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Reporting period: 22 November- 06 December 2022

Highlights

- The 6th day of December marked two months and 21 days of responding to the Ebola outbreak since confirmation of the first case on 19 September 2022.
- Uganda confirmed a new case of the Sudan Virus Disease (SVD) on 27 November in Kassanda District.
- A total of 500 children and caregivers were reached with mental health and psychosocial support (MHPSS) during this reporting period.
- A total of 98 children infected or suspected to have SVD were screened for severe acute malnutrition within Ebola Treatment Units (ETUs)/ Isolation Units.
- UNICEF supported government efforts to safely transport 4,396 (51 per cent girls) learners to and from Mubende and Kassanda Districts, which are currently under movement restriction to curb SVD spread, as schools officially closed for third term holidays on 25 November.
- During this reporting period, 518,828 people were reached through door-to-door visits and community dialogue meetings in the nine SVD-affected and at-high-risk districts.

Situation overview and humanitarian needs

The Ministry of Health (MoH) and partners are counting 81 days as of 06 December, of responding to the Ebola outbreak since the declaration of the outbreak on 20 September.¹ Since then, 142 confirmed SVD cases² with 55 confirmed deaths³ including 12 children⁴ and seven health workers⁵, as well as 87 recoveries, have been reported as of 04 December. Ebola infections are confirmed in nine districts: Jinja, Masaka, Kampala, Wakiso, Kagadi, Mubende, Kyegegwa, Kassanda and Bunyangabu.

Bunyangabu and Kagadi Districts were dropped from the follow up list because they had completed 42 days, which is two incubation cycles of the disease, without a case and no further spread reported so far.

The country recorded a new confirmed death on 27 November in Kassanda District resetting the clock for the last case. Kassanda is now at eight days as of 06 December into the incubation cycle for the first 21 days. The remaining districts include five⁶ in the second incubation cycle and one⁷ in the first cycle. No further spread has been reported in Masaka, Kyegegwa, Bunyangabu and Kagadi districts.

All active cases in Mubende have recovered and the last was discharged on 30 November. The Ministry of Health and partners continue to remain on alert with ongoing heightened surveillance and response capacities

¹ MoH SVD Situation Report #67 dated 01 December 2022

² Total includes 28 confirmed children and 19 health care workers

³ Over all case fatality ratio (CFR) of 39 per cent as compared to 43 per cent CFR in confirmed children cases

⁴ Total confirmed and probable is 22 which includes 12 confirmed and 10 probable

⁵ MoH SVD Situation Report #67 dated 01 December 2022

⁶ Mubende, Jinja, Wakiso, Masaka and Kyegegwa

⁷ Kampala

Uganda Country Office

Sudan Virus Disease (SVD)
Humanitarian Situation
Report No.4



Situation in Numbers

9 districts with confirmed cases
(MoH SVD Situation Report #68 as of 04 December 2022)

142 cumulative cases reported
(MoH SVD Situation Report #68 as of 04 December 2022)

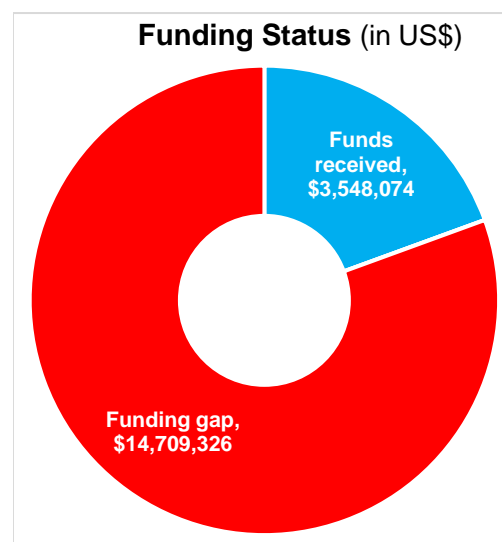
28 children confirmed cases
(MoH IMT Report dated 02 December 2022)

55 cumulative deaths recorded
(MoH SVD Situation Report #68 as of 04 December 2022)

12 child deaths reported
(MoH IMT Report dated 02 December 2022)

87 cumulative recoveries
(MoH SVD Situation Report #68 as of 04 December 2022)

UNICEF SVD Appeal US\$18.2 million



maintained. Over 300 contacts were listed in Jinja District. The ones in institutional quarantine completed the required 21 days on 3 December.

UNICEF is continuing to scale up risk communication and community engagement to reinforce early reporting and treatment-seeking as well as 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 against families affected by Ebola, and for the reintegration of survivors within the communities.

The public health and social measures announced by the President of Uganda in mid October to curb Ebola transmission had so far been sustained for 42 days as of 26 November. In the President's address on 26 November, he extended the measures for an additional 21 days upto 17 December to ensure that there is no case before fully reopening.

Funding overview and partnerships

UNICEF is appealing for US\$18.2 million to sustain life-saving services for women and children affected by Ebola (SVD) and those in high risk areas. UNICEF has so far received US\$3.5 million from the United States Agency for International Development (USAID), the UK Government through the Foreign, Commonwealth, and Development Office (FCDO), United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (CERF Secretariat) and an internal allocation from the Global Humanitarian Thematic Fund (GHTF). UNICEF expresses its sincere gratitude to all partners for the contributions received which have supported the organisation's efforts to scale up its interventions particularly for children and women. In response to the country's immediate SVD outbreak needs, UNICEF Uganda has also drawn on other resources, reprogrammed existing funds and reallocated its regular resources, totalling to about US\$1.4 million, to support national and district coordination and procure emergency supplies. Below table shows total donor funds received and internally repurposed funds for the response;

Donor funds received	US\$3.5 million
United States Agency for International Development	US\$1,000,000
Foreign, Commonwealth & Development Office	US\$997,545
An internal allocation from Global Humanitarian Thematic Fund	US\$500,000
United Nations OCHA (CERF Secretariat)	US\$1,050,529
Internal funds reprogrammed	US\$1,368,255

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 paediatric care and support; nutrition of infants and young children in ETU/ isolation settings, infection prevention and control (IPC) and water, sanitation and hygiene (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 and nutrition, education, child protection and social protection.

Summary analysis of programme response

UNICEF continues to play a key role in the National Task Force (NTF), Incident Management Team (IMT) and the established District Task Forces (DTFs), sub county task forces and village task forces in targeted affected districts. During this reporting period, UNICEF supported Masaka District Local Government and Masaka City to have one SVD response plan to enable a guided response.

Coordination and Leadership

UNICEF is a key member of the MoH case management and surveillance pillars and provides technical support. UNICEF supported 10 MoH officers to develop SVD quarantine guidelines to support all affected districts. During the reporting period, UNICEF supported the Masaka DTF and case management team to create two rooms for the management of confirmed cases of Crimean Congo Haemorrhagic Fever (CCHF) and suspected Ebola cases at the isolation facility in Masaka Regional Referral Hospital. This was intended to reduce on possible cross infections among patients. The guidelines have been presented to the coordinating Information Management Team (IMT) for review and adoption before printing. UNICEF has provided 40 infrared thermometers to Masaka District Local Government to improve on SVD screening at health facility level.

Case Management- Nutrition

UNICEF supported Ministry of Health to initiate national SVD nutrition learning/coordination meetings co-chaired by the Ministry of Health and UNICEF. UNICEF supported the Ministry of Health to increase awareness on nutrition and SVD including infant and young child feeding (IYCF) counselling in the Ebola context. Up to 200 mothers/caretakers received individual nutrition counselling on IYCF in established ETUs before discharge. Moreover, 100 health workers were trained on IYCF and nutrition.

UNICEF supported onsite training of 100 (51 Mubende, 49 Kassanda) health workers⁸ and district health teams in Mubende and Kassanda Districts on essential nutrition services in SVD context. A total of 486 packs of Ready to Use Infant Formula (RUIF) were provided to feed 51 infants below six months in Mubende, Kassanda and Entebbe Ebola treatment Units during the reporting period. A total of 98 children infected/suspected to have SVD were screened for severe acute malnutrition within ETUs in Mubende and Kassanda, bringing the total screened since the start of the response to 486. Four children identified with severe acute malnutrition were referred to Mubende Regional Referral

⁸ These included medical officers, nurses, midwives, pharmacists, nutritionists, records officers and health management information officers.

Hospital for inpatient therapeutic care after discharge from ETUs. UNICEF supported the follow up⁹ of 26 children aged 0-59 months discharged from ETUs, through nutrition assessment using mid-upper arm circumference (MUAC), IYCF and psychosocial support.

Case Management- Child Protection/ Mental Health & Psychosocial Support

UNICEF is a key member of the case management pillar and the MHPSS sub-pillar at the national and sub-national levels in SVD-affected districts. During this reporting period, 30 children benefitted from individual case management services, bringing the total reached in the SVD response to 70 children. Six children were provided with alternative care services while 500 children and caregivers were reached with mental health and psychosocial support services, bringing the total cumulative number reached in the EVD response to 696 individuals (74 female caregivers, 63 male caregivers, 266 girls and 293 boys).

UNICEF partnered with Butabika National Referral Hospital and trained 90 village health team members on community-based psychosocial support across nine sub counties in Mubende District. Following advocacy from UNICEF, sub-county community development officers in Mubende District were finally recognized as essential workers and received permits to move during the period of movement restriction.

UNICEF provided 34 boxes of early childhood development play materials for children admitted to ETUs and isolation sites which are administered by the MHPSS teams in Masaka, Kassanda and Mubende districts. UNICEF also conducted an orientation for 25 government health and social welfare officials in Masaka District on child protection in emergency contexts with the aim of strengthening understanding and knowledge on child protection in the SVD context and to improve collaboration between the two sectors.

Water, sanitation and hygiene (WASH) ¹⁰

UNICEF is supporting government coordination and response structures at the national and district levels focusing its programmatic support on IPC through WASH in Ebola Treatment Units, health facilities, schools and communities, including public spaces. UNICEF continued to participate in the IPC/WASH sub-pillar meetings held in Mubende, Kassanda, Kyegegwa districts, and Greater Kampala being led by Kampala Capital City Authority (KCCA).

Additionally in the last two weeks, assessments were made, and support provided in Masaka and Jinja Districts, with IPC/WASH coordination activated following the recently confirmed cases in those districts. For WASH services and supplies, UNICEF has responded to requests including hiring a contractor to repair the incinerator at Mubende Regional Referral Hospital to enable proper waste management at the facility, whilst also procuring the services of a local contractor in Mubende to provide repair services for handwashing facilities in schools and health facilities across the district.

IPC / WASH supplies have been dispatched to 10 health facilities in Masaka District, whilst supplies were also dispatched to Kassanda to disinfect and support 53 households where there have been confirmed EVD cases. Two water storage tanks and five mobile toilets have been dispatched to support Jinja Regional Referral Hospital and an Ebola Isolation Unit being established in Magamaga HCIII in Jinja District. For the provision of water supplies, a contractor has been mobilized to install a water supply system through solar-powered borehole at the newly established ETU site in Kassanda District. So far, a hydrogeological survey has been completed, and drilling works are due to commence in the coming weeks. While the works are being carried out, UNICEF has arranged to support the ETU with temporary water trucking for the next three to four weeks before connecting to the new water supply system.

In addition to the Kassanda ETU water supply, UNICEF has also issued contracts to set up water supply systems through solar-powered boreholes to Butologo Health Centre (HC) III and Kiyuni Health Centre III which are in EVD hot spots in Mubende District. Hydrogeological surveys have been conducted and drilling works will commence once the results from the surveys are available.

Continuity of essential services-Health

UNICEF is supporting government with critical and lifesaving interventions geared at strengthening coordination, provision of critical supplies and enhancing capacity for continuity of essential services. UNICEF continues to co-chair the continuity of essential health services sub pillar of the national response plan. Two health facilities have been supported with tents for decongestion and community services, including for routine immunization. MoH Malaria control programme through the National Task Force (NTF), agreed to carry out mass malaria drug administration in Mubende and Kassanda districts targeting over 150,000 children under five years. The mass drug administration is intended to reduce possibility of Malaria infection amidst the Ebola outbreak as these two districts are among the high burden Malaria hotspot areas.

Continuity of essential services- Education

UNICEF coordinated with Ministry of Education and Sports, Kampala Capital City Authority (KCCA) and district/municipal education officials to ensure safe release and transportation of learners to and from Mubende and Kassanda districts which are under lock down. UNICEF supported transportation of 4,396¹¹ (2,242 girls and 2,154 boys) learners as schools officially closed for third term holidays on 25 November.

⁹ The follow up team included mental health and child protection teams.

¹⁰ IPC pillar is separate from WASH pillar at national level whereas the two pillars are combined at the district level coordination.

¹¹ 1,400 learners were transported from other districts into Mubende and Kassanda, while 2,996 learners were transported out of Mubende and Kassanda Districts.

UNICEF distributed a total of 6,552 copies of Ministry of Education and Sports guidelines and Standard Operating Procedures (SOPs) on SVD prevention and management to districts of Mubende, Kassanda, Kagadi, Kyegegwa and Bunyangabo. A total of 3,186 SVD job aides were distributed to schools in Kampala City. The SOPs and job aides are being used by teachers and school administrators as resource materials for management of Ebola in learning institutions.

In Mubende District, a total of 40 community mentors (20 community mentors from the health department and 20 school-based data collectors from the education department) were oriented on school protocols and assessment for prevention of Ebola transmission using the ring approach.¹² The orientation covered SVD prevention measures at critical points in learning institutions and use of Kobo Tool¹³ to collect assessment data. The mentors have commenced school protocol and assessment for prevention of Ebola transmission in ring schools, and 120 of the planned 200 schools have so far been assessed.

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

UNICEF is the UN lead for RCCE and co-leads the MoH Risk Communication and Social Mobilisation (RCSM) pillar with the Health Promotion, Education and Communication (HPEC) department and with direct support of RCSM and Community Engagement (CE) interventions. Social Behaviour Change Communication (SBCC) has a cross pillar function. During the reporting period, 518,828 people (200,233 (52%) female and 193,545 (48%) male) were reached through the interpersonal communication (door-to-door visits and community dialogue meetings) in the nine districts with confirmed SVD cases and at-high-risk districts. Cumulatively, 3,939,752 people have been reached with key messages. At least 120 radio spots/messages continue to be aired daily through six radio stations in Mubende, Kassanda, Kagadi, Kakumiro, Bunyangabu and Kyegegwa including three community radios in Kyegegwa. Three talk shows are aired nationwide on a weekly basis on radio and TV, focusing on topical public concerns including the closure of schools.

As part of social mobilisation and community engagement, at the district level, 150 district administrators and political leaders were oriented on SVD in Masaka and Jinja districts; while 186 religious leaders and over 3,159 congregants were oriented during prayer sessions (Christian and Muslims) on SVD. Over 6,559 school children were engaged in three districts of Kampala Metropolitan (Mukono, Wakiso, and Kampala). Other influencers engaged include teachers, boda-boda riders, private health practitioners as well as market and flower farm workers. Engagement of prominent influencers is ongoing, with two public messages compiled so far with Katikiro of Buganda Kingdom Charles Peter Mayiga and His Eminence Jeronymos Muzeeyi of the Orthodox Church to underscore SVD awareness, prevention and treatment.

UNICEF has partnered with KCCA and Dreamline Products to reinforce the EVD risk perception in Kampala City and the townships in the Kampala Metropolitan Area (Kampala, Wakiso and Mukono). Multiple and innovative communication strategies/channels are used, especially those that promote interpersonal and intra-communication, and will target urban and peri-urban areas, business hubs, migrant communities and congested places.

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

UNICEF is supporting the EVD districts with PSEA and GBV risk mitigation through capacity building and establishment of community-based complaint mechanisms. UNICEF is supporting the Child Help Line team at Ministry of Gender, Labour and Social Development (MoGLSD)-Sauti toll free line-116 in building their capacity on how to receive and record SEA cases and how referrals for assistance are made. Together with the interagency in-country PSEA Task Force, UNICEF technically supports the Humanitarian Interagency Coordination Group led by the United Nations Resident Coordinator's Office at the national PSEA network.

Integrated Outbreak Analytics (IOA) under the Strategic Information, Research and Innovation (SIRI)

UNICEF is supporting the MoH-led IOA working group¹⁴ under the SIRI pillar to be able to provide rapid integrated analyses to better understand outbreak dynamics and their impact on communities. During this reporting period, the IOA working group completed an integrated study to identify the factors (behavioural, situation) linked to health care-associated infection to support the IPC-WASH and other pillars. Results of the study were presented and recommendations were developed.

Supply and Logistics

UNICEF is a key member of the logistics pillar, contributing to the central coordination of quantification of supply needs, identification of gaps and allocation of orders to different warehouses/partners. Through the logistics officer deployed by UNICEF to Mubende and Kassanda district stores, Ebola stock positions, dispatches and receipts have been rearranged and are now being systematically reported to district taskforces.

¹² This involves mapping of area of implementation by all partners to include epi area and neighbouring areas for a focused response in 21 days. The purpose of Ring IPC was to provide intensive IPC support to HCFs in areas of active Ebola transmission, thus forming a strategically placed protective ring of intensified IPC attention around persons with known Ebola to help break the chain of transmission

¹³ Data collection tool

¹⁴ UNICEF support is through IOA technical expertise (senior IOA specialist to co-lead the cell), physical space at Infectious Disease Institute for the cell to meet and work together (coaching of Field Epidemiology Training Programme (FETPs), collaborating on analytics), cars and transport for additional data collection to support analyses and data collection costs (field researchers).

UNICEF has so far dispatched IPC/WASH, RCCE and nutrition supplies worth US\$624,134 to support 57 affected and at-risk districts including those neighbouring the nine districts that reported confirmed cases. In addition, a motorized water system commissioned by UNICEF has been completed in Madudu HC III (Kassanda), and construction of new systems is in progress at Kassanda ETU, as well as at the two high risk health centres (Butologi and Kiyuni) in Mubende.

Humanitarian leadership, coordination, and strategy

The Government of Uganda response to the SVD is coordinated through a multi-sectoral mechanism; the National Task Force. The task force is led by Ministry of Health, with participation of the Ministry of Education and Sports, the Ministry of Gender, Labour and Social Development, the Ministry of Works and Transport, the Ministry of ICT and National Guidance, the Ministry of Finance, Planning and Economic Development, the Ministry of Local Government, the Ministry of Water and Environment and partners.

The MoH is both strategic and technical advisory lead for the response at the national and local government and has activated an incident management team (IMT), National and District Task Forces (DTF) to deliver against the National Response plan. Above the NTF, the strategic advisory committee is chaired by the Minister of Health and the Director General for Health Services at the operational level. A dedicated Scientific Advisory Committee consisting of eminent researchers and experts was set up to synthesize the latest evidence to guide specific research activities during the response and to provide scientific and technical advice to the Minister of Health. The committee also supports 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, and also is also an observer on the Scientific Advisory Committee. The Ebola response is built around the following pillars: (i) coordination and leadership; (ii) surveillance and contact tracing; (iii) laboratory; (iv) case management, including IPC, MHPSS, Safe and Dignified Burials (SDB); (v) WASH; (vi) Risk Communication (RC); (vii) community engagement; (viii) logistics; (ix) strategic information research and innovations; and (x) continuity of essential services. UNICEF co-leads the RCCE, WASH and essential services continuity pillars and actively contributes to coordination and leadership, IPC, 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 staff provide technical and operational support to the SVD 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 and conflict sensitivity.

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: 16 December 2022

UNICEF Uganda: www.unicef.org/uganda

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

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Annex A

(i)Funding Status*

UNICEF appeal is US\$18.2 million as per the UNICEF SVD costed response plan for six months from October 2022 to March 2023. UNICEF has so far received US\$3.5 million for urgent Ebola outbreak response. This leaves a funding gap of US\$14.7 million or 81 per cent.

Funding requirements 2022/2023				
Pillar	Requirements (US\$)	Funds available	Funding gap	
		Humanitarian resources received so far (US\$)	US\$	%
Risk communication, social mobilization and community engagement	2,500,000	1,295,290	1,204,710	48
Case management- IPC/WASH	4,000,000	1,164,104	2,835,896	71
Continuity of essential services- Health	2,100,000	0	2,100,000	100
Case management – Nutrition	400,000	37,000	363,000	91
Coordination	450,000	0	450,000	100
Case management-Child protection & MHPSS	1,800,000	400,000	1,400,000	78
Case management- GBV in emergencies and PSEA	800,000	100,000	700,000	88
Continuity of essential services- Education	750,000	0	750,000	100
Case management- Social protection	550,000	0	550,000	100
Communication and advocacy	55,000	10,000	45,000	82
Technical assistance (Human resources)	2,600,000	88,927	2,511,073	97
Other costs (General operations and indirect costs)	2,252,400	452,753	1,799,647	80
Total	18,257,400	3,548,074	14,709,326	81

Annex B: Summary of programme results

Indicator disaggregation by SVD pillars	UNICEF and implementing partners' response		
	2022 target	2022 results	Change since the last report
Case management- Infection Prevention and Control (IPC/WASH)*¹⁵			
# of health care staff trained on infection prevention and control related to WASH in areas affected and at high risk of SVD (disaggregated by facility and community, includes VHTs)	1,406	10	0
# of health facilities reached with essential WASH supplies in SVD-affected and high-risk areas (including 700 HFs+3 RRHs & 20 ETUs)	723	54	10
# of health facilities/ETUs in SVD affected areas reached with upgraded WASH services (water supply & sanitation facilities)	20	4	2
# of schools in areas affected and at high risk of SVD reached with essential WASH supplies (including chlorine, soap, handwashing facilities, WASH IEC)	1,000	38	0
Case management – MHPSS*			
# of psychologists, psychiatrists, health workers, and community structures trained and deployed to SVD treatment and isolation units and communities to provide MHPSS	1,156	70	0
Case management – Nutrition*			
# of packs of RUIF provided to ETUs (to cover 120children)	73,125	15,300	0
# of health workers trained on IYCF and nutrition in SVD in affected districts	800	175	100
Case management – Health*			
# of ETUs supplied with portable generators (with fuel) as an emergency power source	5	0	0
Continuity of Essential services – MHPSS/Child Protection¹⁶			
# of unaccompanied and separated children due to SVD (in isolation, ETUs and community) provided with alternative care and/or reunified	625	6	6
# of children, adolescents, and caregivers in affected districts accessing community-based mental health and psychosocial support.	15,000	696	500
# of girls, women and boys who have experienced violence in SVD-affected communities reached by health, social work, or justice/law enforcement services	1,875	70	30
Continuity of Essential services – Health*			
# of health facilities supported with tents for decongestion and community services, including immunization	30	6	2
# of health facilities provided with targeted supplies (medical and PPEs)	120	0	0
Continuity of Essential services – Education*			
# of schools/learning institutions provided with infrared thermometers and accessories for screening	12,600	2,728	617
# of schools in high-risk sub-counties with functioning school Ebola task force	750	283	0
# of schools supported with at least one supervisory visit from MOES/DEO	375	165	0
# 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 Protection¹⁷			
# of social-economic SVD impact monitoring reports produced	2	0	0
# SVD affected households reached with cash transfers	5,000	0	0
RCSM/CE*			
# of people reached through accurate, cultural, and gender-appropriate messaging on SVD prevention, early treatment and access to services	6,528,690	3,939,752	518,828
# of key influencers (teachers, local leaders, traditional leaders, religious leaders, local council leaders) engaged on SVD prevention	65,287	29,679	8,124
# of people who participate in engagement actions (community dialogues) conducted to raise awareness for SVD prevention and control	1,958,607	514,970	259,772
# of people sharing their concerns and asking questions through established feedback mechanisms (online and offline)	2,611,476	624,683	153,227
Coordination and Leadership*			
# of MoH joint supervision and on-the-job mentorship visits	6	0	0
% of districts with functional ¹ DTF	100	45%	0%
# of districts supported with updated microplans for SVD response	20	8	1
GBV/PSEA*			
# Children and adults who have access to a UNICEF-supported SEA reporting channel.	12,645	1,361	0
# Women, girls and boys accessing GBV risk mitigation, prevention, or response interventions	8,430	152	0

¹⁵ *To be reported on a monthly basis

¹⁶ To be reported on a quarterly basis

¹⁷ To be reported on a bimonthly basis