Reporting Period: January-March 2019

Highlights

- In 2019, a total of 8,333 children (5,583 boys, 2,750 girls) accessed critical protection services, including temporary emergency shelter, psychosocial support, release from detention, family tracing and reunification, medical support, as well as access to education and reintegration opportunities.

- From January to February, 9,621 new cases of children with severe acute malnutrition have been admitted and treated in health facilities supported by UNICEF.

- A total of 640,328 people, more than half children, were reached with key life-saving messages on Ebola.

- UNICEF mobilized 51 per cent of 2019 Humanitarian Action for Children funding to respond to the most essential needs of children and women in Burundi.

UNICEF response with partners

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>UNICEF 2019</th>
<th>SECTOR 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UNICEF Target</td>
<td>Cumulative Results</td>
</tr>
<tr>
<td>NUTRITION: Number of children under 5 with SAM admitted for treatment</td>
<td>30,000</td>
<td>9,621</td>
</tr>
<tr>
<td>HEALTH: Number of persons, at least half of them children, provided with essential drugs, including malaria drugs</td>
<td>250,000</td>
<td>0</td>
</tr>
<tr>
<td>WASH: Number of people accessing the agreed quantity of water for cooking, drinking and personal hygiene</td>
<td>200,000</td>
<td>15,822</td>
</tr>
<tr>
<td>CHILD PROTECTION: Number of children and adolescents benefitting from critical Child Protection services</td>
<td>100,000</td>
<td>8,333</td>
</tr>
<tr>
<td>EDUCATION: Number of children accessing formal and non-formal early learning, pre-primary and primary education</td>
<td>100,000</td>
<td>1,200</td>
</tr>
<tr>
<td>C4D: Number of children and adolescents benefitting from peace, social mobilization and life skills education</td>
<td>150,000</td>
<td>6,575</td>
</tr>
</tbody>
</table>

Funding Status

- Funds received: $1,171,853
- Carry-forward: $3,880,161
- Funding gap: $4,947,986

Situation in numbers

- Number of children in need (HNO 2019): 993,000
- Number of people in need (HNO 2019): 1.77 million
- Population seeking refuge in neighboring countries (UNHCR, February 2019): 347,399
- People repatriated from Tanzania (UNHCR, March 2019): 63,143
- Internally displaced people in 18 provinces (IOM, February 2019): 130,562
Situation Overview and Humanitarian Needs

Despite some improvement since previous years, the socio-political situation in Burundi remains precarious and the humanitarian situation remains fragile. At the end of 2018, 1.77 million people were estimated to need humanitarian assistance in Burundi (for 2019 humanitarian planning purposes), down from 3.6 million in December 2017. This decrease of needs is mainly due to the relative absence of epidemics in 2018 (except for the cholera outbreak that hit in late December) and in the reduction of persons affected by food insecurity. With 710,000 persons targeted for assistance in the Humanitarian Response Plan 2019, the situation of the most vulnerable persons still shows persistent needs in some sectors and is expected to be aggravated by natural disasters (floods, landslides, rainfall deficit in some parts of the country, etc.), population movements, the threat of epidemics including cholera, and the risk of cross border spread of Ebola.

A total of 347,309 people, half of whom are children, have found refuge in neighbouring countries, mainly in Tanzania, Rwanda, the Democratic Republic of the Congo (DRC) and Uganda. Since 2017, 63,143 people (57 per cent children), have also returned to Burundi through the ongoing voluntary repatriation process, led by UNHCR within the tripartite agreement with the Governments of Burundi and Tanzania (UNHCR, January 2019). The number of internally displaced people (IDPs) registered in 18 provinces continues to decrease and now stands at 130,562 people (60 per cent children) (IOM, February 2019).

In the northern part of the country, the province of Kirundo is facing a rain deficit, which has worsened the existing food security challenges at family level and further compromised the nutritional status of children. In early March, UNICEF participated in a joint mission with the authorities, UN agencies and partners to assess the food security and nutrition situation following a multi indicator rapid assessment (MIRA). A nutrition response plan was developed and implemented in addition to ongoing nutrition interventions in the affected province. Response in Kirundo will include active mass screening, and the pre-positioning of additional nutrition supplies, mainly RUTF, at district level to respond to an increase in SAM admissions. Community Health Workers (CHW) will be engaged by Nutrition sector members (CONCERN, UNICEF, International Medical Corps) to support CMAM activities at Health facilities.

In 2018, in response to the high risk of cross-border transmission of Ebola Virus Disease (EVD) from neighboring Democratic Republic of the Congo (DRC), the Government of Burundi, with the Ministry of Health (MoH) as lead and key health partners including World Health Organization (WHO) and UNICEF, developed an EVD Contingency Plan for six months focusing on three scenarios respectively costing USD 1.3, 5.4 and 7.5 million to provide support for preparedness and response to a possible outbreak. In March 2019, partners in preparedness efforts reviewed and updated the operational plans at national and district level and the budget for preparedness upwards to ensure availability of funds for gaps identified. Challenges remain in coordination of preparedness at the district level and in setting up appropriate infrastructure and operational mechanisms for readiness to handle potential cases. Since May 2018, the national taskforce for EVD has mobilized USD 6.6 million to implement the preparedness plan, which represents 45 per cent of the revised planned budget (USD 14.6 million in total). Implementation of the plan continues with focus on communication, health, protection, education, nutrition and WASH interventions. Permanent surveillance of EVD for all travelers entering Burundi is in place in 21 priority Health Districts at the borders with DRC, Rwanda and Tanzania. There are permanent MoH staff present in 19 out of 23 border entry points that continue to screen the body temperature of individuals crossing. As of week 12, 1,732,494 people were screened, 15 alerts investigated by MoH which turned out to be negative.

As depicted by the graph, below, there has been an increase in malaria cases and deaths in Burundi since the beginning of the year in comparison of the number of cases and deaths for the same period in 2018. According to epidemiological data from MoH, the cumulative number of malaria cases reported during the first 12 weeks of 2019 is 1,704,413 cases with 653 deaths, while the MoH had registered 1,266,127 cases and 617 deaths for the same period in 2018 (an increase of approximately 35 per cent in 2019 compared to 2018). Of the 46 health districts in Burundi, 12 have reached epidemic levels of malaria and 20 are on high alert at week 12.
A cholera epidemic was also declared at the end of December 2018, with 206 cases and two deaths reported as of 26 March 2019.

UNICEF continues to support the MoH in closely monitoring the situation of cholera, malaria and other diseases and participates to the response together with its partners.

**Humanitarian Leadership and Coordination**

UNICEF actively participates in the UN Country Team (UNCT) and inter-sectoral meetings, that lead the strategic and cross-sectoral coordination of the humanitarian response. UNICEF currently leads the WASH, Nutrition and Education sectors, the Child Protection sub-cluster and co-leads the Health sector.

UNICEF continues to provide technical support as a member of the National Ebola Task Force and the sub-committee for WASH/Infection prevention and control, led by the Ministry of Health (MoH) with support from the World Health Organization (WHO) and as co-lead of the sub-committee for Communication and Community Engagement (CCE), which meets weekly to discuss and coordinate interventions.

**Humanitarian Strategy**

In consideration of the current context and needs, the UNCT decided that the 2019 HNO and the Humanitarian Response Plan (HRP) will be more focused on acute humanitarian needs and returning refugees from Tanzania together with their host communities. It is aligned with the Interagency Return and Reintegration Plan, Resilience Framework and the recently launched 2019-2023 United Nations Development Assistance Framework (UNDAF).

UNICEF has finalized its 2019 HAC for an amount of USD 10 million that contributes to the 2019 HNO and HRP led by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA). The plan focuses on the most acute needs of children.

**Summary Analysis of the Programme Response**

**Health and Nutrition**

UNICEF-supported 418 health facilities and District hospitals, continued to provide community management of acute malnutrition (CMAM) services (45 inpatient and 373 outpatient services). From January to February, a total of 9,621 children (4,604 boys; 5,017 girls) suffering from severe acute malnutrition (SAM) have been admitted and treated. Among them, 575 SAM cases were treated in inpatient therapeutic feeding centres and 9,046 in outpatient centres.

Although data is still being processed (at the time of reporting), SAM admissions in the two months of 2019 are slightly higher compared to the same period in 2018 and 2017 according to data from the District Health Information Software (DHIS2).
The increase in SAM admission, can be explained by the fact that the CMAM programme coverage has improved from 33 to 53 per cent since January 2018.

The country is still facing high prevalence of diseases such as diarrhoea, malaria and chronic malnutrition, against the backdrop of a fragile service delivery system. Preliminary data from joint nutrition and food security survey conducted in January 2019, by National Institute of Statistics shows a critical level of infant diseases. The incidence of fever was at 38 per cent, diarrhoea at 31 per cent and acute respiratory infections at 19 per cent.

Despite high levels of SAM admissions, the quality of care remains within international Sphere standards, with a cure rate of 91 per cent, defaulter rate at 3 per cent, death rate at 1 per cent and non-respondent rate at 5 per cent for both inpatient and outpatient programmes.

UNICEF continues supporting the prevention activities to reduce chronic malnutrition through community-based multi-sectoral nutrition interventions including infant and young child feeding (IYCF), hygiene promotion and home fortification with a Multiple Micronutrient Powder (MNP) for children aged 6-23 months to improve complementary food. A total of 8,866 (95.5 per cent of target) children aged 6-23 months (4,344 boys; 4,522 girls) were covered during the first round of MNP distribution in two provinces (Makamba and Rutana) in collaboration with World Vision.

UNICEF and WFP supported a Joint Approach in Nutrition and Food Security Assessment (JANFSA) to ensure up to date information on children and women Nutrition situation and household Food security are obtained during the lean season. Preliminary results from the joint survey revealed high levels of food insecurity. Forty-four per cent of households faced food insecurity during December – January 2019 (lean season). SAM prevalence increased from 0.5 per cent (SMART of February 2018) to 1.1 per cent (JANFSA January 2019). Preliminary results will be published by the end of April 2019.

As part of preparedness and response to Ebola Virus Disease (EVD), UNICEF is prepositioning essential medicines and consumables for an amount of USD 120,000 to the national drug purchase facility (Centrale d'achat des médicaments essentiels du Burundi) These will help to support the management of any Ebola cases in at least 3 Isolation Centres, to treat 300 diarrhoea cases (120 severe and 180 moderate cases) as well as permit the management of infectious diseases for more than 30,000 patients.

UNICEF continues also to support the MoH in monitoring the cholera outbreak and is contributing to the cholera preventive and responses activities. Acute watery diarrhea kits were handed over to MoH and WASH activities in high risks zones are implemented in partnership with the Burundi Red Cross. UNICEF will continue to mobilise resources to provide more kits and make sure the capacity of the country is strengthened to face this epidemic.

WASH

In close collaboration with the Civil Protection services, the water trucking continues to ensure water availability since December 2018 at the four main entry points with DRC, ensuring access to safe water to an average of 45,000 travellers weekly. In the first quarter of 2019, it is estimated that 585,000 travellers benefited from access to safe and sufficient water while crossing to Burundi. To ensure a medium-term response to access to water, the construction of five wells equipped with handpumps has been undertaken with the partner AHAMR (Agence Burundaise de l'Hydraulique et de l'Assainissement en Milieu Rural) and should be delivered in April. In a longer-term perspective, surveys have been conducted to project other types of water supply systems including the connection to existing water lines.

In February, UNICEF received 50 drums of 45 kilogrammes each of Calcium Hypochlorite (HTH) to be used in all 24 identified entry points as well as in 100 schools and health centres located in areas alongside the Lake Tanganyika. The distribution plan drafted by the MoH has forecasted 21 drums to deliver to 94 health centres and to 18 points of entry (10 of priority one and eight of priority two). Each should receive five kilogrammes of chlorine, packaged in plastic closed and hermetic containers. A total of 81 health promotion workers and 16 staff from points of entry will be trained in April to the use and storage of the chlorine.
In terms of sanitation, beginning of March, UNICEF has started the construction of new blocks of latrines in 14 entry points (bringing the total number of constructions to 17 blocks and 74 latrines in 17 entry points between late 2018 and the first semester of 2019).

The Department of Health, Hygiene and Sanitation Promotion (DPSHA) under the MoH conducted a training of a pool of 199 persons including at Health District level (18), health workers (118), Communal Director of Education (6) and Directors (57) of schools located in the targeted areas to sensitize them on EVD prevention. In addition, hygiene promotion activities at community level aiming at reaching 400,000 people living in 30 sub-municipalities (in nine municipalities/ three provinces) and 40,000 children from 100 schools are ongoing with UNICEF partners (NGO AIDE).

In partnership with Burundian Red Cross (BRC) UNICEF is supporting the WASH actions focused on (i) access to water (with water trucking), (ii) monitoring of the quality of water, (iii) disinfection at household level in both areas, (iv) distribution of hygiene kits to the most vulnerable households, (v) hygiene promotion with an emphasis on Cholera and diarrhoea diseases through the training of community leaders.

**Child Protection**

Despite the suspension of activities of most international NGOs in late 2018 and early 2019, UNICEF and eight child protection implementing partners have managed to maintain services for vulnerable children in Burundi mostly through reinforced partnership with national NGOs, civil society and community-based organisations. During the reporting period, UNICEF child protection interventions have reached 8,333 children (5,583 boys, 2,750 girls) who benefited from critical child protection services. With UNICEF support, 76 social workers (40 males and 36 females) were trained in child protection in emergencies and 186 child protection committees revitalized in the 3 provinces of Rumonge, Bubanza and Cibitoke.

Since January 2019, UNICEF partners and child protection committees reported 317 cases of violations affecting children including 73 cases (including 11 boys) of GBV. In addition to psychosocial support provided by PPSM (Platform for Psychosocial support and mental Health), survivors were referred to other child protection services offered by Foundation Stamm, both supported by UNICEF. While perpetrators of sexual abuse on girls are mostly adults, there has been several cases involving boys as perpetrators and also as victims of abuse. UNICEF has maintained support to four drop-in centres (three in Bujumbura Mairie, one in Ngozi) as well as to 20 child friendly spaces (10 in Rumonge and 10 in Makamba) where vulnerable children have continued to benefit from recreational activities, psychosocial support, documentation and appropriate referrals. During the reporting period, 6,163 children (4,492 boys, 1,671 girls) have been received in the centres and provided support.

In total 447 children (269 boys, 178 girls) including returnee children were documented as separated from their family during the reported period. The tracing of families has been largely led by Child Protection committees that also ensure reunification and conduct regular follow ups to reintegrate reunified children and ensure access to appropriate support. Fifty-one per cent (228) among these children were provided with socio-economic and education reintegration activities. UNICEF partners who contributed to this result include Giriyuja, Fondation Stamm and Hope in Action in Bujumbura Mairie and Bujumbura Rural as well as War Child Holland, FVS/AMADE and KIYO in Rumonge, Makamba and Ngozi Provinces.

Through child friendly spaces and collaboration with child protection committees and other community-based structures 1,485 children (771 boys, 714 girls) have been documented to have serious psychological issues and where referred to PPSM for counselling. This number includes 99 children (89 boys, 10 girls) who were detained and then released after receiving legal assistance from UNICEF supported partners including AFJB (Association des femmes juristes du Burundi) and Fondation Terre des Hommes.

A total of 18,001 individuals (adults 2,575 males and 2,808 females; children 6,195 boys, 6,423 girls) have been reached by child protection public awareness interventions during the reporting period. Specific topics included good parenting practices, the use of the child helpline to report and refer child protection cases, GVB and birth registration especially for returnee children.
UNICEF Child Protection provided training to 72 individuals (43 male, 29 female) from 38 member organizations of the Child Protection Working Group in a training of trainers’ session on Ebola prevention. So far, 22 organisations have reported 5,511 adults (3,578 male, 1,933 females) and 4,935 children (1,885 boys, 3,050 girls) reached by awareness activities on Ebola prevention measures.

**Education**

The education sector still faces serious issues related to access to school infrastructures and to safety of the learning environment. The situation is aggravated by recurrent natural disasters which have destroyed or damaged more than 250 classrooms, affecting the education of nearly 1,270 children since January 2019. In addition, the epidemics of cholera and malaria are reported by the education authorities as being amongst the causes of dropout especially in the southern provinces of Burundi.

In early 2019, in support to the effort of preparedness against Ebola in the country, the education sector has been involved in the strengthening of the resilience of Education personal in Bubanza Province through the organization of capacity building exercises for 30 persons including 1 provincial education director, 1 communal education director and 28 school directors.

In addition, with the return of Burundian refugees, including 57 per cent of children, from Tanzania, the Education sector is working on the reintegration of school-aged children into an already overburdened educational system in the main host provinces.

In order to ensure that students in emergency situations pursue their schooling, UNICEF provided 1980 iron sheets to rehabilitate 50 classrooms benefiting more than 1200 fundamental school children (588 girls aged 6-14 years old). UNICEF has developed partnerships to provide catch-up programmes to facilitate school readiness and reintegration of returnees and internally displaced children in 7 provinces. These partnerships should be operational starting from April 2019 and should benefit to 30,000 children (include 18,000 girls).

During the reporting period, UNICEF has continued to lead and coordinate the Education in Emergencies response through the dedicated sectoral group.

**Communication for Development (C4D)**

Ebola in the DRC continues to defy efforts at controlling it due to insecurity, violence, mistrust and rumours. The result is poor follow-up and tracking of contact cases resulting in the continued spread of the disease. Therefore, the threat level for Burundi remains high.

In Burundi, preparedness efforts continue with improvements in risk communication, social mobilization and community engagement. UNICEF continues to co-lead the Ebola task force sub-committee on Communication and Participation. The Knowledge, Attitude and Practices (KAP) baseline survey was approved by the Ministry of Health (MoH) and considered as the baseline with mid-term and final KAPs planned to follow. The data is being shared with partner NGOs to drive messaging and programming.

To prevent the “feminization of Ebola” that is occurring in the DRC, where more women are being infected than men, efforts in Burundi are being made to assure women’s representation in emergency preparedness and response. Thus, slightly more than half of the trained participants in activities mentioned below were females. Active engagement of women and girls is being emphasized, as messaging continues to highlight the vulnerability of women in their role as the traditional family caretakers that could expose them to Ebola when caring for a sick person (changing bedding/clothes, feeding and touching).

Training continued at a rapid pace in multiple sectors reaching key targeted populations with UNICEF technical and often financial support. In collaboration with the UNICEF Child Protection section, Ebola psychosocial training was provided to a total of 22 NGOs. Training covered all aspects of Ebola prevention and management (epidemiology of Ebola, signs and symptom, transmission, prevention and management) and communication strategies for effective Ebola Virus Disease (EVD) awareness at grassroots level.
A critical training occurred focusing on 240 traditional healers from 18 districts. A total of 40 journalists were trained on all aspects of Ebola prevention and management to enhance better understanding of the EVD and its negative impact on development.

On-going field monitoring and assessments of EVD preparedness through program visits occurred at Gatumba and Rumonge entry points with a visit made to the Ebola Treatment Centre, to identify gaps and inform decisions based on recommendations/action points.

On the communication front, SMS messages on EVD prevention are regularly sent on the four major telephone networks reaching an estimated 4 million people. In addition, four radio spots were created and broadcast nationwide in seven community and national radio stations 32 times. This was supplemented by two locally broadcast (community radio) round tables with respected medical and religious staff from the region. It is estimated that over two million people were reached through these radio messages.

The Outreach activities have been pretested and validated and are being published.

Outreach activities are on-going as UNICEF is supporting the MoH in six priority health districts to provide awareness activities that reached 38,646 people (men 13,583, women 10,501 boys 7,135, girls 7,427) by using public presentations from an outreach caravan. Spots were also prepared and planned for a national broadcast on television and radio.

Local NGO partner, PEAB (Province of the Burundian Anglican Church) worked in the provinces of Cibitoke, Bubanza, Rumonge, Makamba and North Bujumbura. Training on social mobilization and community engagement was provided to (650) religious leaders, teachers and agents of change. These trainers and agents of change sensitized a total of 601,682 people about methods of Ebola prevention in priority one (land border with DRC) and priority two districts (water border with DRC). One of the methods used was door-to-door reaching 209,140 people (99,983 males and 109,157 females). Religious leaders reached an estimated 200,000 during services with key Ebola messages. In schools over 191,552 students (girls 96,926/ boys 94,626) were sensitized by trained teachers. Fisherman, who often cross the lake, were taught how to prevent and recognize Ebola with 375 people reached (women 235/ girls 25; men 44 / boys 71).

Peer educators were actively engaged in sensitizing youth with messages related to Life skills for behaviour change and peacebuilding. Life skills coaching and sharing sessions allowed a total of 6,476 people to express themselves and be heard by peers (1456 boys and 2005 girls under 18; plus 1528 young men and 1586 young women over 18 years of age).

In early January, there was a small and rapidly contained outbreak of cholera in the province of Rumonge. UNICEF responded by working with NGO partner to train 60 religious leaders on cholera prevention. Those religious leaders in turn delivered key messages to the faithful.

U-Reporter sent out a poll with 96% of respondents noting correctly that cholera is transmitted by dirty water. However only 1% knew that once a rolling boil is achieved it takes only one minute afterwards to make the water safe for drinking. This information was shared with them in the feedback to the poll.

Funding

In 2019, UNICEF Burundi appealed for USD 10 million and received 55 per cent (USD 5.5 million) which includes funding received in this current appeal year, as well as the carry-over from 2018. This funding enabled UNICEF to address the essential needs of over 800,000 women and children in a context of heightened vulnerability, epidemics, food insecurity and child malnutrition, recurrent floods and displacement - all of which require timely and adequate funds.

Burundi received USD 630,000 from the Central Emergency Response Fund (CERF) to support Ebola preparedness with WASH and awareness activities. Other grants received at the beginning of the year have been allocated to support the returnee reintegration and population affected by natural disaster (ie. consequences of rain deficit in some provinces).
<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>HAC 2019 Requirements (USD)</th>
<th>Funds Available</th>
<th></th>
<th>Funding Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Funds Received (USD)</td>
<td>Carry-Forward Funds from 2018 (USD)</td>
<td>USD</td>
</tr>
<tr>
<td>Nutrition</td>
<td>2,500,000</td>
<td>170,000</td>
<td>1,706,862</td>
<td>623,138</td>
</tr>
<tr>
<td>Health</td>
<td>1,500,000</td>
<td>0</td>
<td>82,774</td>
<td>1,417,226</td>
</tr>
<tr>
<td>WASH</td>
<td>1,500,000</td>
<td>619,748</td>
<td>107,443</td>
<td>772,809</td>
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<tr>
<td>Child protection</td>
<td>2,000,000</td>
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<td>1,483,643</td>
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<tr>
<td>Education</td>
<td>1,500,000</td>
<td>100,000</td>
<td>399,956</td>
<td>1,000,044</td>
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<tr>
<td>C4D</td>
<td>750,000</td>
<td>196,000</td>
<td>0</td>
<td>554,000</td>
</tr>
<tr>
<td>Sector Coordination</td>
<td>250,000</td>
<td>86,105</td>
<td>99,483</td>
<td>64,412</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10,000,000</strong></td>
<td><strong>1,171,853</strong></td>
<td><strong>3,880,161</strong></td>
<td><strong>4,497,986</strong></td>
</tr>
</tbody>
</table>

Next SitRep: 30 June 2019

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## SUMMARY OF PROGRAMME RESULTS 2019

<table>
<thead>
<tr>
<th>UNICEF Burundi</th>
<th>Sector Response</th>
<th>UNICEF and IPs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2019 Target</td>
<td>Total Results</td>
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<tr>
<td><strong>NUTRITION</strong></td>
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<td>Number of children under 5 with SAM admitted for treatment</td>
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<td><strong>HEALTH</strong></td>
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<tr>
<td>Number of persons, at least half of them children, provided with essential drugs, including malaria drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WATER, SANITATION and HYGIENE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people accessing the agreed quantity of water for cooking, drinking and personal hygiene</td>
<td>250,000</td>
<td>15,822</td>
</tr>
<tr>
<td>Number of people provided with information on key hygiene practices</td>
<td>250,000</td>
<td>80,500</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
<td></td>
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<tr>
<td>Number of children and adolescents benefitting from critical Child Protection services</td>
<td>150,000</td>
<td>8,333</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children accessing formal and non-formal early learning, pre-primary and primary education</td>
<td>115,000</td>
<td>1,200</td>
</tr>
<tr>
<td>Number of teachers trained on education in emergencies and disaster risk reduction</td>
<td>1,500</td>
<td>30</td>
</tr>
<tr>
<td><strong>C4D</strong></td>
<td></td>
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<tr>
<td>Number of children and adolescents benefitting from peace, social mobilization and life skills education</td>
<td>N/A</td>
<td>150,000</td>
</tr>
<tr>
<td>Number of people reached with Ebola preparedness activities</td>
<td>N/A</td>
<td>500,000</td>
</tr>
</tbody>
</table>