



Reporting Period: 30 March - 12 April 2020

Democratic Republic of the Congo
Ebola Situation Report # 58

North Kivu, Ituri and South Kivu

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Highlights

- Halfway into the SRP4.1 and 52 days without any Ebola confirmed cases (from 18 February), one new Ebola case was reported in Beni, on 10 April 2020, followed by another on 12 April. In reaction to these new cases, in a context marked by COVID-19 and with the end of Ebola expected to be declared on 12 April, the community is questioning the reasons for this resurgence and has shown resistance to response workers.
- In response to this resurgence, UNICEF strengthened the existing Risk Communication and Community Engagement (RCCE) team in Beni with two additional staff members coming from Butembo and Mangina. The RCCE strategy is working actively with the Community Animation Cells (CAC) and the civil society to address community resistance, follow up of contacts and facilitate the other essential response activities.
- As for Pillar 3, on 7 April, UNICEF and its partner *Consortium de l'Agriculture Urbaine de Butembo* (CAUB) officially handed over WASH infrastructures built in Butembo and benefitting to 2,800 people.
- In Beni, to prepare a large-scale U-report campaign, UNICEF has briefed over 3,000 persons involved in community engagement on the U-report platform.
- At the Coordination level, UNICEF is involved in the finalization of a transitional strategy that will be implemented during 90 days after the official announcement of the end of the epidemic.

UNICEF's Response*

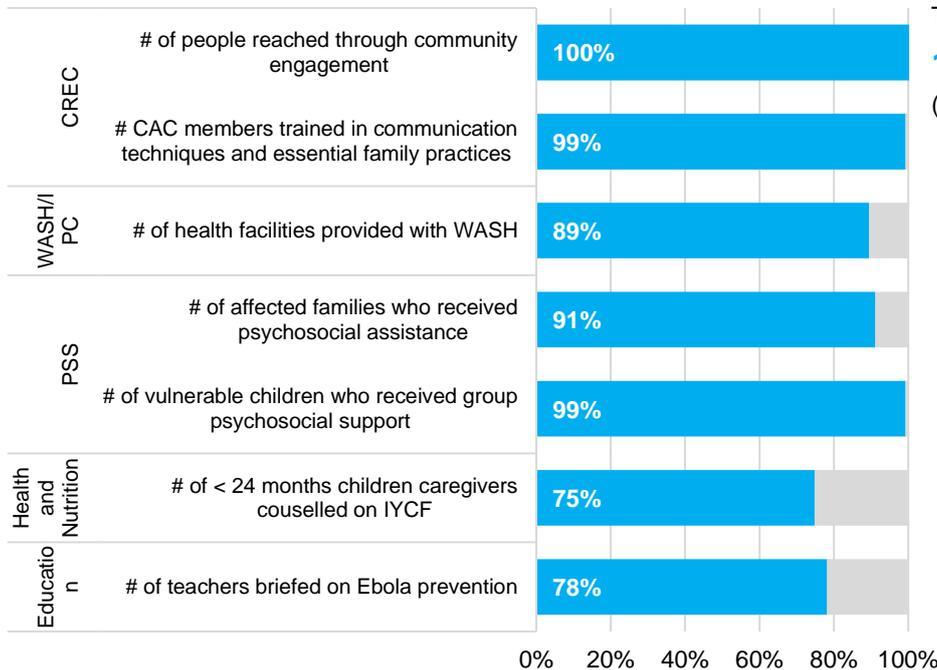
Key epidemic numbers

(WHO, 12th April 2020)

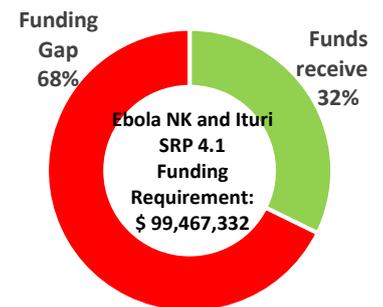
- 2** new confirmed cases
- 3,312** confirmed cases
- 925** children <18 among confirmed cases
- 2,132** deaths among confirmed cases
- 1,161** Ebola survivors

Key figures

- 15** implementing partners, including **12** national actors
- 916** community workers and mobilizers
- 117** 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 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 01 March 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

Halfway into the SRP4.1 and 52 days without any Ebola confirmed cases (from 18 February), one new Ebola case was reported in Beni, on 10 April 2020. While the end of the epidemic was expected on 12 April, this resurgence, occurring in the context of the COVID-19 pandemic, represented an additional challenge for the field response teams. Moreover, it has delayed the end of the outbreak that is still considered as a [public emergency of international concern](#) (as of 14 April 2020).



The new case confirmed in Kasanga area (Beni) died in his community. The origin of the transmission chain is still being investigated. It was followed by another case on 12 April, a nosocomial infection from the first case. Contacts are followed up on in 12 neighboring health areas, notably Rwangoma (see picture on the left side) and Malepe. In reaction to those new cases, the community showed resistance against response workers and is questioning the reasons for this resurgence. This resistance impacted response activities such as vaccination, transfer to the treatment centre (TC), listing of contacts, decontamination and their follow up. UNICEF thus strengthened its RCCE team in Beni by deploying additional staff coming from Butembo and Mangina, reaching a total of six persons dedicated to the support of the RCCE activities in Beni city. During the reporting period, a strong cooperation between the civil society, the CAC members and the RCCE Commission was initiated to support the local health actors' response. The IPC-WASH and Psychosocial teams also contributed to the efforts and

facilitated the re-opening of the Ndindi contacts' site in Kwanzuli¹.

In parallel to the response actions, to complement the SRP4.1 and support the health system to better prepare the post-Ebola response, UNICEF has been working with the other response partners on the draft of a transitional strategy that will be implemented during 90 days after the official announcement of the end of the epidemic. The general objective is to avoid another resurgence of the epidemic. The document focuses on: (i) maintain and strengthen surveillance and rapid response interventions, (ii) maintain diagnostic and treatment capacities, (iii) continue to support the health facilities with IPC-WASH, (iv) continue building communities capacities to participate in the surveillance and risk communication for a large range of diseases and (v) provide health care and psychosocial follow-up of Ebola survivors. To facilitate that strategy, UNICEF is already dedicating 24 staff members based in Beni, Bunia, Butembo, Mambasa and Mangina to support the strengthening of the health system by working closely with the Ministry of Health at the provincial and local level.

It is worth noting that the Ebola response teams are also active in the context of COVID-19. Following the appearance of cases in Beni and Goma, the North Kivu Governor announced the isolation of the cities of Beni, Butembo and Goma on 3 April from 6 April to onwards. Indeed, during the reporting period, two cases were confirmed in Beni, three in Goma and a second one was also confirmed in Bunia. The situation in Beni is particularly unique as the teams are responding to both the Ebola outbreak and the COVID-19 pandemic. For instance, the two cases of COVID-19 were treated in the

¹¹ This isolation site for contacts was closed on 9 March 2020 after the last remaining contacts finished their 21-day follow up period. [See Sitrep #56.](#)

TC where the suspected Ebola cases were also admitted following the first new case. The teams are also mobilized to conduct risk communication activities and engaging the communities on preventing both diseases.

Summary Analysis of the Ebola Response



Risk Communication and Community Engagement (RCCE)

Around the two new confirmed cases reported in Beni, the UNICEF-supported RCCE actors took immediate actions to address the resurgence and resistances around new cases. UNICEF first organized a meeting with RCCE and CAC partners to harmonize the different actions in the field and briefed the CACs of the 3-priority health areas in Beni (Kasanga, Malepe, Rwangoma) on the epidemiologic situation, the importance of improving the community-based surveillance, the non-stigmatization of survivors, the importance of vaccination and of support for contacts' investigation and follow-up. In addition, the RCCE teams briefed journalists from five radio stations in Beni to improve awareness-raising activities in the community on the epidemiological situation and to send positive messages to survivors. The teams supported the organization of the first press conference made by the mayor of the city, on 12 April, during which he talked about the resurgence of the epidemic, the importance of non-stigmatizing survivors and appealed for the collaboration of the population.

In Beni, Butembo, Mambasa, Komanda and Mangina sub-coordinations, the teams reached 39,831 people (25,476 women) through educational talks, home visits and individual interviews. The targets were members of religious denominations, taxi drivers, youth, traders, students, nurses, community relays, survivors, local and notable leaders, and households.

UNICEF also continue to strengthen and empower the Community Animation Committees (CACs) so that they can fully play their role in the community-based surveillance of diseases, alerts raising, visitor management and promotion of prevention measures against EVD. To date, among the 4,197 CACs established in the 27 affected health zones, 3,914 are operational (93 per cent). Of these, 3,060 CACs (78 per cent) have already developed their community action plan (CAP). This represents an increase of 29 per cent in comparison to the previous reporting period, where CACs disposing of a CAP were 1,928.

In Butembo, Beni and Mambasa, the RCCE teams and CACs helped resolve 751 refusals out of 1,087 (69 per cent). Refusals mainly concerned hand washing and screening at points of entry, dignified and secure burials and the transfer of suspected cases to the ETC. The teams and the CACs provided support to the other pillars of the response by raising awareness among 406 people on the importance of SDBs and swab, among 112 people on the importance of transfer of suspected cases to the ETC and among 110 people on community-based surveillance.

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. During the reporting period, 117 UNICEF-supported radio stations produced and broadcast 159 spots and microprograms in the different sub-coordination.

In Butembo, awareness messages on EVD and COVID-19 prevention practices were broadcast in three languages by 18 partner radios, by the MONUSCO-supported Okapi radio and by two television channels. In Mangina, local radio stations produced and broadcast 34 radio programs advertising spots on alerts and SDB.

The UNICEF-supported U-Report platform has grown up to reach 36,426 subscribers, with 79 per cent aged between 15 to 30 years old. Created for answering questions received from the community and provide appropriate information, promote good practices and create interactivity with the community, the SMS center associate to the U-Report platform replied to 7,377 messages (questions) on the following topics: 76 per cent on COVID-19, 17 per cent on Ebola, 3 per cent on HIV and Sexual Transmitted Infections, 2 per cent on U-Report, 1 per cent on Polio and 1 per cent on method water purification. In Beni, the RCCE team briefed the relevant Communication focal points and CAC members in all health areas on the use of the U-report platform to better prepare them for the U-report campaign that will occur in April (see picture). Flyers and shirts were distributed as part of the briefing. In total, UNICEF reached 3,360 persons.





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

Following the two new EVD confirmed cases in Beni, WASH/IPC teams conducted decontaminations around these cases: five health facilities, a public place and a household were decontaminated. Besides, WASH/IPC activities resumed in the Kwanzulinzuli isolation site, through the bio-cleaning of the site, water supply and hygiene kits distribution to 11 contacts.

In the health zones of Katwa, Mambasa and Beni, the teams distributed IPC/WASH kits in 13 health facilities and renewal kits in 21 health facilities. In addition, they monitored the functioning and utilization of 91 handwashing devices in public places and entry points in Mangina and Beni.

The WASH team finalized the construction of a latrine and two spring catchments in two schools in Mangina and Mabalako health zones and of four latrines in a primary school in Beni. Awareness-raising activities on EVD prevention measures and hygiene promotion continued all along the reporting period and reached 76,272 people in the health zones of Beni, Goma, Karisimbi, Kirotshe, Rutshuru, Mangina and Mambasa.

Through the installation of spring catchments, the water supply system has been improved in 16 health facilities in Butembo and Mangina. In addition, the WASH/IPC actors supplied 138.590 liters of water to public sites in the health zones of Komanda, Mangina, Goma, Beni, Karisimbi, Kirotshe, Rutshuru.



Psychosocial Support

The identification of two new Ebola cases two days before the declaration of the end of the epidemic created disappointment and anxiety in the community in Beni. The psychosocial teams increased their efforts to provide an adapted response to contacts, families and the community affected by this traumatic event. In particular, the team announced the EVD positive result to the family of the two cases and supported them to accept and cope with this new event and overcome their resistance and denial of the epidemic resurgence. The teams also worked on the psychological preparation of 59 contact persons for contact listing, decontamination of their homes and business as well as vaccination. In addition, they organized psychoeducation sessions gathering together 1,796 people.

Activities in ETC, TC and nurseries: The psycho-social agents' team provided support to all the 144 children (75 boys and 69 girls) newly admitted to the ETC and TCs. Among these, all children were admitted as suspected cases. The teams also provided psychosocial support to two separated children (two girls) newly admitted to the nurseries while their parent was admitted to the ETC/TCs for testing. In addition, the psychosocial assistants and caregivers assisted 30 separated children (14 girls and 16 boys) in the nurseries before proceeding to the reunification with their parents who left the ETCs/TCs.

Activities in communities: Following the reopening of the Kwanzulinzuli isolation site for contacts' follow up, the UNICEF-supported psychosocial teams provided a dedicated support to these contacts to facilitate their staying and prepare them for their future return and reintegration in the community. At the same time, the teams provided support through individualized counseling to contacts already resettled in their community for facilitating their full reintegration and psychosocial rehabilitation.

In Butembo, Katwa, Vuhovi, Masereka, Lubero, Kayna, Alimbongo, Musienene Biena health zones (Butembo sub-coordination), UNICEF and its partners provided individualized and group psychosocial support to 350 Ebola survivors (120 women, 208 men and 22 children) through the organization of support groups and home visits. In addition, the psychosocial agents conducted regular follow-up visits for providing psychosocial support to 154 Ebola-related orphaned children. Among these, and according to the needs identified by the team and the family, 78 children benefited from the distribution of NFI kits.

Health and Nutrition



The number of patients receiving nutritional care in the ETCs has decreased significantly compared to the previous period. This decrease is mainly due to the closure of the Katwa ETC on 31 March 2020 and the preparation for the closure of the Butembo, Komanda and Mambasa ETCs on 12 April 2020. A total of 103 suspected cases against 393 in the previous period received nutritional care in the ETCs of Butembo (56), Goma (2), Komanda (39), Mangina (5) and Mambasa (1). Among these 103, 28 were children aged from 23 to 59 months and 75 were children over 5 years and adults (including two pregnant women).



Following the same decreasing trend, in the ETCs and related nurseries, nutritional assistance was provided to 43 (against 76 for the previous period) new separated and/or orphaned children out of which 9 under six month and 34 aged from six to 23 months. They received breastmilk substitutes (RIUF and UHT) according to their age.

With the closure of the ETCs and nurseries, the nutritionists of the ETCs with the support of the NGO Adventist Development and Relief Agency (ADRA) in charge of implementing Infant and Young Child Feeding practices

(IYCF) activities in the community have been working on updating the monitoring of children in the community. Thus, 442 children under 24 months, including 132 children under 6 months and 310 children aged 6-23 months received home visits, compared to 386 for the previous period.

At ETC level, sensitization activities on adequate IYCF in the Ebola context reached 35 caregivers among which 6 caregivers of children under 24 months. At households, health centers and community level, these activities reached 840 caregivers.

Nutritionists are also working on the verification and archiving of data collected in ETCs and nurseries in Katwa, Butembo, Komanda and Mambasa which closed during the period.

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. UNICEF is supporting the Ministry of Education in setting up distance and home learning classes through radio and paper documents as the internet is not accessible to many rural households.

Social Sciences Analyses Cell (SSAC)

During the reporting period, the SSAC continued documenting learnings from the current context, focusing on lessons which could be useful in the COVID-19 DRC response. SSAC also provided support to different programme teams within UNICEF in documenting lessons learnt and how they included the results of social sciences research in their approaches.

The teams in Beni-Mangina and Butembo-Katwa presented the results of the study on “perceptions of risks among children under five years old”. The study analyses in depth the risks factors for children throughout the outbreak: high risks behaviours in the community and in health structures, as well as lack of listing and follow-up for children who are contacts and under-detection of potential cases. The study was presented to the RCCE and psychosocial Sub-Commissions in Butembo-Katwa. Presentations were organized with NGO partners Medair and Save the Children in Beni, the Danish Refugee Council in Mangina, as well as the health zone management team. Local authorities involvement in developing recommendations is a critical factor for supporting the ownership of recommendations by local health workers, and contributing to long-term improvements in terms of public health.

Local teams have worked on creating a network for social sciences, which is meant to be used as a “pool” of experienced researchers by organizations wishing to conduct social sciences studies in North-Kivu and Ituri. This network will be administered autonomously by the researchers and endorsed by SSAC.

The SSAC continues to monitor the implementation of co-developed recommendations, issued by the different studies, with external partners and 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)



For **WASH**, in Butembo health area, UNICEF and its partner CAUB officially handed over works to the local authorities during a ceremony organized on 7 April. The infrastructures built include a water network of 1 km, a 24 m³ tank, a water point with five taps, three public standpipes to serve the surrounding population and a 10m³ storage system (flexible tank) located at the Kitatumba Hospital in Butembo city. In total, 2,800 people have an improved access to clean water. In addition, CAUB also built two spring catchments and eight latrines in two schools respectively in Kyankike and Vutike health areas benefitting a total of 1,441 students (including 712 girls). The local partner *Hydraulique Sans Frontières* (HYFRO) also completed the construction of two water

sources and four spring catchments in four schools benefitted 4,159 students (including 2,227 girls) in Kyankike health area.

In Mambasa, UNICEF supported a local private sector partner that completed the construction of the water tower for the General Reference Hospital in Mambasa (see picture).

In Mangina, the UNICEF-supported partner FAEVU (*Fondation des Aigles pour l'Encadrement des Vulnérables*) completed the construction of six spring catchments and trained six water points' management committees. It also finished building four new latrines in two schools benefitting to 1,015 (446 girls) and set up a spring catchment at the Mangina medical school for 140 students (96 women).

In Beni, partner SNHR (*Société Nationale Hydraulique Rurale*) completed the construction of two boreholes equipped with hand pumps to benefit at least 1,000 people. The results of the bacteriological water analysis are awaited before proceeding to the official hand-over to the communities.

In Katwa, UNICEF local partner *Association des Consommateurs d'Eau de Katwa* (ACEKA) partner completed the construction of seven latrines and two spring catchments in two schools for 2,262 students (1,154 girls).

As part of **Education** interventions, in Idohu health area (Komanda), *Action Justice Paix* (AJP) partner has started to build eight temporary learning spaces to facilitate access to education for 500 out of school children (including 250 girls).

For **Child Protection**, UNICEF organized a training on Protection against sexual exploitation and abuse in Butembo for its partners *Division Provinciale des Affaires Sociales* (DIVAS) and *Solidarité des Associations Feminines pour les Droits de la Femme et de l'Enfant* (SAFDF) reaching 17 participants (4 men; 13 women). In the communities, the UNICEF-supported community protection networks (RECOPE) provided individualized psychosocial support to 6 GBV survivor children, all girls aged 5-10 years on average. Besides, one boy released from armed forces was reunited with his family and 12 separated children (7 girls) were identified and taken care of. Finally, 65 other vulnerable children were supported by UNICEF's partners and 209 new children (including 115 girls) were registered to get birth certificate.

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\$ 95,571. The total value of procurement orders was US\$ 291,585 (73.5 per cent local procurement and 26.5 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 12 April, 160 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 Ebola outbreak in DRC, the communication posted 1,533 messages on [Facebook](#), [Twitter](#) and [Instagram](#) and published 144 content pieces on its [Ebola landing page](#). Following the [announcement of a new confirmed case of Ebola in Beni](#), the communication team issued a [statement from representative Edouard Beigbeder](#) that was disseminated through [social networks](#) and the press.

Next SitRep: 26 Avril 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	88,774	1,308
# 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	37,088,969	365,541
# of households for which personalized house visits were undertaken by the CACs to raise awareness on Ebola and Essential Family Practices	79,550	80,113	46,708
# 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*	301,782	57
*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 ²	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	14,160	91
% of households, health facilities and public places with reported cases decontaminated in the 72h	100%	88%	88%
% of schools and public places near confirmed cases locations where handwashing stations are installed and utilized	100%	N/A ³	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	21,863	0
Psychosocial Support			
# of children as confirmed or suspect case receiving psychosocial support inside the transit centres and ETCs	14,334*	15,950	144
# of affected families with confirmed, suspects, probable cases who received psychosocial assistance and/or material assistance	26,899*	24522	157
# of contact persons, including children, who receive psychosocial support	213**	116	116
# of separated children identified who received appropriate care and psycho-social support as well as material assistance	9,746	7,663	30
# of orphans identified who received appropriate care and psycho-social support as well as material assistance	2,945	2,582	3
# 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	85,995	875

² This figure has been revised downwards since last sitreps because there were duplications in the reporting, which explains that there is no change since last report.

³ 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	20,728	103
# 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	1,632	9
# 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	742	34
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 Ebola⁴	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	34,334	7,800
# of health facilities that have received a package of water, hygiene and sanitation in areas affected by EVD or at risk	300	3	1
# 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	10,576	7576
# 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	762	84
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	1,520,328	0
# 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