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Uganda Country Office

Ebola Virus Disease (EVD) Humanitarian Situation Report No.5



Reporting period: 5 – 18 December 2022

Highlights

- The first case of Ebola / the Sudan Virus Disease (SVD) was confirmed in Uganda on 20 September 2022.
- As of 15 December, 18 days had passed since the confirmation of last case in Kassanda District.
- UNICEF provided 15,000 Ready to Use Infant Formula (RUIF) packets in Mubende and Kassanda Districts to ensure uninterrupted feeding for children of mothers affected by Ebola who are restricted from breastfeeding.
- A total of 3,624 children and caregivers were reached with mental health and psychosocial support (MHPSS) during this reporting period.
- Infection prevention and control/WASH supplies have been dispatched to 46 high-risk health care facilities in Kampala through the KCCA during the last week.
- During the reporting period, 290,324 community members and 65,407 children 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 90¹ days of responding since the declaration of the outbreak and 18 days since the last confirmed case.² Since then, 142 confirmed SVD cases with 55 confirmed deaths including 12 children and 7 health workers, as well as 87 recoveries, have been reported as of 15 December³. Ebola infections have been 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. Kassanda had passed the incubation cycle of the first 21 days as of 15 December. All active cases in Mubende have recovered with the last discharged on 30 November.

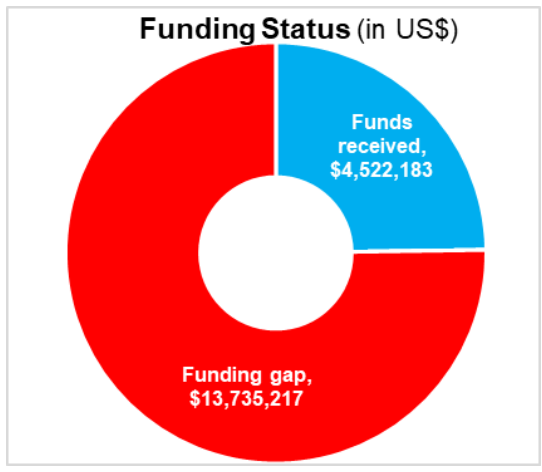
The Ministry of Health and partners continue to remain on alert with ongoing heightened surveillance and response capacities maintained. No further spread has been reported in Masaka, Kyegegwa, Bunyangabu, and Kagadi districts.

¹ MoH SVD Situation Report #75 dated 15 December 2022
² MoH SVD Situation Report #75 dated 15 December 2022
³ MoH SVD Situation Report #75 dated 15 December 2022

Situation in Numbers

- 9** districts affected
(MoH SVD Situation Report #75 as of 15 December 2022)
- 142** cumulative confirmed cases
(MoH SVD Situation Report #75 as of 15 December 2022)
- 28** children-confirmed cases
(MoH IMT Report dated 15 December 2022)
- 55** deaths from confirmed cases
(MoH SVD Situation Report #75 as of 15 December 2022)
- 12** child deaths reported
(MoH IMT Report dated 15 December 2022)
- 87** cumulative recoveries
(MoH SVD Situation Report #75 as of 15 December 2022)

UNICEF EVD Appeal US\$18 million



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. Village Health Teams (VHTs) in hotspot districts have received WASH supplies and IPC sensitization to protect them from exposure. Community engagement has included joining the safe burial teams, to ease community understanding and acceptance of the process. 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.

Distribution of SVD cases by district as of 15 December			
Confirmed	Cases	Deaths	Days the since last case
Kampala	18	2	32
Mubende	64	29	33
Jinja	1	1	34
Kassanda	49	20	19
Wakiso	3	0	40
Masaka	1	1	45
Kyegegwa	4	1	50
Bunyangabu	1	0	76
Kagadi	1	1	79
TOTAL	142	55	

Funding overview and partnerships

UNICEF is appealing for US\$18.2 million to sustain life-saving services for women and children affected by Ebola Sudan virus Disease (SVD). UNICEF has so far received US\$4.5 million from the United States Agency for International Development (USAID), the United Kingdom Government through the Foreign, Commonwealth, and Development Office (FCDO), United Nations Office for the Coordination of Humanitarian Affairs (OCHA) Central Emergency Response Fund (CERF) Secretariat, European Community Humanitarian Office (ECHO) and an internal allocation from the Global Humanitarian Thematic Fund (GHTF). The funding gap is currently at 75 percent.

UNICEF expresses its sincere gratitude to all partners for the contributions received, which have supported the organization'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 about US\$1.6 million, to support national and district coordination and procure emergency supplies. The above table shows the total donor funds received and internally repurposed funds for the response;

Donor funds received	US\$4.5 million
USAID	US\$1,000,000
United Kingdom FCDO	US\$997,545
An internal allocation from GHTF	US\$500,000
UN OCHA (CERF Secretariat)	US\$1,050,000
ECHO	US\$974,638
Internal funds reprogrammed	US\$1,647,415

Without sufficient funding, UNICEF will be unable to provide technical assistance and critical supplies for child-friendly management of Ebola that includes appropriate paediatric care and support; nutrition of infants and young children in Ebola treatment units (ETUs)/ isolation settings; infection prevention and control (IPC) and water, sanitation and hygiene (WASH) services in health facilities, schools, and communities; child protection and MHPSS for affected children and families; and ensuring continuity of essential services.

Summary analysis of programme response

Case Management and Surveillance

UNICEF remains a key member of the MoH case management and surveillance pillars both at the national and sub-national levels and provides technical support. During the reporting period, UNICEF engaged with the case management pillar on the planned inquiry into the possible reasons for the high child case fatality ratio (CFR) of 61 per cent in comparison to the general CFR of 39 per cent. Discussions on the methodology and tools are underway for this exercise. After a presentation to the National Task Force of the guidelines for quarantine during the Ebola outbreak, UNICEF is working with the MoH to have these guidelines approved, printed and disseminated for use at the operational level.

Case Management- Nutrition

During the period, UNICEF provided technical support to the MoH in reviewing the nutrition component of the National Ebola Outbreak Response Plan (December 2022 – May 2023). UNICEF also continued to strengthen the capacity of frontline workers on the nutrition component of EVD with the training of 45 participants comprising community development officers, midwives, and nurses in Kyegegwa, Bunyangabu, and Kassanda Districts. UNICEF provided 15,000 Ready to Use Infant Formula (RUIF) packets in Mubende and Kassanda Districts. This is to ensure uninterrupted feeding with lifesaving infant formula for children of mothers affected by Ebola who are restricted from breastfeeding. During the reporting period, 72 mothers/caretakers received individual nutrition counselling on infant and young child feeding in ETUs/isolation centres. Additionally, UNICEF worked with World Food Programme and partners to provide

food assistance in Mubende and Kassanda Districts. A total of 105 households (53 in Mubende and 52 in Kassanda) received dry rations.

Case Management- Child Protection/ Mental Health & Psychosocial Support

UNICEF continued to be a key member of the national and sub-national Mental Health and Psychosocial Support sub-pillar under the case management pillar; this included the provision of technical support to ensure the sub-pillar functionality including through the provision of technical input for the 2023 Government of Uganda EVD response planning process. Through partners, UNICEF continued to provide critical child protection and MHPSS services. A total of 59 children benefitted from individual case management services, bringing the overall total reached in the SVD response to 129 children. Nine additional children benefitted from alternative care services, bringing the total reached to 15. During the reporting period, 3,624 individuals benefitted from MHPSS services through MHPSS workers in ETUs, isolation sites, and communities, bringing the total reached to 4,320 individuals (312 female caregivers, 195 male caregivers, 2,065 girls and 1,748 boys, including 4 children with disabilities). During the reporting period, joint training of health and social welfare community structures (village health teams (VHTs) and para-social workers) were completed in four EVD-districts, reaching 149 individuals. With the most recent training, there currently are trained MHPSS and social welfare teams in six districts, and trained community structures in sub-counties of four districts, providing critical MHPSS services to infected and/or affected individuals, families and communities. In the reporting period, UNICEF and partners conducted sensitization of communities on MHPSS and child protection considerations in the EVD context, including through integration with risk communication and community engagement interventions targeting cultural leaders, reaching a total of 654 individuals (269 female caregivers, 297 male caregivers, 58 girls and 30 boys).

Water, sanitation and hygiene (WASH) ⁴

UNICEF continued its support to government coordination and response structures at the national and district levels focusing its programmatic support on IPC through WASH in ETUs, health facilities, schools, and communities, including public spaces. UNICEF continued to participate in the IPC/WASH sub-pillar meetings held in Mubende, Kassanda, Jinja, Masaka, and greater Kampala, under Kampala Capital City Authority (KCCA). During the reporting period 4,166 health care staff, including VHTs in areas affected and at high risk of SVD were trained on infection prevention and control/WASH, bringing the cumulative total to 4,176.

In the first week of December, WASH needs assessments were made in Mubende (schools), and in Jinja for health care facilities. For WASH services and supplies, a UNICEF-appointed contractor began repair work on the incinerator at Mubende Regional Referral Hospital to enable proper waste management at the facility. This work is due to be completed in the last week of December. Another UNICEF-hired local contractor in Mubende has been repairing handwashing facilities in schools and health facilities across the district. Infection prevention and control/WASH supplies have been dispatched to 46 high-risk health care facilities in Kampala through the KCCA during the last week. A list of 24 health care facilities has also been provided by the Kassanda IPC/WASH sub-pillar for support and is under review. Works are currently ongoing to install a water supply system through a solar-powered borehole at a newly established ETU site in Kassanda District. So far, drilling works have been completed with pumping tests due in the coming days. In the interim, water trucking is ongoing. UNICEF has also issued contracts for the construction of solar-powered boreholes at Butologo Health Centre (HC) III and Kiyuni HC III which are in EVD hotspots in Mubende District. Hydrogeological surveys have been conducted and drilling works will commence once the survey results are presented.

Continuity of Essential Services - Health

As part of about 70 districts in Uganda currently experiencing a malaria epidemic, Mubende and Kassanda have a significant malaria burden which is an added concern as co-infection with malaria has been noted to contribute to negative outcomes among Ebola cases. UNICEF working with MoH Malaria Control Programme and through the National Task Force, agreed to carry out mass drug administration of antimalarials and distribution long-lasting insecticidal nets (LLINs) towards reducing malaria morbidity & mortality in the two districts. With support from Malaria Consortium (MC) as the lead partner, district health teams are applying a house-to-house approach through VHTs, targeting a population of about 350,000 people in select sub-counties. Following national-level engagement with MoH and World Health Organization (WHO), and approval by the National Task Force, district entry and sensitization meetings were conducted for 34 district health teams (18 in Mubende and 16 in Kassanda in six sub counties (Kasambya, Madudu, Kiruuma-



Figure 1: A nurse and a VHT offer drugs to children at household level, on day one of mass drug administration in Kassanda District-. ©UNICEF

⁴ IPC pillar is separate from WASH pillar at national level whereas the two pillars are combined at the district level coordination.

Butologo, Kalwana, Kassanda, Kiganda), and three town councils (Kasambya, Kiganda and Kassanda), with 164 participants. Community engagement of 789 VHTs, 346 local councillors (LCs), opinion leaders and religious leaders, and interpersonal communication through VHTs and LCs was conducted in the two districts. A total of six talk shows and community announcements were aired on radio for three days starting 12th December 2022.

Working through the continuity of essential health services pillar, UNICEF is organising a webinar for health professionals across the country on guidelines for management of Ebola in pregnancy and infant and young child feeding. Infection prevention and control materials including aprons, face shields, hand sanitizers, gumboots, and gloves have been provided for the districts of Jinja, Kampala and Wakiso, for health workers providing essential health services in the community.

Continuity of essential services- Education

Following the closure of the academic year, UNICEF supported the safe transportation of 240 learners - the last batch of learners who completed their Uganda Advanced Certificate of Education examinations on 9th December, to and out of Kassanda and Mubende, the two districts under lockdown.

Continuity of essential services- Social Policy

Makerere University, with support from UNICEF and the Office of the Prime Minister, has commenced a study on the Socioeconomic Impact Assessment of the Ebola Virus Disease with data collection expected to start before end of the year and final results due in six weeks.

Risk Communication and Social Mobilization/ Community Engagement

During the reporting period, 290,324 community members and 65,407 children were reached through house-to-house visits, community dialogues and engagements in the districts affected by the EVD outbreak. Radio and TV adverts and DJ mentions continue to be aired on 29 radio stations and 8 television stations. In addition, MoH and KCCA senior staff conducted three radio & TV talk shows at national level to address emerging issues around the SVD response. The process of engaging prominent influencers is ongoing and to date the Katikiro of Buganda Kingdom, Charles Peter Mayiga; the Archbishop of the Orthodox Church, His Eminence Leronymos Muzeeyi; the Grand Mufti of Uganda, His Eminence Sheikh Shaban Ramadhan Mubajje; President of traditional healers and herbalists, Maama Fiina (Sylvia Namutebi); and the leader of the Born-Again Faith Federation, His Grace Apostle Dr. Joseph Serwadda, have been engaged. The key messages revolve around early health seeking behaviour, prevention of cultural practices that involve touching a person who has died of Ebola, and general prevention.



During the reporting period, UNICEF supported activation of municipal councils of Nansana, Kira and Kasangati reaching a total of 70 persons and orienting 230 health workers on Ebola risk perception, IPC and use of structures to engage communities for improved response. A total of 388 persons were reached through VHTs in the supported communities within Wakiso District. In collaboration with KCCA, UNICEF also supported activation of 17 parish taskforces in Kawempe Division. The taskforces, reaching a total of 161 key influencers in the division, are expected to cascade learned knowledge to respective groups. Additionally, through a partnership with WHO, 528 persons, 70 traditional and cultural leaders and 87 religious leaders were engaged during an awareness drive around Kampala Central. In Masaka, 25 villages were reached through three community drives. In addition, 22 commercial sex workers were sensitized through community barazas. UNICEF-supported VHTs have so far reached 757 households and 3,682 members including arm pass road construction workers, with EVD messages. In Jinja, UNICEF has so far supported activation and orientation of 4 parish and 59 village task forces.

In order to fight the stigma faced by Ebola survivors, UNICEF is supporting efforts to film their stories. With the survivors' consent, the videos will be aired as TV spots and shared on various social media platforms including WhatsApp, Twitter, Instagram and Facebook. Relatedly, KCCA in partnership with



Figure 2: Street activations for EVD Intensification awareness campaign in Kampala Metropolitan Area, Dreamline Products. ©UNICEF

Dreamline Products, with support from UNICEF, continues to raise Ebola awareness with a special focus on handwashing with soap (“I wash, You wash” campaign) and recommended hygiene practices, in Kampala, Mukono and Wakiso Districts using appropriate multi-media approaches to engage the urban population.

UNICEF is supporting 16 call centre agents who run the Ministry of Health Call Centre and respond to the public’s questions and concerns about Ebola. Social media monitoring continues through an independent firm which monitors the numerous online engagements and interactions on SVD. This information is collated to provide feedback to the risk communication and other pillars for action.

To date, a total of 6,500 businesses have been reached with Ebola risk communication materials in Uganda. UNICEF also has oriented 20 Kampala-based editors and 356 journalists nationwide on accurate, responsible and ethical reporting to curb fake news and misinformation. A field visit was facilitated for German-based media (RTL), resulting in four broadcasts highlighting UNICEF community engagement efforts.

Gender-Based Violence/ Protection from Sexual Exploitation and Abuse

UNICEF continues to mitigate risk factors of gender-based violence (GBV) during the SVD response, as impacts of an infectious disease like Ebola are not gender-neutral but rather reinforce each other. A total of 90 (57M,33F) district education leaders from Kagadi, Bunyangabu and Kyegegwa were trained on GBV risk mitigation in the Ebola response. Protection from sexual exploitation and abuse (PSEA) remains paramount in the SVD response and UNICEF continues to implement relevant measures. During the reporting period, 135 (74F,61M) religious leaders in Kampala were trained on PSEA, and to respect the rights and dignity of children under their care. Key PSEA information, education and communication materials have been developed for usage for both staff, personnel and affected communities. Posters, brochures, frequently asked questions booklets, cards with key messages on PSEA have been developed as part of the efforts to mobilize actions against SEA as well as enhance awareness on reporting and support mechanisms.

Supply and Logistics

UNICEF continues to participate in the Logistics Subcommittee (Logistics pillar of the response), 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, EVD stocks have been rearranged in Mubende and Kassanda District stores, and stock position, dispatches and receipts are now being systematically reported to district taskforces in both districts. UNICEF has so far dispatched IPC/WASH, risk communication, and nutrition supplies worth US\$624,134 to support 57 affected and at-risk districts. In addition, a UNICEF-commissioned motorized water system has been completed in Madudu HC III (Kassanda), and construction of new systems is in progress at Kassanda ETU, as well as at two high-risk health centres (Butologo and Kiyuni) in Mubende.

Humanitarian leadership, coordination, and strategy

The Government of Uganda response to SVD is coordinated through a multi-sectoral mechanism _ the National Task Force (NTF). The members of the task force include Ministry of Health, 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, Ministry of Water and Environment, and partners.

The 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 Director General of 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 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 on the Scientific Advisory Committee. The EVD response is built around the following pillars: (i) coordination and leadership; (ii) surveillance; (iii) laboratory; (iv) case management, including WASH/IPC and MHPSS; (v) risk communication; (vi) community engagement; (vii) logistics and supplies; (vi) ICT and innovations; and (vii) essential services continuity. UNICEF co-leads the risk communication and community engagement, and essential service continuity pillars, and actively contributes to coordination and leadership, logistics and supplies, ICT and innovations, and case management pillars that includes nutrition and MHPSS. Across interventions, UNICEF prioritizes gender-based violence risk mitigation and PSEA. In addition, UNICEF field office 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, PSEA, HIV/AIDS, conflict sensitivity and social and behaviour change communication programming are now mainstreamed into all interventions.

Integrated Outbreak Analytics Cell under the Strategic Information, Research and Innovation

UNICEF is supporting the MoH-led Integrated Outbreak Analytics (IOA) Cell under the Strategic Information, Research and Innovation pillar 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 understand dynamics between the Ebola outbreak and response on sexual, reproductive, maternal and child health service access, availability and use. Results were presented to the Continuity of Essential Health Services pillar for action.

Human interest stories and external media

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

Next SitRep due: 01 January 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

(ii) Funding Status*

The UNICEF appeal totals 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\$4.5 million for urgent Ebola outbreak response. This leaves a funding gap of US\$13.7 million or 75 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	1,594,324	905,676	36
Case management- IPC/WASH	4,000,000	1,465,493	2,534,507	63
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	237,578	2,362,422	91
Other costs (General operations and indirect costs)	2,252,400	677,788	1,574,612	70
Total	18,257,400	4,522,183	13,735,217	75

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

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)*⁵			
# of health care staff trained on infection prevention and control/ WASH in areas affected and at high risk of SVD (disaggregated by facility and community, includes VHTs)	1,406	4,176	4,166
# of health facilities reached with essential WASH supplies in SVD-affected and high-risk areas (including 700 health facilities+3 regional referral hospitals & 20 ETUs)	350	100	46
# of health facilities/ETUs in SVD affected areas reached with upgraded WASH services (water supply & sanitation facilities)	10	7	3
# of schools in areas affected and at high risk of SVD reached with essential WASH supplies (including chlorine, soap, handwashing facilities, WASH information, education and communication materials)	350	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	219	149
Case management – Nutrition*			
# of packs of Ready to Use Infant Formula provided to ETUs (to cover 120 children)	73,125	15,300	0
# of health workers trained on IYCF and nutrition in SVD in affected districts	800	356	181
Case management – Health*			
# of ETUs supported by UNICEF	5	5	0
Continuity of Essential services – MHPSS/Child Protection⁶			
# of unaccompanied and separated children due to SVD (in isolation, ETUs and community) provided with alternative care and/or reunified	625	15	9
# of children, adolescents, and caregivers in affected districts accessing community-based mental health and psychosocial support.	15,000	4,320	3,624
# 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	129	59
Continuity of Essential services – Health*			
# of health facilities supported with tents for decongestion and community services, including immunization	6	6	2
# of health facilities provided with targeted supplies (medical and personal protective equipment)	120	1	1
Continuity of Essential services – Education*			
# of schools/learning institutions provided with infrared thermometers and accessories for screening	12,600	3,345	0
# 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 Ministry of Education and Sports/ District Education Officer	375	191	0
# of teachers and non-teaching staff oriented on SVD prevention, early treatment seeking and notification	13,200	1,697	0
Continuity of essential services – Social Protection⁷			
# of socioeconomic SVD impact monitoring reports produced	2	0	0
# SVD affected households reached with cash transfers	5,000	0	0
Risk communication and social mobilization/ Community Engagement*			
# 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	0
# of key influencers (teachers, local leaders, traditional leaders, religious leaders, local council leaders) engaged on SVD prevention	65,287	29,679	0
# of people who participate in engagement actions (community dialogues) conducted to raise awareness for SVD prevention and control	1,958,607	514,970	0
# of people sharing their concerns and asking questions through established feedback mechanisms (online and offline)	2,611,476	624,683	0
Coordination and Leadership*			
% of districts with UNICEF supported pillars with plans	100%	100%	0%
GBV/PSEA*			
# Children and adults who have access to a UNICEF-supported SEA reporting channel.	12,645	2,810	1,449
# Women, girls and boys accessing GBV risk mitigation, prevention, or response interventions	8,430	344	192

⁵ *To be reported on a monthly basis

⁶ To be reported on a quarterly basis

⁷ To be reported on a bimonthly basis