<th>% Target reached</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMMUNICATION FOR DEVELOPMENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radio stations airing daily messages on Ebola</td>
<td>64</td>
<td>61</td>
<td>95%</td>
</tr>
<tr>
<td>Districts where all radio stations air Ebola content every day</td>
<td>13</td>
<td>13</td>
<td>100%</td>
</tr>
<tr>
<td>House Holds receiving Inter-Personal Communication on Ebola prevention messages</td>
<td>886,480</td>
<td>15,576*</td>
<td>2%</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Structures in Ebola affected areas provided with essential commodities package</td>
<td>1,185</td>
<td>497</td>
<td>42%</td>
</tr>
<tr>
<td>Health personnel in health facilities trained in infection prevention and control and Ebola triage</td>
<td>2,000</td>
<td>2,183</td>
<td>109%</td>
</tr>
<tr>
<td>Community Health Workers (CHW) trained on revised guidelines on provision of community-based maternal, newborn and child health (MNCH) care</td>
<td>6,000</td>
<td>860</td>
<td>14%</td>
</tr>
<tr>
<td><strong>HIV and AIDS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV positive women (including pregnant women) continuing to receive ARTs</td>
<td>1,142</td>
<td>203</td>
<td>18%</td>
</tr>
<tr>
<td>HIV positive children continuing to receive ARTs</td>
<td>539</td>
<td>109</td>
<td>20%</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment centres providing nutrition support to Ebola patients</td>
<td>5 (700 patients)</td>
<td>12</td>
<td>240%</td>
</tr>
<tr>
<td>Children 6-59 months screened for SAM and referred for treatment</td>
<td>70 % (18,000)</td>
<td>4,795</td>
<td>27%</td>
</tr>
<tr>
<td><strong>WATER, SANITATION &amp; HYGIENE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Care Centres provided with essential WASH services</td>
<td>40</td>
<td>15</td>
<td>38%</td>
</tr>
<tr>
<td>Ebola treatment units (ETUs) and holding centres (EHCs) supported through coordination of emergency WASH response</td>
<td>70</td>
<td>48</td>
<td>69%</td>
</tr>
<tr>
<td>ETUs and EHCs supported by UNICEF for the provision of essential WASH package</td>
<td>14</td>
<td>21</td>
<td>150%</td>
</tr>
<tr>
<td>Non-Ebola Health centres in Ebola affected areas provided with hand-washing stations</td>
<td>562</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>People in quarantine households receiving WASH support (as part of “home protection and support” kit)</td>
<td>420,000**</td>
<td>30,800</td>
<td>7%</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radio Lesson Listenership Coverage during EREP monitoring***</td>
<td>No target (100%)</td>
<td>47.4% (based on 2,489 households in 9 districts)</td>
<td>N/A</td>
</tr>
<tr>
<td>Teachers trained on psycho social support, Ebola prevention, and safe and protective learning environments</td>
<td>7,000</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Radio stations broadcasting emergency learning programmes</td>
<td>41</td>
<td>41</td>
<td>100%</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong>**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ebola affected children and caregivers provided with psychosocial support</td>
<td>5,000</td>
<td>3,424**</td>
<td>69%</td>
</tr>
<tr>
<td>Affected children placed in interim care</td>
<td>TBD</td>
<td>339</td>
<td>N/A</td>
</tr>
<tr>
<td>Affected children reunified with their families</td>
<td>TBD</td>
<td>360</td>
<td>N/A</td>
</tr>
<tr>
<td>Affected children and adult survivors who receive non-food items</td>
<td>TBD</td>
<td>973</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>SOCIAL PROTECTION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremely poor households directly affected by the EVD that receive a cash transfer through the national safety net programme</td>
<td>8,000</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*Monitoring of district implementation and reporting from the DHMTs has been put in place since the end of October. This week, the national SM Pillar received weekly reports from seven district SM pillars.

**This figure is the number of quarantine households/communities that have received WASH support in the form of jerry cans and aqua tabs.

***Listenership coverage is defined as the proportion of households with school going age children that are actually observed by monitors to have at least one child listening to the radio lesson as their level during lesson broadcast time. Data provided is for the reporting period only – not cumulative and represents only primary school age children.

****Affected children are: children in quarantine, in treatment centres, and discharged; including children who have lost one or both parents to Ebola, and children who are separated or unaccompanied. Denominator and target currently under revision.

*****Currently, data only reflects PSS provided to affected children in the FTR network.