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Reporting period: 22 October to 06 November 2022

Highlights

- The sixth of November marked 48 days of responding to the Ebola outbreak in the country since confirmation of the first case on 19 September.
- The high case fatality rate among children is a major concern to UNICEF and partners (55 per cent compared to overall case fatality rate of 40 per cent).
- 36 health workers in three districts of Mubende, Kyegegwa and Kassanda have been trained on how to provide Mental Health Psychosocial (MHPSS) services to individuals in ETUs and isolation centers.
- 1,832,057 people were reached through accurate, cultural and gender-appropriate EVD messaging on infection prevention, early treatment and access to services.
- 2,000 Infra-red thermometers have been distributed to 666 schools in the districts of Mubende, Kassanda and Kampala in order to improve screening and early identification of cases in schools.
- The UNICEF EVD response plan is costed at US\$18.2 million and has a funding gap of 66 per cent.

Situation overview and humanitarian needs

According to Ministry of Health (MoH) reports, 06 November marked 48 days of responding to the Ebola outbreak in the country since the confirmation of the first case on 19 September and declaration of an outbreak on 20 September.¹ A total of 132 confirmed Ebola cases with 53 confirmed deaths (case fatality rate of 40 per cent) and 61 recoveries had been reported as of 05 November. 18 children and six health workers² are among the confirmed deaths. Three positive run away cases have not been traced up to now, surveillance team is still following up. Ebola infections are confirmed in eight districts: Masaka, Kampala, Wakiso, Kagadi, Mubende, Kyegegwa, Kassanda and Bunyangabu. MoH attributes the spread of the virus to movements of contacts and symptomatic individuals for health services. UNICEF is mobilizing teams to contain the spread of the virus in Masaka.

¹ MoH EVD Situation Report dated 05 November 2022

² MoH EVD Situation Report dated 05 November 2022

Uganda Country Office

Ebola Virus Disease (EVD) Humanitarian Situation Report No.2

unicef 
for every child

Situation in Numbers

8 districts affected

(MoH EVD Situation Report as of 05 November 2022)

131 cumulative cases reported

(Ibid)

33 children confirmed cases

(MoH IMT Report dated 04 November 2022)

53 cumulative deaths recorded

(MoH EVD Situation Report as of 05 November 2022)

18 child deaths reported

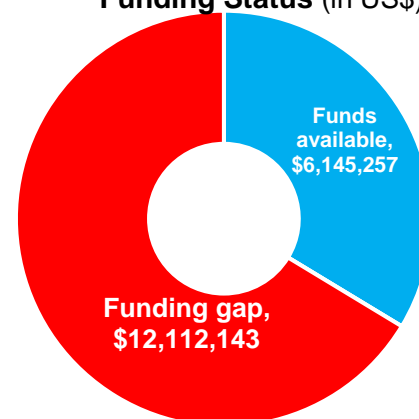
(MoH IMT Report dated 04 November 2022)

61 cumulative recoveries

(MoH EVD Situation Report as of 05 November 2022)

UNICEF EVD Appeal US\$18.2 million

Funding Status (in US\$)



UNICEF is supporting the scaling up of risk communication and community engagement to reinforce early reporting and treatment seeking and adherence to case management and infection prevention protocols such as isolation. Further focus on mental health and psychosocial support is critical for preventing and addressing stigma to families affected by Ebola and for the reintegration of survivors within the communities. The Ministry of Health, with support from partners has established an Ebola Survivor's programme that aims to provide integrated health, psychosocial care and other services to survivors.

There are presently five operational ETUs (Mubende RRH, Madudu HCIII, Kaweere, Entebbe and J-Medic³ facility in Fort Portal) and four designated isolation centres (Madudu, Mulago, Kiruddu and Entebbe) established in response to the outbreak. A new ETU will be established in Kassanda district in response to the increase in cases reported in the district.

All schools in high-risk districts remain open and learning is continuing with the roll out of Ministry of Education and Sports (MoES) and MoH guidance on strict observance of infection and prevention measures. A total of eleven school-going children were reported positive for EVD from the districts of Mubende, Kassanda, Kyegegwa and Kampala. Currently, 170 learners⁴ from three schools in Kampala are in home isolation, where a team from the Kampala City Authority is closely monitoring them.

The public health and social measures announced by the President of Uganda in mid October to curb Ebola transmission have been extended for an additional 21 days upto 25 November 2022. These include prohibition of movements into and out of Mubende and Kassanda districts, curfew (07:00pm-06:00am) and a restriction on the movement of public transport, private transport and boda-bodas for a period of 21 days, starting 16 October 2022. In addition, on 28 October 2022, the MoH issued a directive stating that all contacts to confirmed cases are not allowed to travel locally or internationally for 21 days.

According to WHO report dated 28 October 2022, the country risk is being elevated from high to very high given the geographical expansion of Ebola positive cases to urban settings⁵. In addition, the risk to the region has been increased from low to high, given the high cross border movement. The global risk remains low. Six neighbouring countries have stepped up their readiness actions, including Burundi, the Democratic Republic of the Congo (DRC), Kenya, Rwanda, South Sudan and Tanzania.

Funding overview and partnerships

UNICEF is appealing for US\$18.2 million to sustain life-saving services for women and children affected by EVD and those in high risk areas for a period of six months (October 2022-March 2023).

UNICEF has so far received a total of US\$6.1 million. Below is the breakdown;

Donor	Total
Received	
United States Agency for International Development (USAID)	US\$1,000,000
Foreign, Commonwealth & Development Office (FCDO)	US\$997,545
An internal allocation from Global Humanitarian Thematic Fund (GHTF)	US\$500,000
Loan⁶	
Emergency Programme Fund (EPF)	US\$2,500,000
Internal funds reprogrammed⁷	
Global ACT- A funds from USAID	US\$ 537,712
Swedish International Development Cooperation Agency- SIDA)	US\$ 110,000
Regular Resources (RR)	US\$ 500,000
Grand total	6,145,257

The UNICEF Ebola response plan has a funding gap of US\$12.1 million or 66 per cent as of 06 November 2022. UNICEF expresses its sincere gratitude to all partners for the contributions received which have supported the organization's efforts to scale up its interventions.

Without sufficient funding, UNICEF will not be able to provide technical assistance and critical supplies for child friendly management of Ebola that includes support for appropriate nutrition of infants and young children in ETU/isolation settings, paediatric care and support; Infection Prevention and Control (IPC) and WASH services in health facilities, schools and communities; child protection and mental health and psychosocial support (MHPSS) for affected children and families; and ensuring continuity of essential services including health, education and social protection.

³ It has handled health worker patients before but currently has no EVD admissions

⁴ KCCA Rubaga Division Public Health and Environment Office situation report dated 25 October 2022

⁵ Greater Kampala

⁶ To enable response to urgent needs of vulnerable women and children

⁷ In response to the country's immediate response needs, UNICEF Uganda has drawn on other resources, reprogrammed existing funds and reallocated its regular resources.

Summary analysis of programme response

UNICEF continues to support Government with critical and life saving interventions geared at strengthening coordination, provision of critical supplies and enhancing capacity to support affected communities. UNICEF continues to play a pivotal technical role in the National Task Force (NTF), the established District Task Forces (DTFs), while participating in the Incident Management Team (IMT) meetings.

As part of preparedness efforts, UNICEF continues to provide support to the 20 districts⁸ at risk of EVD transmission to finalize their Ebola response plans and is supporting MoH teams to provide technical support and supervision to the districts. To provide more focused coordination and response support UNICEF is recruiting and deploying staff to support response at national and district levels. UNICEF has planned orientation sessions on Ebola for the staff and so far provided one day training session on Ebola response and preparedness to 15 staff who will be deployed to the epicenter and very high risk districts or providing day to day national level support to the response.

Case Management and Surveillance

According to MoH reports, there is cultural resistance to “safe and dignified burial” and the behaviour of exhuming dead bodies for the re-burial in accordance to cultural practices which has escalated the spread of the disease. In Kassanda, from only one exhumed body, upto 43 persons have since been infected with Ebola, six of whom have succumbed to the disease. The number of cases in Kassanda are still rising. To support government efforts for safe and dignified burial, UNICEF has provided 16 vehicles to the trained EVD burial teams to ensure safe burials and control of further transmission of Ebola in Kassanda (6) and Mubende (10) districts.

UNICEF, in partnership with MoH, has oriented 510 (163 females and 347 males) traditional healers from eight⁹ affected districts on Ebola; this aims at promoting awareness on early referral of their clients with Ebola-like symptoms to health facilities, and support coordination with the Ebola emergency response teams in their respective districts.

UNICEF is supporting Kampala Capital City Authority (KCCA) through provision of facilitation support¹⁰ and developing of health guidelines for enhancing surveillance, contact tracing and follow up among school going children (contacts) in home isolation following confirmed cases in three schools.

Case Management- Nutrition

UNICEF continues to support the government of Uganda in responding to critical nutrition actions as a key member of in the Case Management pillar. The critical nutrition priorities remain support to infant and young child feeding and coordination of priority Ebola response nutrition actions among UN agencies and other technical partners.

As of October 2022, UNICEF provided leadership in the review of the national nutrition standard operating procedures (SOPs) for Nutrition and Ebola, and the training package for health workers. Furthermore, UNICEF has supported the procurement and prepositioning of 900 packets of Ready to use Infant Formula (RUIF) to support nutrition needs for non-breastfed infants. So far, five children admitted to the ETUs in Mubende continue to receive breastfeeding support through provision of RUIF.

Case Management- Child Protection/ Mental Health & Psychosocial Support (MHPSS)

UNICEF continues to be a key member of the Case Management Pillar, the Clinical sub-pillar and the Mental Health Psychosocial Support (MHPSS) sub-pillar under the Ebola National Task Force. A guidance document on child-friendly ETUs to be used as a working draft by health workers was finalized and approved by the Ministry of Health in October. Moving forward this will be disseminated and used to train health workers. In partnership with Butabika Hospital, UNICEF has trained 36 health workers in three districts of Mubende, Kyegegwa and Kassanda to provide MHPSS services to individuals in ETUs and isolation sites.

To support individual play and stimulation of children in isolation/on treatment, thirty-two Early Childhood Development (ECD) kits have been provided to Mubende ETU (22) and Entebbe ETU (10). Working with the community-based services department in Mubende district, child protection case management services have been provided to 17 children (2 girls, 15 boys) who are survivors of violence, abuse, neglect and exploitation. The Probation and Social Welfare Officer also facilitated reintegration of a juvenile back into the family and represented three juveniles who could not appear in court session due to limitation on movement in the district following the lockdown imposed by the President of Uganda to control spread of the disease in districts of Mubende and Kassanda.

⁸ Mubende, Kassanda, Kagadi, Kyegegwa, Bunyangabu, Kakumiro, Mityana, Mpigi, Kiboga, Kibaale, Kyankwanzi, Gomba, Sembabule, Kazo, Kyenjojo, Kabarole, Kamwenge, Kampala, Wakiso and Mukono.

⁹ Kampala, Mukono, Wakiso, Bunyangabu, Kagadi, Jinja, Kyankwanzi, Kyegegwa

¹⁰ This is meant to facilitate contact tracers and monitors who are following up with children in home isolation.

Case Management- Infection Prevention and Control (IPC)/Water, sanitation and hygiene (WASH)

UNICEF continues to support the government coordination and response structures¹¹ at the national and district levels focusing its programmatic support on Infection Prevention and Control (IPC) through provision of water, sanitation, and hygiene (WASH) in Ebola Treatment Units (ETUs), health facilities, schools and communities, including public spaces. During this reporting period, UNICEF has supported the MoH to complete rapid assessments of WASH status in institutions in Mubende and kick started in Kassanda. Additionally, UNICEF is supporting the new ETU site (Kaweere) in Mubende with five mobile toilets and hand washing stations, whilst also providing 77 handwashing stations to support the ETU that is being established at Mulago Hospital in Kampala and Health facilities in Kassanda district (25 and 52 respectively).

UNICEF is supporting water provision efforts through equipping two boreholes with solar-powered pumps in Mubende district. The borehole at Madudu HCIII/ETU was successfully drilled and works to complete the water supply including installation of solar powered pumping system will be completed soon. Promotion of hand washing practices is being conducted through integration of WASH and risk communication activities. UNICEF is strengthening IPC/WASH through refresher trainings for health care workers. Training of trainers have been conducted in Mubende to cascade to target Health Care Facilities (HCFs) and their staff.

Continuity of essential services-Health

UNICEF continues to co-chair the Continuity of Essential Health services Sub Pillar of the national response plan. UNICEF and MoH through deployed surge capacity enhancement continues to provide technical support supervision and financial support to the twenty high risk districts to finalize their Ebola Response Plans (ERPs).

To curb the growing number of cases among health workers¹² while maintaining momentum for continuity of services, UNICEF is extending financial support to currently affected districts to facilitate capacity building of health workers on continuity of essential health services amidst EVD response and Infection Prevention and Control. Additionally, UNICEF has oriented three public health officers to be deployed in affected districts in support of District Task Force (DTF) coordination and provision of technical support at pillar level.

Continuity of essential services- Education

To contribute to the control of the spread of Ebola among learners, UNICEF is fostering coordination and collaboration among key education actors at national and district level while advocating for a safe and conducive environment for continuity of learning in affected schools and districts.

The national Primary Leaving Examinations (P.L.E) are starting on 07 November 2022. UNICEF has provided 35¹³ hired minibuses to facilitate the movement of teachers and teams supervising the exams under lockdown in Mubende and Kassanda. UNICEF is providing safe transportation and meals for 170 students under home isolation who were allowed to sit for the national exams from dedicated exam centers.

UNICEF is providing technical support to MoES team to draft guidance for safe release of learners back home at the end of the on going third term for holidays with guidance from the UNICEF supported School Based Surveillance Incident Commander at the MoH.

To this end, UNICEF continues to support coordination among Ministry of Education and Sports (MoES), MoH, KCCA, District Task Forces (DTFs) and other education partners. UNICEF in partnership with KCCA and MoES have conducted joint support supervision visits with MoH to the three affected schools in Kampala. Additionally, joint support supervision by District Education Offices and DTFs to 165 schools in Mubende, Kassanda and Kampala have been supported. UNICEF disseminated an assortment of Information Education and Communication (IEC) materials to 3,250 schools in five high risk districts of Mubende, Kyegegwa, Kagadi, Kassanda and Bunyangabo..

With UNICEF support, 2,000 Infra-red thermometers have been distributed to schools in the districts of Mubende, Kassanda and to three affected schools in Kampala in order to improve screening and early identification of cases in schools.

¹¹ UNICEF regularly participates in the IPC/WASH sub-pillar meetings held daily in Mubende district, whilst also attending the WASH sub-pillar meetings that are now being held weekly at the national level under the Ministry of Health. Additionally, in the last two weeks, the IPC/WASH sub-pillar has been activated for Greater Kampala under KCCA with EVD cases now confirmed in Kampala and Wakiso.

¹² Cumulatively, 18 health worker infections with six deaths have been reported by MoH as of 03 November 2022.

¹³ Mubende-20, Kassanda-15

Risk Communication and Social Mobilization (RCSM)/ Community Engagement (CE)

UNICEF in partnership with Uganda Red Cross Society (URCS) and Lutheran World Federation (LWF) continue to support the seven districts with confirmed EVD cases and 13 other most-at-risk districts with RCSM-CE interventions. Between 18 - 31 October, UNICEF stepped up support to RCSM-CE activities in the two newly affected areas within Kampala metropolitan through Kampala City Council Authority (KCCA) and Wakiso district to engage different segments of the urban population¹⁴ in EVD prevention. Cumulatively, 2,982,657 people (46 per cent of the target population) were reached¹⁵ with messaging on EVD through 29 radio stations¹⁶ and eight Television stations¹⁷ in an effort to counter doubt and mistrust that still prevails about EVD amongst the community¹⁸. 1,832,057 were reached during this reporting period.

As part of UNICEF Community Engagement (CE) interventions, 5,108 calls (32 per cent of target) relating to concerns and questions on Ebola shared through MoH Call Centre from 90 districts were addressed.

UNICEF and MoH has accelerated its engagement of key influencers especially traditional healers and religious leaders who are the first point of reference in most of the rural communities of Mubende, Kagadi and Kassanda with each receiving an average of 40 to 60 clients in a day¹⁹.

To strengthen the capacity of district taskforces to effectively execute CE activities, UNICEF has deployed ten EVD Social Behavioural Change technical officers to the seven districts with confirmed EVD cases and three officers to reinforce prevention in other most at-risk districts.

UNICEF has oriented 110 Kampala based journalists on Ebola Outbreak Disease in Uganda during this reporting period. The orientation aimed at; ensuring accurate and effective reporting on EVD outbreak by media, responsible and ethical reporting by journalists factoring in patients' privacy during outbreak, stock taking of the current rumours and fears from the public and curb fake news and misinformation and equip journalists with basic information on EVD to enable accurate reporting.

UNICEF is using U-Report to share key Ebola information through polls and live conversations through the Ebola chatbot²⁰ with inquiring rate increasing from 2,465 in September to 4,446 people in October. UNICEF is also responding to incoming questions and issues related to Ebola from communities and providing feedback through the unsolicited reports. Figure 1 is showing the top 10 districts with highest inquiries on EVD, age group and the top three questions being signs and symptoms of Ebola, number of confirmed cases and what is Ebola?

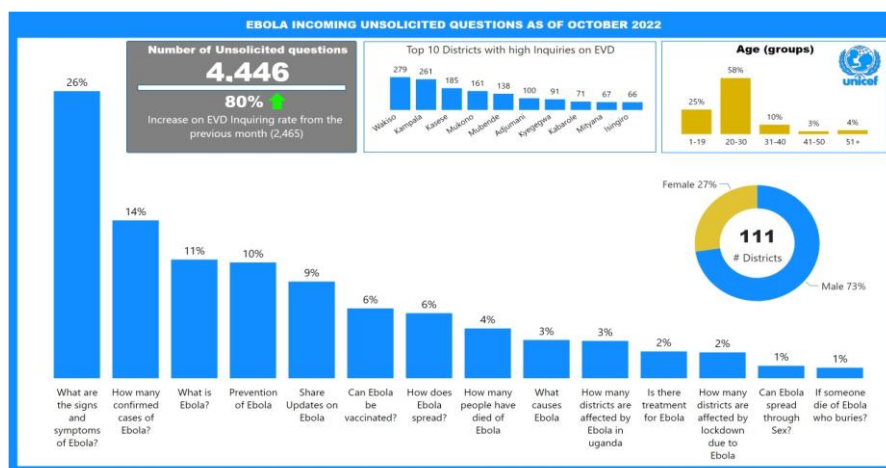


Fig 1. Ebola incoming unsolicited questions through Ureport

Gender Based Violence (GBV)/Protection from Sexual Exploitation and Abuse (PSEA)

UNICEF, together with WHO, have enhanced the capacities of 52 (18 female, 34 male) District Local Government officials, civil society organizations (CSOs), cultural and religious leaders from the districts of Bunyangabu, Kagadi and Hoima involved in the Ebola response through a two-day training on PSEA. In addition, UNICEF provided PSEA orientation to 12 new staff recruited under the RCCE Ebola response (five female, seven male). District-specific action plans have been developed, with the aim of reducing the risk of, prevention and response to SEA by UNICEF, UN personnel, NGO partners, Government and other associated personnel involved in the Ebola response. This also helps in ensuring allegations of SEA are reported and responded to in a timely manner, and that victims of SEA are supported and provided with assistance through the victim-centred approach.

¹⁴ UNICEF is working with KCCA to enable extensive reach and engagement with the owners of schools, the leaders of traders' and transporters' associations including the boda-boda cyclists and the leaders of the private health practitioners.

¹⁵ This includes the nationally televised talk show by MoH and WHO on EVD aired on five national TV stations

¹⁶ Radio Simba, Galaxy FM, Capital FM, CBS FM, Mubende FM, Heart FM Mubende, Mboona FM Mityana, Radio Buddu, Radio Mbabule Sembabule, Radio Kazo, Voice of Tooro, Voice of Kigezi, Baba FM, Open Gate FM, Teso Broadcasting, Endigito FM, Liberty FM Hoima, Bunyoro Broadcasting Masindi, Kasese Guide, Rupiny FM Gulu, Radio Pacis West Nile, Unity FM, Arua One, Muhabura FM, Impact FM, Kakumiro FM, Heart FM, Bukuya Community Radio, Voice of Lango and Kassanda FM.

¹⁷ Uganda Broadcasting Cooperation (UBC), NTV, Bukedde TV, National Broadcasting Station (NBS), BBS TV, TV West, West Nile TV and Baba TV

¹⁸ EVD is being compared with the COVID-19 pandemic and this impacts risk perception

¹⁹ Feedback from Traditional healers workshop held in Jinja (MOH-UNICEF 29th to 31 October 2022)

²⁰ Online chat conversation via text

Supply and Logistics

UNICEF continued to participate in the MoH Logistics sub-committee (Logistics pillar of the response), which allows for central coordination of quantification of needs, identification of gaps, allocation of orders to different warehouses/partners and review of gaps. As part of supporting the Human capacity, UNICEF deployed a logistics officer to Mubende to assist the District Store with goods receipts and issues, documentation and overall compliance with applicable storage and reporting procedures.

UNICEF has so far dispatched IPC/WASH, RCCE and Nutrition supplies worth US\$1.2 million to support 51 affected districts including at risk districts neighbouring the seven districts reported to have confirmed cases.

Humanitarian leadership, coordination, and strategy

The Government of Uganda response to the EVD is coordinated through a multi-sectoral mechanism, the National Task Force (NTF). The task force is led by MoH, with participation of the Education Ministry, the Ministry of Gender, Labour and Social Development, the Ministry of Transport, the Ministry of Information and Communication Technologies, the Ministry of Finance, Planning and Economic Development, the Ministry of Local Government, Ministry of Water and Environment and partners.

MoH plays a key strategic and technical advisory role to national and local government and has activated the Incident Management Team (IMT) and District Task Forces at sub-national level. Above the NTF, the strategic advisory committee is chaired by the Minister of Health and by the Health Director General at the operational level. A dedicated Scientific Advisory Committee (SAC) consisting of eminent researchers and experts was set up to synthesize the latest evidence to guide Uganda specific research activities during the response and to provide scientific and technical advice to the Minister of Health, as well as support government decision-makers during the evolution of the epidemic and the adaptation of the response. UNICEF is represented at both strategic and operational levels of coordination with the Government and other United Nations agencies. It is also an observer in the Scientific Advisory Committee. The Ebola response is built around the following pillars: (i) coordination and leadership; (ii) surveillance; (iii) laboratory; (iv) case management, including IPC/WASH and MHPSS; (v) Risk Communication (RC); (vi) Community Engagement (CE); (vii) logistics and supplies; (vi) Strategic Information Research and Innovations (SIRI); and (vii) continuity of essential services. UNICEF co-leads the RCCE and essential services continuity pillars and actively contributes to coordination and leadership, logistics and supplies, SIRI, and case management pillars that includes nutrition and CP/MHPSS prioritizing prevention and response to gender-based violence and PSEA. In addition, UNICEF staffs provide technical and operational support to the EVD district task forces in UNICEF focus areas.

UNICEF is applying and scaling up existing civic engagement platforms such as U-Report to support community engagement and feedback. Gender, SEA, HIV/AIDS, conflict sensitivity and SBCC programming are now mainstreamed into all interventions.

Human interest stories and external media

Stories: www.unicef.org/uganda/stories-field

UNICEF Uganda human interest story: <https://www.unicef.org/uganda/stories/real-or-hoax-case-ebola-outbreak-madudu-mubende-uganda>

Next SitRep due: 18 November 2022

UNICEF Uganda: www.unicef.org/uganda

Uganda Humanitarian Action for Children Appeal: <https://www.unicef.org/appeals/uganda>

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Annexe A: Summary of programme results

Indicator disaggregation by EVD pillars	UNICEF and implementing partners' response		
	2022 target	2022 results	Change since the last report
Case management- Infection Prevention and Control (IPC/WASH)²¹			
# of health care staff trained on infection prevention and control related to WASH in areas affected and at high risk of EVD (disaggregated by facility and community, includes VHTs)	1,406	0	0
# of health facilities reached with essential WASH supplies in EVD-affected and high-risk areas (including 700 HFs+3 RRHs & 20 ETUs)	723	4	0
# of health facilities/ETUs in EVD affected areas reached with upgraded WASH services (water supply & sanitation facilities)	20	2	1
# of schools in areas affected and at high risk of EVD reached with essential WASH supplies (including chlorine, soap, handwashing facilities, WASH IEC)	1,000	0	0
Case management - MHPSS²²			
# of psychologists, psychiatrists, health workers, and community structures trained and deployed to EVD treatment and isolation units and communities to provide MHPSS	1,156	0	0
Case management – Nutrition²³			
# of packs of RUIF provided to ETUs (to cover 50 children)	73,125	900	0
# of cartons of RUTF procured and distributed in EVD response areas (to cover 100 children)	3,000	0	0
# of children aged 6-59 months with severe wasting admitted for treatment in EVD-affected areas	1,780	0	0
# of health workers trained on IYCF and nutrition in EVD in affected districts	800	0	0
Case management – Health²⁴			
# of ETUs supplied with portable generators (with fuel) as an emergency power source	5	0	0
Continuity of Essential services – MHPSS/Child Protection²⁵			
# of unaccompanied and separated children due to EVD (in isolation, ETUs and community) provided with alternative care and/or reunified	625	0	0
# of children, adolescents, and caregivers in affected districts accessing community-based mental health and psychosocial support.	15,000	148	148
# of girls, women and boys who have experienced violence in EVD-affected communities reached by health, social work, or justice/law enforcement services	1,875	17	17
Continuity of Essential services – Health²⁶			
# of health facilities supported with tents for decongestion and community services, including immunization	30	2	0
# of health facilities provided with targeted supplies (medical and PPEs)	120	0	0
Continuity of Essential services - Education²⁷			
# of schools/learning institutions provided with infrared thermometers and accessories for screening	1,000	663	0
# of learners receiving home learning materials	12,500	0	0
# of schools in high-risk sub-counties with functioning school Ebola task force	750	283	200
# of schools supported with at least one supervisory visit from MOES/DEO	375	165	104
# of teachers and non-teaching staff oriented on SVD prevention, early treatment seeking and notification	13,200	1,518	0
Continuity of essential services – Social Policy²⁸			
# of social-economic EVD impact monitoring reports produced	2	2	0
# EVD affected households reached with cash transfers	5,000	0	0
RCSM/CE²⁹			
# of people reached through accurate, cultural, and gender-appropriate messaging on EVD prevention, early treatment and access to services	6,528,690	2,982,657	1,832,057
# of key influencers (teachers, local leaders, traditional leaders, religious leaders, local council leaders) engaged on EVD prevention	65,287	11,446	1,895
# of people who participate in engagement actions (community dialogues) conducted to raise awareness for EVD prevention and control	1,958,607	127,533	69,033
# of people sharing their concerns and asking questions through established feedback mechanisms (online and offline)	2,611,476	72,744	20,820
Coordination and Leadership			
# of MoH joint supervision and on-the-job mentorship visits	6	0	0
% of districts with functional ¹ DTF	100	35%	0

²¹ To be reported on a monthly basis

²² To be reported on a monthly basis

²³ To be reported on a monthly basis

²⁴ To be reported on a monthly basis

²⁵ To be reported on a monthly basis

²⁶ To be reported on a quarterly basis

²⁷ To be reported on a monthly basis

²⁸ To be reported on a bi-monthly basis

²⁹ To be reported on a monthly basis

# of districts supported with updated microplans for EVD response	20	7	2
GBV/PSEA			
# Children and adults who have access to a UNICEF-supported SEA reporting channel.	12,645	50	0
# Women, girls and boys accessing GBV risk mitigation, prevention, or response interventions	8,430	50	0

Annexe B

(ii) Funding Status*

Funding requirements 2022/2023					
Pillar	Requirements*	Funds available		Funding gap	
		Humanitarian resources received so far**	Other resources internally reprogrammed	US\$	%
Risk Communication, Social Mobilization and Community Engagement (RCSM-CE)	2,500,000	1,645,290	0	854,710	34
Case management- IPC/WASH	4,000,000	1,557,301	495,000	1,947,699	49
Continuity of Essential Services- Health	2,100,000	0	0	2,100,000	100
Case Management - Nutrition	400,000	37,000	0	363,000	91
Coordination	450,000	0	0	450,000	100
Case Management-Child protection & MHPSS	1,800,000	600,000	440,000	760,000	42
Case management- GBViE and PSEA	800,000	100,000	100,000	600,000	75
Continuity of essential services- Education	750,000	350,000	0	400,000	53
Case Management- Social Protection	550,000	0	0	550,000	100
Communication and Advocacy	55,000	10,000	0	45,000	82
Technical Assistance (Human Resources)	2,600,000	88,927	112,712	2,398,361	92
Other costs (General Operations and Indirect costs)	2,252,400	609,027	0	1,643,373	73
Total	18,257,400	4,997,545	1,147,712	12,112,143	66

*Requirements are as per the UNICEF EVD costed response plan for six months from October 2022 to March 2023

**Total received includes EPF loan totaling to US\$2.5 million