




Democratic Republic of the Congo
Ebola Situation Report # 59

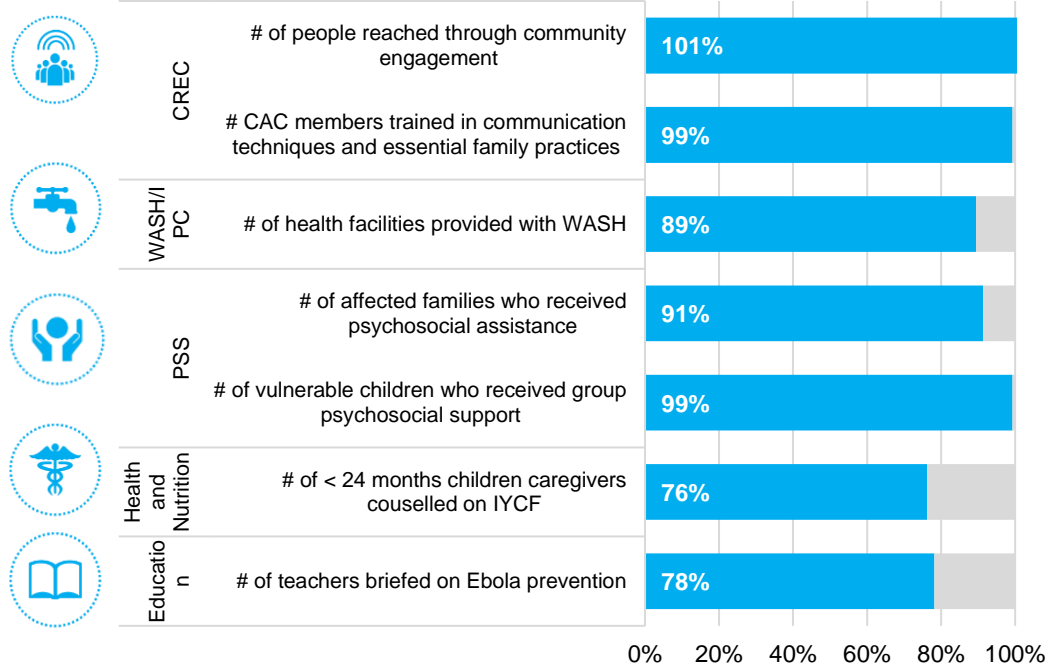
North Kivu, Ituri and South Kivu

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for every child

Highlights

- During the reporting period, four new cases were reported in Beni, all of them related to the first one. In a tensed climate, the Community Animation Cells (CAC) - supported by UNICEF - played a key role in engaging the community and facilitating the main response activities, with a strong cooperation with civil society actors.
- In the framework of the African Vaccination Week from 20 and 26 April and despite issues related to insecurity in Ituri, UNICEF oversaw the measles vaccination and recuperation exercise that occurred in five health zones in North Kivu (2) and Ituri (3) and reached 39,737 children under 59 months.
- On 24th April, UNICEF and World Health Organization signed a Memorandum of Understanding on the survivors' follow-up to support the National Programme for Survivors.
- UNICEF, jointly with PRONANUT, conducted a nutrition evaluation in 13 Internally Displaced Persons' sites located in Mandima (1), Mabalako (9) and Beni (4) health zones. The result was alarming among children and pregnant and breastfeeding women as the Global Acute Malnutrition rate was of 18% including 11% of Severe Acute Malnutrition out of a total of 185 children aged 6 to 59 months.

UNICEF's Response*



Key epidemic numbers

(WHO, 26th April 2020)

- 3,316** confirmed cases
- 937** children <18 among confirmed cases
- 2,134** deaths among confirmed cases
- 1,162** Ebola survivors

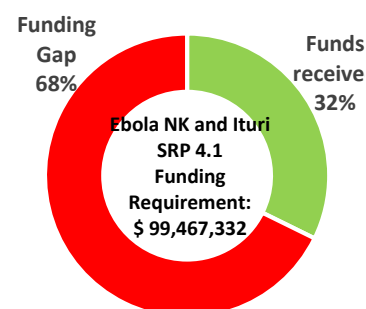
Key figures

- 916** community workers and mobilizers
- 67** community radio partners
- 470** psychosocial agents, including caregivers, in UNICEF-run nurseries
- 63** IPC/WASH supervisors and **291** hygienists for decontaminations
- 28** nutritionists and **4** supervisors in Ebola Treatment Centers (ETC)
- 12** pediatricians in ETC, Transit Centers (TC) and nurseries

Ebola Response Appeal (Pillars I and III)

US\$ 99.4 million**

Ebola Response Funding Status SRP4.1 - 2020



**Funding requirement includes budget for Pillar 1 (\$US 35.4 million) and budget for Pillar 3 (\$US 61.4 million)

* Percentages in the table refer to results for the period August 2018 to 26 April 2020 out of targets for the period August 2018 to June 2020, end of SRP 4.1.

Funding Overview and Partnerships

In alignment with the Strategic Response Plan (SRP) 4.1, which covers a six-month period until the end of June 2020, UNICEF is appealing for US\$ 99,467,332 to sustain the Ebola response through Pillar 1 (Strengthened Public Health Response) and Pillar 3 (Humanitarian Response to Communities Affected by Ebola) in DRC. To date, no funding has been received against the SRP4.1 since January 2020, but funds from SRP4 have been redirected to SRP4.1 that is 32 per cent funded (Pillar 1: 19 per cent; Pillar 3: 39 per cent).

Since the beginning of the outbreak, the World Bank Group, the European Commission (European Civil Protection and Humanitarian Aid Operations (ECHO), Gavi (the Vaccine Alliance), the United States Agency for International Development (USAID), the Central Emergency Response Fund (CERF), the Government of Japan, the German Committee for UNICEF, the Government of United Kingdom, The Government of Canada, The Bill and Melinda Gate Foundation (BMGF) and The Paul G. Allen Family Foundation (PGAFF) have generously contributed to UNICEF DRC's Ebola response. UNICEF expresses its sincere gratitude to all public and private donors for the contributions received.

While the number of new cases is slowly declining, the Ebola virus may persist in some survivors' body fluids, thus increasing the risk of sexual or mother-to-child transmission (through breastfeeding) and the re-introduction of the virus. Therefore, the EVD outbreak remains a serious public health concern that requires sustained response capacity.

The SRP focuses on activities aimed at breaking the chain of transmission, and on Health System Strengthening (HSS).

Context highlights

During the reporting period, four new cases were reported in Beni, all related to the first one. In a tensed climate marked by pressure groups demonstrations in Beni city center and moto taxis groups stopping the response workers during a transfer to the ETC, one confirmed case fled and remained unfound. The persistent threats against the response teams in some areas are preventing full access to all contacts but CAC were very active and supported the teams in finding contacts, conducting the decontaminations and facilitating vaccination of contacts and contacts of contacts.

On 24th April, UNICEF and WHO signed a Memorandum of Understanding to support the implementation of the National Programme for Survivors. This strategic document outlines the activities that will be implemented by both agencies and clarifies the responsibilities of each. Five clinics will be dedicated to the survivors' follow-up in Beni, Butembo, Goma, Mambasa and Mangina where the survivors are the most numerous.

UNICEF will lead the psychosocial support to survivors and will focus (i) on providing nutritional care to children under 24 months and medical care for children under 15 and, (ii) on ensuring their follow up in clinics and in their respective communities. One of UNICEF main objectives will be to avoid the survivors' stigmatization both in health centers and communities by raising awareness among health care personnel and involving the CAC members at community-level. It is worth noting that the 1,162th survivors was discharged from the ETC during the reporting period.

In Butembo, from 20 to 26 April, UNICEF supported the measles campaign with briefing and mentoring of the health personnel but also by providing posters. In total, in six days, 4,429 children were vaccinated against measles in three health areas of Mangurejipa health zone (Liboyo, Mama Wa Huruma and Mangurejipa). This vaccination took place during the African Vaccination Week and was coupled with a recuperation exercise during which the CAC set up by UNICEF played a key role as they supported the health personnel in identifying the children that were not yet vaccinated.

In Mabalako, the vaccination occurred in four health areas (Linzo, Bingo, Mabalako et Aloya) from 20 to 25 April and 19,355 children were vaccinated.

In Ituri, the insecurity due to the ongoing conflict in Mahagi, Djugu and Irumu provoked a new wave of population displacements to Bunia and fueled heightened tensions between the Lendu and Hema ethnies. Despite this critical situation, three health zones were covered by the vaccination campaign: Mambasa, Mandima and Lolwa. In Mambasa, where 11 health areas were targeted, 5,955 children were vaccinated. In Lolwa, 3,434 were vaccinated and, in Mandima, despite ongoing insecurity in Biakato and Lwemba areas, 6,564 were vaccinated representing 90,2 % of the initial target.

Summary Analysis of the Ebola Response

Risk Communication and Community Engagement (RCCE)



In Beni, since the resurgence of EVD cases, UNICEF continued to support the government and placed the Community Animation Committees (CACs) at the center of the response around cases. UNICEF RCCE team trained the RCCE Commission and RCCE partners that, in turn, briefed the CAC, mainly from the six priority health areas, namely: Bunji, Kanzulizuli, Butsili, Rwangoma, Malepe and Kasanga. In total, 3,504 members of the 292 CACs were trained on their key roles in community-based surveillance activities.

Thanks to this orientation on the strategy, the CAC have since been active on the ground and, with the support of the RCCE team, they facilitated six decontaminations, the transfer of 210 suspects to TC and ETC and the

vaccination of 242 contacts. They also raised 1,705 alerts (representing 45% of the total alerts), listed 262 contacts and found 147 contacts to be followed up.

What is more, the RCCE team also reached 1,160 people through educational talks and interpersonal communications in these six health areas and involved six community leaders to resolve reluctance to the response activities. This strong advocacy led to the transfer of a suspect case to the Rwenzori Medical Center and the performance of the laboratory tests which came back positive (case of 15th April).

In the meantime, to prepare the measles vaccination campaign in Beni, Mambasa and Mangurijipa, UNICEF teams organized 42 advocacy sessions targeting the political and administrative authorities, customary chiefs, ethnic chiefs and 23 social mobilization sessions to reach women's associations and CAC members as a way to mobilize the entire communities and specifically the mothers. In addition, the teams actively participated in the various preparation and coordination meetings.

In the others sub-coordinations, UNICEF and partners continued to support the CACs with mentoring sessions so that they fully play their role in their respective communities. As a result, in Butembo, Mangina and Bunia, the CAC raised 5,519 alerts (48%). They followed up on 4,037 visitors, made 19,205 home visits and thus reached 76,477 people. These visits were carried out as part of community-based surveillance, awareness raising on essential family practices and prevention of EVD and Covid 19.

Media

Community radio stations continue to be involved in the production and broadcasting of micro-programs, programs and spots on EVD and, at the same time, on COVID-19.

In Beni, in addition to the daily broadcasts of spots on EVD on the five main partnering radios, during the period, 45 microprograms were produced and broadcast, including on Radio Télé Rwanzururu (RTR), a program on the theme: "What to do during this resurgence of EVD cases in Beni? ". The RCCE team also supported the holding of three press conferences by the Mayor of the city of Beni on the resurgence of EVD.

UNICEF has signed a partnership with the national NGO REMED to enroll 60 additional radios in Ebola affected health zones: Butembo (18), Beni (14), Komanda (5), Mambasa (2), Bunia (5), Mangina (7), Biakato (3) and Goma (6). REMED will thus strengthened their capacities in delivering the right messages and will support them to produce and broadcast microprograms in different formats. In total, in all provinces, 67 radios are currently actively broadcasting messages.



The U-Report platform has grown up to reach 112,487 subscribers (compared to 36,426 during the previous period) with 64% aged between 15 to 30 years old. During the reporting period, the local communicators in charge of the Ebola feedback mechanism associated to the U-Report platform received 141 feedbacks on the following topics: 71.43% of them concerned risk communication, 9.52% the WASH/IPC activities, 9.52% the surveillance, 4.76% the safe and dignified burials and 4.76% the medical care. 40.43% of the feedbacks were questions related to information needs, mostly on the resurgence of new cases. Half of the reactions

to this resurgence (19.86%) demonstrated the incredulity of the population with regards to Ebola. Besides that, the Youth Information Center replied to 1,041 messages, mainly on the the epidemiologic trends of Ebola in DRC (91.43%) and the end of the epidemic (7.34%). The U-Report information tool specifically created for Ebola was visited by 1,561 people.

In Beni, the RCCE team continued to brief relevant actors and community members on the use of U-Report platform. In total, 1,615 people were registered and trained including 50 among youth organizations and 1,440 among CAC members (see picture above).

Infection Prevention and Control (IPC)/Water, Hygiene and Sanitation (WASH)

Following the four new EVD confirmed cases in Beni, WASH/IPC teams conducted decontaminations around these cases: two health facilities and nine households were decontaminated while 72 households received prevention kits as a way to promote hygiene prevention measures around new cases.

With the resurgence, the Sub-coordination teams decided to set up small mobile response teams in Kasanga's neighboring health areas with the aim to prevent a spread. In total, 10 teams of 4 persons were deployed in Katwa, Butembo, Kyondo, Musienene, Kalunguta, Vuhovi, Oicha, Mutwanga, Mangina and Mabalako.



In this line, in Beni, Mabalako and Mandima health zones, UNICEF jointly with WHO provided 50 health facilities with renewal kits. In Musienene, UNICEF and the Ministry of Health trained 189 health workers including 67 on the new IPC/WASH SOPs.

Besides, in Beni, 12,200 liters of water were supplied for 200 handwashing devices in communities and on Ndindi site.

Jointly with partners, the WASH team finalized the construction of four latrines in a school of Beni, four latrines in two health facilities in Butembo and a water tower of 5 m³ capacities in a health facility in Mambasa.



Psychosocial Support

Activities in ETC, TC and nurseries: The psycho-social agents' team provided support to the 11-year-old child that was confirmed and transferred to the ETC in Beni and to the 56 other suspected children newly admitted to the ETC and CT including 29 boys and 27 girls. Most of the patients admitted to the ETCs arrived anxious, stressed with reactions of refusal to talk, eat and take medication. The resurgence of cases in Beni has also led to an increase in the number of children in UNICEF-supported nursery and 8 children, including 4 boys and 4 girls, were admitted while their parent was admitted to the ETC/TCs for testing.

Activities in communities: In Beni, a 7-year-old survivor was discharged from the ETC on 24th April and has increased the number of survivors up to 1,162. The child received a specific psychological assistance when she reintegrated her community as her psychological state deteriorated.

What is more, as part of the contacts follow up activities, the teams conducted daily home visits to 111 new contacts of recent cases, including: 31 men, 38 women, 20 boys and 22 girls in the areas of Kasanga, Malepe and Rwangoma in the health zone of Beni. In addition, the psychosocial assistants and caregivers assisted 6 separated children (two girls and four boys) in their communities. Their protection and social needs were assessed, and assistance was offered to them. UNICEF-supported team also visited 54 new families affected by the admission of their relatives to the TC and ETC and those bereaved following the death of their confirmed relatives.

Among contacts, 56 high-risk contacts including 17 children were invited to leave their homes and join the two contacts' sites set up in Ndindi (37) and Nyakunde (19) for a more efficient follow up. UNICEF supported the organization of educational and recreational activities for children and thanks to the combined efforts of government psychologists and UNICEF, they could participate to play roles and drawing sessions. This support helped reinforce children's well-being while their parents benefited from psychological debriefing and counselling and the APS conducted regular visits and interviews to help them to overcome stress and accept exit restrictions throughout their medical follow up. During the reporting period, Nyakunde site was closed and 19 contacts finished their follow up while a confirmed case was reported in the Ndindi site.

In other areas, the psychosocial teams continued to provide regular support to previously affected individuals and families. For instance, in Butembo, UNICEF supported the school fees of 38 orphaned children for the past school year.

Finally, in Mununze (Mabalako health zone), UNICEF and its partners organized an interactive session with a women group involved in building the resilience of families in communities so that they benefitted from a briefing on COVID-19 prevention measures and on the related psychosocial support. In total, 3,027 women and 135 children (including 81 girls) participated in these activities.

Health and Nutrition

To date, only the ETCs in Beni, Mangina and Goma remain functional, while the ETCs in Butembo, Komanda, Mambasa and Bunia closed during the reporting period. A total of 98 suspected and confirmed patients received nutritional care at the ETCs, among these, 3 children under 6 months, 26 children aged from 23 to 59 months and 69 children over 5 years and adults (including one pregnant women).

Nutritional assistance was provided to 68 new separated and/or orphaned children out of which 28 under six month and 30 aged from six to 23 months. They received breastmilk substitutes (RIUF and UHT) according to their age.

In the communities, as part of Infant and Young Child Feeding practices (IYCF) activities, the nutritionists supported by Adventist Development and Relief Agency (ADRA) visited 241 children including 73 children under 6 months and 168 children aged 6-23 months. A child under 6 months of age whose mother's milk was negative to the EVD test resumed breastfeeding while fourteen other children whose mothers tested negative are in the process of resuming breastfeeding. these women received a certain amount of breastmilk substitutes depending on the mother's milk production. As soon as the amount of milk produced by the mother will be sufficient, the



breast-milk substitute will also stop. During the reporting period, community follow-up has extended to pregnant and breastfeeding women. The nutritional status of five women, including one pregnant woman and four breastfeeding women, was assessed.

At ETC level, sensitization activities on adequate IYCF in the Ebola context reached 68 caregivers among which 15 caregivers of children under 24 months. At households, health centers and community level, these activities reached 1,519 caregivers.

In the EVD affected health zones, 148 children under 5 years suffering from Severe Acute Malnutrition (SAM) received treatment in SAM treatment units.

To ensure the transition of IYCF activities from the response teams to the Health area and Health zone teams, the NGO Adventist Development and Relief Agency (ADRA) and PRONANUT are conducting a series of capacity building activities. Only during the reporting period, a total of 159 health workers, mainly nurse managers and nutritionists from health centers, have been trained on IYCF in the Ebola context in the health zones of Butembo (29), Kalunguta (42), Katwa (38), Musienene (20), and Vuhovi (30).



Education

During the reporting period, schools were temporarily closed throughout the country to comply with governmental restrictions and avoid the spread of the COVID-19.

In Butembo, the EPST organized a three-day training on the module of prevention and control of Ebola in schools and on the use of the EVD image box for 20 new inspectors that will act as trainers of trainers (including four women). What is more, The EPST also briefed 40 participants (7 women) on COVID-19 including the 20 aforementioned new ToTs and 20 former ToTs. These participants also exchanged on distance learning by radio and Paper format of Homework booklets for children.



Social Sciences Analyses Cell (SSAC)

During the reporting period, the SSAC finalized a new study using behavioural change theories. This study, requested by IPC Commission, will be used in the framework of the post-Ebola health systems strengthening strategy. Indeed, the SSAC explored motivations and reasons behind the choice of a health structure by individuals in the area of Beni and Mangina in order to help the IPC Commission to encourage communities to use health structures that will be specifically reinforced in terms of IPC, conveying the message that IPC contributes to improving health. These results are to be shared with IPC and RCCE teams and to be integrated in upcoming communication approaches.

In Mangina, SSAC team continued to work jointly with the Programme teams. For instance, during the reporting period, the team supported the field evaluation on nutritional needs among children conducted by the Nutrition team in IDP sites. This integration between Research and Programme activities is part of SSAC post-Ebola strategy.

Another aspect of this strategy is to establish a SSAC Network made of the local SSAC research assistants and officers that worked with UNICEF during the response. The aim will be to build a pool of researchers with a good knowledge of the context in North Kivu and Ituri that will then act as potential human resources for future researches conducted by NGOs in these provinces. In this line, the local teams worked on drafting and formatting individuals' profiles and resumes, which will then be made available online on the Network drive. Finally, the SSAC continued to follow-up on codeveloped recommendations based on the results of studies with external partners as well as within UNICEF.

To date, the SSAC team has co-developed 112 research recommendations with relevant partners. Among them:

- 67 per cent have been implemented or are on-going (13 per cent), and 6 per cent are permanent recommendations.
- The principal recipients for SSAC recommendations are: RCCE, IPC-WASH and Psychosocial Support Commissions.



Summary analysis of the humanitarian response (Pillar III)

In Mabalako, with UNICEF support, FAEVU (*Fondation des Aigles pour l'Encadrement des Vulnérables* partner) completed the construction of four water sources in Mununze village to benefit some 7,537 persons. They also set up four spring catchment systems in four schools benefitting to a total of 1,966 students. In addition, PAPV Africa (*Programme d'Assistance aux Populations Vulnérables en Afrique*) built two water sources benefitting to 1,938 people in the village of Kaboyeke in Ngoyo health area. In the frame of the measles vaccination campaign, UNICEF also provided IPC/WASH kits to 27 vaccination sites in Mabalako health zone.



Concerning **Nutrition** (see picture on the left), UNICEF, in support to PRONANUT, made an assessment in 13 IDP sites located in Mandima (1), Mabalako (9) and Beni (3) health zones, with a focus on the nutritional status of children under 5 years old and pregnant and lactating women. As a result, it was noted that the Global Acute Malnutrition (GAM) rate was of 18% including 11% of SAM out of a total of 185 children aged 6 to 59 months. Out of 101 pregnant and breastfeeding women, 40% of GAM was observed among the pregnant and breastfeeding women and all of them suffered from Moderate Acute Malnutrition (MAM). As for **Education**, considering the presidential ruling on schools' closure across DRC following the COVID-19, activities conducted by partners are limited to those that do not require the gathering

of students, teachers and school directors. Thus, in Mabalako health zone, AVSI (Association of Volunteers in International Service) launched a joint Education-WASH project aiming at ensuring greater community ownership and essential service in nine schools in five health areas (Mangina, Bingo, Mangodomu, Aloyia and Linzo). With the support of parents' committees (of these nine schools), the identification of out-of-school children and those at-risk of dropping out was conducted. Besides, school rehabilitation plans were also developed based on the priority needs of each school.

For **Child Protection**, social workers trained by *Solidarité des Associations Feminines pour les Droits de la Femme et de l'Enfant* (SAFDF) provided psychosocial support to two girls survivors of rape that were also referred to the health centers in Biena and Musienene. In addition, in Musienene, they also requested birth certificates for 18 children at the civil registration center. In the meantime, in Kalunguta, thanks to a similar action taken by SAFDF-supported protection community network, five children, including three girls, have also received birth certificates.

In Beni, as a way to better prevent COVID and other diseases in the key structures that welcome children, UNICEF equipped the transit and orientation center managed by the NGO ACOPE with mosquito nets, jerry cans, buckets of water and flashlights. This structure is currently hosting 25 children associated with armed forces and groups.

Finally, in Bunia, UNICEF partner Save The Children trained 30 para-social workers on the identification and referral of vulnerable children. They will oversee identifying, referring and handling child protection cases.

Supply and Logistics

UNICEF regularly monitors the supply chain and works closely with relevant stakeholders to constantly improve the effectiveness of the supplies and services in support of the Ebola response in Ituri and North Kivu provinces. During the reporting period, UNICEF distributed WASH, C4D, Child Protection, Health, Education and ICT items and supplies for a total value of US\$ 332,287. The total value of procurement orders was US\$ 490,265 (53.5 per cent local procurement and 46.5 per cent offshore procurement).

Human Resources

In line with the epidemic trend, UNICEF has been progressively scaling-down its presence on the ground. As of 26 April, 159 staff are dedicated to the Ebola response in the affected areas, with an additional three people under recruitment. In addition, UNICEF has 36 staff in its Goma sub-office (North Kivu) and 21 in its Bunia sub-office (Ituri) to support its overall operations in the region.

External Communication

Since the beginning of the outbreak, the communication team posted more than 1,550 messages on [Facebook](#), [Instagram](#), [Twitter](#) and [LinkedIn](#). UNICEF's long-term assistance to children affected by the epidemic was highlighted in several posts.

Next SitRep: 10 May 2020

UNICEF Ebola Preparedness and Response: <https://www.unicef.org/appeals/ebola-preparedness-response.html>

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Summary of Programme Results

| Pillar 1: Strengthened public health response | Target | Total results* | Change since last report ▲▼ |
|--|---------------|-----------------------|---------------------------------------|
| Risk Communication and Community Engagement | | | |
| # of members of influential leaders and groups reached through advocacy, community engagement and interpersonal communication activities (CAC, religious /traditional leaders, opinion leaders, educators, motorists, military, journalists, indigenous group leaders, special populations and adolescents). | 87,956 | 89,136 | 362 |
| # of at-risk population reached through community engagement, advocacy, interpersonal communications, public animations, radio, door-to-door, church meetings, schools, adolescent groups, administrative employees, armed forces. | 37,006,364 | 37,213,351 | 124,382 |
| # of households for which personalized house visits were undertaken by the CACs to raise awareness on Ebola and Essential Family Practices | 79,550 | 101,456 | 21,343 |
| # of listed eligible people for ring vaccination informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols. | 303,717* | 302,401 | 619 |
| *This figure indicates the number of listed eligible people for ring vaccination from 8 August 2018 to 28 March 2020. | | | |
| WASH/IPC | | | |
| # of health facilities in affected health zones provided with essential WASH services. | 4264 | 3812 | 0 |
| # of target schools in high risk areas provided with handwashing facilities | 3,800 | 3102 | 0 |
| # of community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas | 15,550 | 14,161 | 1 |
| % of households, health facilities and public places with reported cases decontaminated in the 72h | 100% | 100% | 12% |
| % of schools and public places near confirmed cases locations where handwashing stations are installed and utilized | 100% | N/A ¹ | N/A |
| Number of households of confirmed cases, contacts and neighbours of confirmed cases who received a hygiene and prevention kits with adequate messaging | 30,210 | 21,935 | 72 |
| Psychosocial Support | | | |
| # of children as confirmed or suspect case receiving psychosocial support inside the transit centres and ETCs | 14,334* | 16,007 | 57 |
| # of affected families with confirmed, suspects, probable cases who received psychosocial assistance and/or material assistance | 26,899* | 24,576 | 54 |
| # of contact persons, including children, who receive psychosocial support | 213** | 849 | 733 |
| # of separated children identified who received appropriate care and psycho-social support as well as material assistance | 9,746 | 7,669 | 6 |
| # of orphans identified who received appropriate care and psycho-social support as well as material assistance | 2,945 | 2,582 | 0 |
| # of psychologists and psychosocial agents trained and deployed to respond to the needs of affected children and families | 1,300 | 1,112 | 0 |
| * This figure includes support provided to families with suspect, probable or confirmed EVD members. ** The target number has been changed in relation to the evolution of the epidemic. | | | |
| Health and Nutrition | | | |
| # of < 24 months children caregivers who received appropriate counselling on IYCF in emergency | 115,000 | 87,582 | 1,587 |

¹ One confirmed case was a student but schools were closed during the reporting period.

| | | | |
|--|-----------|-----------|----|
| # Patients admitted to the ETCs/TCs (suspected or confirmed cases) who received nutrition support during treatment according to guidance note*** | 22,358 | 20,826 | 98 |
| # of less than 6 months children who cannot be breastfed and who receive ready-to-use infant formula in ETCs, nursery's, orphanages and in the communities | 2,189 | 1,660 | 28 |
| # of children aged 6 to 23 months who cannot be breastfed and who receive ready-to-use liquid milk in ETCs, nursery's, orphanages and in the communities | 1,500 | 782 | 40 |
| Education | | | |
| # of students reached with Ebola prevention information in schools | 1,850,486 | 1,253,415 | 0 |
| # of teachers briefed on Ebola prevention information in schools | 61,573 | 48,117 | 0 |

| Pillar 3: Humanitarian response to communities affected by Ebola² | Target | Total results* | Change since last report ▲▼ |
|---|---------------|-----------------------|---------------------------------------|
| Risk Communication and Community Engagement | | | |
| # CAC members trained in communication techniques and essential family practices | 47,304 | 46,968 | 624 |
| Proportion of projects carried out by Pillar 3 resulting from CACs | 60 | 10 | 0 |
| WASH/IPC | | | |
| # of people who have improved access to water, hygiene and sanitation in areas affected by EVD or at risk | 700,000 | 41,871 | 7,537 |
| # of health facilities that have received a package of water, hygiene and sanitation in areas affected by EVD or at risk | 300 | 0 | 0 |
| # of students (aged 5 to 17) in schools in areas affected by EVD who received a water, hygiene and sanitation intervention (disaggregated by gender) | 60,000 | 12,542 | 1,966 |
| # of people in cholera endemic areas benefiting from a preventive or response WASH package in areas affected by EVD or at risk. | 80,000 | 0 | 0 |
| Psychosocial Support and Child Protection | | | |
| # of vulnerable children and/or affected by humanitarian emergencies in areas affected by the EVD including displaced children, returned children, head of household, children with disabilities, separated children receiving group psychosocial support including in child-friendly spaces | 21,855 | 21,701 | 0 |
| # of vulnerable children and/or affected by humanitarian emergencies (including unaccompanied and separated children, children associated with armed forces and armed groups, children victims of violence including gender-based violence, etc.) identified and who access referral services or individualized case management through a formal or informal protection network | 3,318 | 764 | 2 |
| Health and Nutrition | | | |
| # of children vaccinated (0-59 months) during polio campaigns in areas affected by EVD or at risk (disaggregated by gender) | 826,123 | 764,106 | 0 |
| # of children (6-59 months) vaccinated against measles in affected and at-risk zones | 1,851,630 | 1,560,065 | 35,251 |
| # of health facilities supported (training, rehabilitation, equipment) in areas affected by EVD or at risk | 120 | 11 | 0 |
| # of children treated for SAM in UNTA and UNTI in health zones affected by EVD or at risk | 20,000 | 50 | 0 |

| | | | |
|---|---------|---------|---|
| # of children (6-59) months of age who received vitamin A | 743,075 | 680,760 | 0 |
| # of children (6-59) months of age who received deworming (12-59 months) | 699,363 | 601,730 | 0 |
| Education | | | |
| # of school-age boys and girls (aged 5 to 17) living in areas affected by EVD or at risk and receiving learning materials | 426,900 | 41,258 | 0 |
| # Teachers trained in key topics including the Guidance Note, PSS in the classroom, peacebuilding | 8,538 | 72 | 0 |

Annex B

Funding Status

| Funding Requirements (as defined in the UNICEF component of the Joint Ebola Response Plan - SRP4.1) | | | | | |
|---|--------------------|-------------------|--------------------------------|-------------------|------------|
| Appeal Sector | Requirements \$ | Carry Forward | Received Current Year \$ | Funding gap | |
| | | | | \$ | % |
| Water, Hygiene and Sanitation - WASH / IPC | 14,726,917 | 1,313,400 | 314,000 | 13,099,517 | 89% |
| Communication for Development (C4D) - Community engagement and Communication for Campaigns | 11,316,745 | 2,620,800 | 410,000 | 8,285,945 | 73% |
| Child protection and Psychosocial Support *** | 2,784,657 | 733,400 | 0 | 2,051,257 | 74% |
| Nutritional Care and Counselling in Ebola Treatment Center / Community **** | 1,875,813 | 0 | 0 | 1,875,813 | 100% |
| Operations support, Security and Coordination costs and Information and Communications Technology | 4,662,300 | 1,480,482 | 0 | 3,181,818 | 68% |
| Strengthened support to communities affected by Ebola / PILLAR 3 | 64,100,900 | 12,685,351 | 12,547,372 | 38,868,177 | 61% |
| Total | 99,467,332 | 18,833,433 | 13,271,372 | 67,362,527 | 68% |

*Carry-forward amount is provisional and subject to change