UNICEF/UN0891456/Benekire

UNICEF Regional Director Gilles Fagninou visits a UNICEF-supported nursery in Bunia, where children are cared for while their parents are hospitalized at a nearby Ebola treatment centre, 8 July 2026.

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Humanitarian Situation Report No. 2

Reporting Period
1 July-31 July 2026

Democratic Republic of the Congo - Ebola Outbreak caused by Bundibugyo virus

HIGHLIGHTS

- UNICEF is scaling up its response from 21 to over 50 affected and high-risk health zones, supporting Government-led efforts across community-based surveillance, RCCE, IPC/WASH, nutrition, MHPSS, clinical care, PSEA and continuity of essential services.
- UNICEF-supported community surveillance networks generated 15,927 alerts in July, following the deployment and support of 6,009 community mobilizers since the start of the response, strengthening early detection, alert reporting, contact tracing, and community-level surveillance capacities across affected areas.
- UNICEF and partners reached over 1.4 million people with Ebola prevention and response messages through direct interpersonal communication approaches including door-to-door outreach, focused-discussions, and community dialogues during this reporting period, while community feedback and social listening mechanisms continued to inform adaptive response strategies and address rumours and misinformation.
- UNICEF and partners continued to deliver integrated support for children and families, including MHPSS services for 12,780 children, adolescents and caregivers, case management for 407 Ebola-affected children, and treatment for 6,587 children with severe or moderate acute malnutrition.
- UNICEF supported the procurement of US$6.3 million worth of essential Ebola response supplies, including PPE, IPC materials and medical commodities, to sustain life-saving response operations across affected and high-risk health zones.
- UNICEF requires US$113.5 million for its revised six-month response plan. As of 31 July 2026, US$32.7 million had been mobilized, leaving a US$80.8 million funding gap, equivalent to 71 per cent of the requirement.

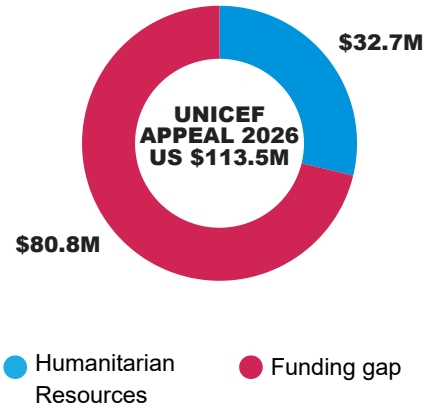
SITUATION IN NUMBERS

4,449
Confirmed cases as of 10 August 2026

2,061
People deceased as of 10 August 2026

886
Recoveries as of 10 August 2026

FUNDING STATUS (IN US$)**



** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

EPIDEMIOLOGICAL SITUATION UPDATE

Between 1 and 31 July 2026, the Democratic Republic of the Congo (DRC) reported 2,396 confirmed Ebola virus disease (EVD) cases and 1,269 deaths. As of 10 August, cumulative confirmed cases had reached 4,449, including 2,061 deaths, corresponding to a case fatality ratio (CFR) of 46.3%. The outbreak has expanded geographically to six provinces (Ituri, North Kivu, South Kivu, Haut-Uélé, Tshopo, and Bas-Uélé), underscoring the continued risk of further transmission and spread. The outbreak is now the second-largest Ebola outbreak globally and the largest recorded in the DRC reflecting the rapid pace and scale of transmission. WHO has recently raised concerns that if the current trajectory continues, it could become the deadliest Ebola outbreak on record, surpassing the 2014–2016 West Africa outbreak, which resulted in more than 11,000 deaths. Epidemiological investigations increasingly suggest that community transmission may have been ongoing for at least three months before detection indicating substantial potential for undetected transmission. This underscores the need to intensify community-based surveillance, early detection, contact tracing and timely referral in newly affected and high-risk areas.

Women and girls account for approximately 53.4 per cent of confirmed cases, while children aged 17 years and below represent approximately 21 per cent of confirmed cases but 33 per cent of reported deaths, with an estimated CFR of 46 per cent. This indicates a disproportionate mortality burden among children and a concerning upward trend which warrants continued attention to ensure appropriate pediatric care. Healthcare workers have also been affected, with 156 infections reported to date.

Active transmission remains concentrated in Nizi, Bunia, Rwampara and Mongbwalu, as well as Katwa, while heightened surveillance is warranted across other health zones and neighboring provinces given the ongoing risk of geographic spread. In response to the accelerating transmission, efforts are being scaled up to intensify active case finding through door-to-door surveillance. UNICEF, through its community relay program is playing a key role in strengthening community-based surveillance and supporting national and subnational authorities to improve timely detection and access to care.

UNICEF'S EBOLA OUTBREAK RESPONSE

As the Ebola outbreak continues to expand, UNICEF has scaled up its multisectoral response from 21 to 51 health zones across Ituri, North Kivu and South Kivu. Working with the Government and partners, UNICEF is delivering integrated interventions across affected and high-risk areas, including community surveillance and contact tracing, RCCE, IPC/WASH, nutrition, MHPSS, pediatric care, and continuity of essential services and humanitarian assistance, while strengthening readiness in areas at risk of further spread.

The expanding outbreak and increasing operational complexity have increased UNICEF's funding requirement from US$40.5 million to US$113.5 million. UNICEF continues to coordinate closely with the Ministry of Public Health, WHO, Africa CDC and other partners, adapting interventions as the outbreak evolves. Gender-responsive programming, GBV risk mitigation and PSEA remain integrated across the response to ensure safe and equitable assistance.

COORDINATION, GOVERNANCE AND TECHNICAL SUPPORT

UNICEF continues to provide strategic, operational and technical support to the national, subnational and continental BVD response, working closely with government authorities, WHO, Africa CDC and partners. UNICEF has extended its Level 3 Corporate Emergency Activation Procedure (L3 CEAP) for an additional six months enabling sustained support to the response. Through active engagement in the Incident Management Support Team (IMST) structures in Kinshasa, Bunia and Kampala, together with UNICEF's internal emergency coordination and technical mechanisms, UNICEF supports coherence and alignment across national, subnational, regional and global levels.

Following the activation of the IASC System-Wide Scale-Up for the Ebola response on 9 June 2026, UNICEF has continued to align its response with the collective inter-agency effort and contribute to Government-led coordination. This has included engagement with and support to the Senior Ebola Coordinator, as part of broader efforts to strengthen coordination and operational coherence across the Ebola and broader humanitarian response.

At country level, UNICEF provides technical support across key response areas, including community-based surveillance and engagement, case management, nutrition and WASH/IPC, while strengthening cross-border coordination and continuity of essential services for children and families in line with the Country Office BVD response plan.

At the continental level, UNICEF contributes to implementation of the BVD Strategic Preparedness and Response Plan (SPRP). UNICEF has deployed Supply. Logistics and Health Specialists to the WHO-Africa CDC-led continental IMST, supporting coordination and consolidation of inputs across pillars and providing technical expertise to strengthen operational readiness and response.

COMMUNITY BASED SURVEILLANCE

Since the onset of the outbreak, UNICEF has played a key role in strengthening community-based surveillance and early detection through the recruitment, training, and supervision of community health workers, community mobilizers (RECOs) and community surveillance focal points across affected and high-risk health zones.

In July, UNICEF supported the training and deployment of 4,309 community mobilizers across affected provinces to conduct active case finding, contact tracing support, alert notification, community engagement and household-level community surveillance. This brings the cumulative number of community mobilizers trained and supported since the beginning of the response to 6,009. These efforts have helped establish a broad network of community actors capable of supporting early detection and rapid reporting of suspected cases, while fostering trust and engagement with local communities.

The strengthened community surveillance network generated 15,927 alerts in July, all of which were promptly relayed to health authorities for verification and follow-up.This represents more than threefold increase compared to the 5,011 alerts reported during the first six weeks of the response (May-June), highlighting the increased community-level surveillance coverage and the growing capacity to detect and report cases. Despite this progress, community-based surveillance and contact tracing require further acceleration and scale-up. As of 30 July, 17,863 contacts had been identified, of whom 13,455 (75.3%) were under active follow-up. Follow-up rates

were 75.5% in Ituri, 74.6% in North Kivu, 80.6% in Haut-Uélé and 66.2% in Tshopo, remaining below the 95% recommended target for contact follow-up and highlighting gaps in timely contact monitoring and follow-up.

UNICEF will continue to prioritize expansion and quality improvement of community-based surveillance, timely investigation and referral of alerts, strengthened contact tracing and follow-up, and integration with RCCE and other response pillars to support early detection and interruption of transmission.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

During the reporting period, UNICEF and its partners trained and mobilized a total of 7,287 frontline workers and community actors to deliver RCCE activities across affected and at-risk areas. These include community mobilizers (RECOs) engaged in community-based surveillance, as well as religious and traditional leaders, women's groups, youth associations, U-Reporters, journalists, teachers, education personnel and other trusted community influencers, helping build trust, promote protective behaviours, address misinformation and strengthen community engagement in the response.

In July, UNICEF-supported partners reached 1,422,727 people with Ebola prevention and response messages through interpersonal communication activities, bringing the cumulative total reached since the start of the response to 2,427,972 people. Community actors also conducted 340,724 household visits, promoting preventive behaviours while supporting active case finding, surveillance and referral of suspected cases and other health alerts.

Teachers and education personnel engaged as part of the overall RCCE effort also played an important role in extending prevention messages to schools and temporary learning spaces. In July, 5,240 children and 217 teachers received age-appropriate information on Ebola prevention, early symptom recognition and referral pathways, bringing the cumulative number of children reached through school-based interventions to 31,490.

Risk communication activities were amplified through 118 radio stations, broadcasting over 3,100 radio spots and 42 interactive programmes, with an estimated reach of five million people. Digital platforms, including SMS, U-Report and social media, further expanded outreach, while the Ebola chatbot recorded 49,000+ interactions and 34,000+ people participated in a survey on Ebola-related knowledge, perceptions and practices.

Digital engagement remained a key component of the response, with U-Report communities reaching over 82,000 people through field activities and social listening mechanisms operated by Veilleurs du Web analysing over 1,100 online rumours, questions and feedback items. Targeted digital content reached over 250,000 people online, while UNICEF social media channels have reached 500,000 people cumulatively since the start of the response.

Community feedback mechanisms collected nearly 4,000 rumours, questions, suggestions and complaints during the reporting period. Analysis highlighted persistent misinformation and mistrust, including Ebola denial, funding-related conspiracy narratives, concerns about health facilities and burial practices, and growing demand for information on prevention, vaccines and treatment. These insights continue to inform targeted risk communication and community engagement strategies.

INFECTION PREVENTION AND CONTROL (IPC) / WATER, SANITATION AND HYGIENE (WASH)

UNICEF continues to strengthen IPC/WASH readiness and outbreak control across affected and high-risk areas in July, working with health authorities and partners to improve access to safe water, strengthen infection prevention measures, support safe and dignified burials (SDB), reinforce pre-triage and screening, and promote hand hygiene and community-level prevention.

In Ituri, UNICEF provided 70 m³ of treated water to four health facilities in Mongbwalu and distributed 10 IPC/WASH kits to 10 health facilities across Bunia, Rwampara and Nia Nia, bringing the cumulative number of facilities supported with IPC/WASH kits since the start of the response to 51. SDB capacity was strengthened in Nia Nia through the provision of 400 Tyvek suits, 200 body bags, two sprayers and two glucometers, while two vehicles supported rapid deployment of SDB teams in Mongbwalu. Community sensitization in Nizi and Bambu reached 3,653 people, reinforcing protective behaviours and infection prevention practices.

In North Kivu, UNICEF supported IPC/WASH coordination in Butembo and provided 75,000 litres of water treated to the Katwa Ebola Treatment Centre, supporting continuity of safe patient care. In Beni, four handwashing stations were supplied with treated water and used by 5,102 people during the reporting period. UNICEF also trained 100 community leaders on IPC measures, reached 3,737 people with prevention and risk-reduction messages, and provided IPC/WASH supplies to 13 health facilities to strengthen pre-triage and early detection.

In Haut-Uélé, UNICEF deployed three Category 1 IPC/WASH kits to referral hospitals in Isiro, Wamba and Pawa, strengthening preparedness and the capacity of facilities to safely manage suspected cases and respond to potential further spread.

Across the response, UNICEF continues to prioritize health facility readiness, safe water and hygiene services, SDB capacity, community-level IPC and preparedness in newly affected and high-risk areas. A key remaining gap is the limited availability of household hygiene kits, which constrains implementation of household-level IPC measures around confirmed cases and ring-based response activities. UNICEF will continue to work with government and partners to address critical IPC/WASH gaps and strengthen preparedness and response capacity as transmission evolves.

HOLISTIC CASE MANAGEMENT

CLINICAL CARE FOR PEDIATRIC EBOLA PATIENTS

Case management services remained under pressure in July, with 459 confirmed Ebola admissions across seven priority health zones, nearly half of which were reported in Nizi (226 cases). Women accounted for 59 per cent of cases, while children represented 26 per cent, including 47 under five, highlighting the continued vulnerability of children.

Despite operational challenges, treatment centres continued to provide clinical care, isolation, survivor follow-up, nutritional and psychosocial support, while strengthening referral systems and staff capacity. Service delivery was affected by delayed referrals, overcrowding, limited critical care and paediatric capacity, resource constraints and data reporting gaps. UNICEF will continue to support integrated paediatric Ebola care, including early referral, nutritional

support, management of comorbidities, infant and young child feeding, and psychosocial support for affected children and caregivers.

NUTRITIONAL CARE

In July 2026, UNICEF, National Nutrition Programme (PRONANUT) and partners continued scaling up nutrition services across Ebola-affected and high-risk areas in Ituri, North Kivu and South Kivu, focusing on acute malnutrition treatment, support for infants under six months, Infant and Young Child Feeding in Emergencies (IYCF-E) counselling, Family Mid-Upper Arm Circumference (MUAC) screening and integration of nutrition services into ETCs.

During the reporting period, 6,587 children with severe or moderate acute malnutrition were admitted for treatment, bringing the cumulative total to 8,705 children reached since June, equivalent to 76.6% of the target. These services were delivered through a network of 152 outpatient treatment sites and 12 stabilization centres, helping ensure continued access to care while reducing exposure risks.

UNICEF and partners also provided specialized nutrition support to 57 infants under six months in July, bringing the cumulative total to 72 infants. Support included nutritional assessments, breastfeeding counselling, relactation support, tailored feeding plans and referral services. UNICEF also supported the controlled use of Ready-to-Use Infant Formula (RUIF) for Ebola-affected infants when clinically indicated.

Nutrition services expanded within ETCs, with two additional centres introducing integrated nutrition care in July, bringing the total to 10 ETCs providing nutrition screening, acute malnutrition management, infant feeding support and referral services.

Community-based interventions remained a key pillar of the response. In July, 19,187 caregivers received IYCF-E counselling, bringing the cumulative total to 75,675 caregivers reached. In addition, 57,772 children aged 6-59 months were screened for acute malnutrition through Family MUAC, increasing the cumulative total to 260,910 children screened (32.6% of target).

To sustain service delivery, UNICEF continued procuring and distributing therapeutic nutrition supplies, including 36,168 units of Ready-to-Use Infant Formula, while working closely with WFP to strengthen referrals and support vulnerable households. Despite significant progress, coverage among infants under six months remains low, highlighting the need to strengthen community identification, referral mechanisms and follow-up support for vulnerable mother-infant pairs. UNICEF and partners will continue expanding screening, treatment, counselling and supply-chain support while reinforcing frontline worker capacity and nutrition services across affected areas.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

Children and families continue to face significant protection and psychosocial risks as the BVD outbreak spreads in a context already affected by conflict, displacement and limited access to services. Children are particularly vulnerable to family separation, loss of caregivers, stigma, neglect and psychosocial distress linked to quarantine, illness, bereavement and disruption of daily life. In response, UNICEF and partners continue to provide integrated mental health and psychosocial support (MHPSS), case management and community-based child protection services across Ituri, North Kivu and South Kivu.

During the reporting period, 12,780 children, adolescents and caregivers accessed UNICEF-supported MHPSS services, bringing the cumulative total to 20,697 people reached since the start of the outbreak. Services included psychological first aid, individual and group counselling, recreational and arts-based activities, social follow-up and community outreach. In addition, 11,888 people received psychoeducation on coping strategies, available support services and referral pathways.

Child protection case management services reached 407 Ebola-affected children during the reporting period, bringing the cumulative total to 621 children. Support included family tracing and reunification, alternative care arrangements, social follow-up and referrals to specialized services. UNICEF also supported three temporary nurseries in Ituri, which have provided care and protection services to 44 vulnerable children, including 25 reached in July.

Gender-based violence prevention and response activities reached 10,679 people through awareness-raising, strengthened referral pathways and improved access to survivor-centred services. UNICEF and partners also continue to support survivor-led engagement initiatives to reduce stigma, strengthen community acceptance of response measures and promote psychosocial recovery among affected children and families.

HUMANITARIAN RESPONSE AND SERVICE DELIVERY

Despite insecurity, displacement, and concurrent BVD and cholera risks, UNICEF and partners continued delivering life-saving assistance across affected areas. To support safe humanitarian operations, UNICEF helped operationalize BVD-adapted SOPs with government counterparts, enabling the continuation of essential services while mitigating infection risks.

During the reporting period, 22,761 people received emergency assistance through UNICEF's Rapid Response Mechanism, while 3,820 people accessed primary healthcare services. UNICEF also supported treatment for 493 children with acute malnutrition and 75 safe deliveries. In areas affected by cholera, Case Area Targeted Intervention (CATI) teams reached 43,763 people through rapid response interventions around 316 suspected cases, with 99 per cent of activities implemented within 48 hours of notification. Despite ongoing access and security constraints, UNICEF maintained the delivery of critical services through adaptive programming and close coordination with partners.

GENDER EQUALITY, GBV RISK MITIGATION AND PREVENTION OF SEXUAL EXPLOITATION AND ABUSE (PSEA)

UNICEF continued to support Government-led and inter-agency efforts to prevent and respond to sexual exploitation and abuse (SEA) throughout the response. In collaboration with National Outbreak Coordination Unit (COUSP), UNICEF supported the development of a response-wide PSEA operationalization plan and disseminated findings from the June inter-agency PSEA risk assessment in Bunia to strengthen prevention and mitigation measures.

PSEA risk mitigation was integrated across response activities, including assessments of childcare centres and distribution sites to address risks related to crowd management, reporting mechanisms and confidentiality. Awareness-raising remained a key focus, with PSEA messages broadcast through 35 community radio stations across Ituri, reaching an estimated 1.69 million people. UNICEF also maintained a partner coordination platform to support compliance with PSEA standards and promote consistent implementation across

sectors.

During the reporting period, 130 response personnel and 25 RCCE teleoperators received training on PSEA and Code of Conduct requirements. Community outreach efforts further strengthened awareness of SEA risks and reporting mechanisms. UNICEF continues to prioritize the integration of PSEA across all response pillars to ensure affected populations have access to safe, accessible and confidential reporting channels.

HUMAN INTEREST STORY

UNICEF/UN0885929/Benekire

Pelo Gloire (Nurse-in-charge) in Tshunga, near Bunia, in the Ituri province of the Democratic Republic of the Congo, on 2 July 2026.

In Tchunga, motorbikes facilitate community surveillance in the Ebola response

Head nurse Pelo Gloire starts up his health facility's new motorbike and takes the muddy path leading to a small ford across a stream. Behind him is Luc Bugasari, a community health worker who knows the area around the Tchunga health facility in Ituri well. Every day, Pelo travels to villages by motorcycle to verify reports, trace contacts and conduct investigations. His small health post covers a vast area, and getting around is a real challenge.

"The ongoing Ebola outbreak requires us to be following up on health alerts and making regular visits to the contacts of people infected with the virus," says Pelo. In collaboration with community mobilizers like Luc, he raises awareness among families and strengthens their trust in health services. The motorcycles provided by UNICEF to Ebola-affected health zones allow for rapid access to hard-to-reach areas and accelerate the response. Thanks to this mobility, teams can detect new cases more quickly and help stop the spread of the epidemic.

Read more here: https://www.unicef.org/drcongo/en/stories/tchunga-motorbikes-facilitate-community-surveillance-ebola-response

EXTERNAL MEDIA

Additional photos and video content continued to be added to UNICEF's WeShare platform during the month to raise the visibility of the response. Fresh content published in the month included a video following decontamination teams , a video story with a nurse who received a motorbike for community surveillance (also done as a human interest story), a video round-up of the Regional Director's visit, a video story about a family at the UNICEF nursery, and social media posts on i) the impact of the outbreak on regular health services , ii) nutritionist training , iii) delivery of medical supplies , iv) community sensitisation work , v) radio engagement, vi) overall supplies .

The Regional Director's visit also prompted a press statement , and a variety of media interviews on the outbreak, including with Radio Okapi , AFP and Top Congo . UNICEF colleagues in Bunia were also interviewed by Liberation , CBC TV News, Al-Jazeera Arabic, China Daily, CGTN , the New York Times and the BBC World Service .

FUNDING OVERVIEW AND PARTNERSHIPS

UNICEF requires US$113.5 million to implement its revised six-month Ebola response plan in the Democratic Republic of the Congo, an increase from the initial requirement of US$40.5 million. The revised appeal reflects the expansion of the response from 21 to 51 affected and high-risk health zones across Ituri, North Kivu and South Kivu, as well as the scale-up of hotspot interventions, preparedness measures in high-risk areas, and the continued delivery of essential services and humanitarian assistance.

As of 31 July, UNICEF had mobilized US$32.7 million including 4 million under regular resources, leaving a funding gap of approximately US$81 million, equivalent to 71 per cent of the revised requirement. Sustained funding is needed not only to strengthen community-based Ebola response efforts, but also to ensure the continuity of critical health, nutrition, education, WASH and child protection services in communities already affected by conflict, displacement and recurrent disease outbreaks.

UNICEF gratefully acknowledges the generous support of its donors, including those whose flexible contributions have enabled the timely delivery of life-saving assistance. During the first two months of the response, humanitarian funding was provided by the European Commission through its Civil Protection and Humanitarian Aid Operations (ECHO); the United States Government through the Bureau of Global Health Security and Diplomacy; the Government of Japan; and the Mastercard Foundation. The response was further supported through the Central Emergency Response Fund (CERF) and United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and UNICEF Global Humanitarian Thematic Funds, including global and country-level thematic allocations that provided flexible resources to address evolving needs. Private-sector and individual contributions mobilized through National Committees for UNICEF also played a vital role, including support from the National Committees in Argentina, Austria, Canada, France, Germany, Luxembourg, the United Kingdom and the United States.

Additional timely and flexible donor support remains critical to sustain frontline operations in a rapidly evolving outbreak. Flexible funding enables UNICEF and its partners to adapt interventions in line with changing risk levels, rapidly deploy personnel and supplies, respond to newly identified transmission chains, and address emerging operational gaps. It also ensures that resources can be allocated across the full spectrum of response priorities, including areas that may receive less visibility but remain essential to an effective response, such as child protection, prevention of sexual exploitation and abuse (PSEA), and the continuity of humanitarian service delivery.

HAC APPEALS AND SITREPS

- GLOBAL Appeals
  https://www.unicef.org/appeals/global-support
- All Humanitarian Action for Children Appeals
  https://www.unicef.org/appeals
- All Situation Reports
  https://www.unicef.org/appeals/situation-reports

NEXT SITREP: 15 SEPTEMBER 2026

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results[1]

Sector			UNICEF and IPs response		
Indicator	Disaggregation		2026 targets	Total results	Progress*
Risk Communication and Community Engagement					
# of frontline workers (RECOs, teachers, and others community actors) in affected zones trained for RCCE on BVD prevention and response	Total	-	49,335	13,027	▲ 15%
# of at-risk people reached with prevention or access to services messages through one way communication approaches (radio and TV spots and programmes, SMS, U-Report reach, IEC materials,etc)	Total	-	14.9 million	5.7 million	▲ 32%
# of children in schools and temporary learning spaces accessing Ebola life-saving messages to prevent the spread of the epidemics in schools	Total	-	400,000	31,490	▲ 1%
	Girls	-	192,000	18,265	▲ 1%
	Boys	-	208,000	13,225	▲ 1%
Community base surveillance/Case finding & contact Tracing in community					
# of Community Health Workers (CHW) trained, equiped and deployed for active case finding and contact tracing in household	Total	-	5,747	141	0%
	Women	-	2,969	56	0%
	Men	-	2,778	85	0%
# of Community Mobilizers (RECO) trained, equiped and deployed for active case finding and contact tracing in household	Total	-	34,212	6,009	▲ 13%
	Women	-	17,675	3,104	▲ 13%
	Men	-	16,537	2,905	▲ 13%
Wash and Infection and Prevention Control measures					
# of Ebola Treatment Centres (ETCs) where UNICEF provided WASH/IPC supplies to the case management partner	Total	-	10	8	▲ 10%
# of health facilities equipped with IPC kits and whose staff were trained on IPC	Total	-	800	51	▲ 1%
# of households with confirmed Ebola cases that were decontaminated, provided with IPC kits, and reached with prevention and hygiene awareness messages	Total	-	1,000	8	▲ 1%
# of schools in the affected health zones provided with IPC kits and awareness-raising activities	Total	-	900	64	▲ 7%
Holistic Case Management, Clinical Care for Pediatric Ebola Patients					
# of confirmed cases receiving care in UNICEF-supported Ebola Treatment Center (ETC)	Total	-	3,000	1,120[2]	0%
	Girls	-	867	110	0%

Sector			UNICEF and IPs response		
Indicator	Disaggregation		2026 targets	Total results	Progress*
	Boys	-	954	99	0%
	Women	-	648	571	0%
	Men	-	531	340	0%
Holistic Case Management, Mental Health and Psychosocial Support					
# of children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	57,654	20,697	▲ 22%
	Girls	-	15,829	2,738	▲ 12%
	Boys	-	15,386	2,322	▲ 10%
	Women	-	13,444	7,981	▲ 34%
	Men	-	12,995	7,656	▲ 36%
# of children who have received individual case management	Total	-	1,560	621	▲ 26%
	Girls	-	791	320	▲ 27%
	Boys	-	769	301	▲ 26%
Holistic Case Management, Nutritional Care and Food Assistance					
# of patients with acute malnutrition (SAM/MAM) admitted and receiving nutrition treatment in Ebola Treatment Centres (ETCs) and other health facilities located in Ebola-affected health zones	Total	-	11,361	8,705	▲ 58%
	Girls	-	5,749	4,525	▲ 60%
	Boys	-	5,612	4,180	▲ 56%
# of <6 months children who received appropriate nutritional support in nurseries, treatment centers, childcare institutions, and community settings	Total	-	1,138	72	▲ 5%
	Girls	-	578	25	▲ 3%
	Boys	-	560	47	▲ 7%
# of primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	163,836	75,675	▲ 12%
Humanitarian Response and Service Delivery					
# of people whose life-saving non-food items, emergency shelter and wash needs were met through supplies within 7 days after a rapid needs assessment through a RRM mechanism in areas affected	Total	-	369,600	123,571	▲ 6%
	Girls	-	102,823	41,705	▲ 7%
	Boys	-	94,913	41,786	▲ 8%
	Women	-	89,369	21,269	▲ 5%

Sector			UNICEF and IPs response		
Indicator	Disaggregation		2026 targets	Total results	Progress*
	Men	-	82,495	18,812	▲ 4%
# of people benefiting from quality primary healthcare and nutrition services, for the populations affected by crisis, in particular women and children supported by the UNIRR intervention	Total	-	35,200	5,601	▲ 11%
	Girls	-	9,793	1,813	▲ 13%
	Boys	-	9,039	1,602	▲ 13%
	Women	-	8,511	1,225	▲ 9%
	Men	-	7,867	961	▲ 8%
# of people targeted around suspected cholera cases who received an appropriate and complete response within 48 hours of case notification through a responsive epidemiological surveillance system	Total	-	388,800	163,382	▲ 11%
	Girls	-	108,164	49,900	▲ 12%
	Boys	-	99,844	39,694	▲ 10%
	Women	-	94,012	44,507	▲ 13%
	Men	-	86,780	29,281	▲ 10%
Gender Equality, GBV risk mitigation and Prevention of Sexual Exploitation and Abuse					
# of people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	555,645	62,350	▲ 7%
	Girls	-	178,250	5,652	▲ 2%
	Boys	-	123,467	5,900	▲ 3%
	Women	-	168,928	31,346	▲ 11%
	Men	-	85,000	12,811	▲ 7%
# of people accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	17,296	10,404	▲ 21%
	Girls	-	4,749	2,082	▲ 15%
	Boys	-	4,616	1,433	▲ 8%
	Women	-	4,033	3,280	▲ 20%
	Men	-	3,898	3,609	▲ 43%

**Progress in the reporting period 1 July-31 July 2026*

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Coordination, Governance and Technical Support	2,790,842	603,208	-	2,187,633	78%
Community base surveillance	16,939,061	5,184,551	-	11,754,509	69%
Risk Communication and Community Engagement (RCCE)	18,765,137	4,419,923	-	14,345,213	76%
Infection Prevention and Control (IPC-WASH)	22,403,175	10,493,720	-	11,909,454	53%
Holistic Case Management, Clinical Care for Pediatric Ebola Patients	5,516,453	756,380	-	4,760,072	86%
Holistic Case Management, Nutritional Care	4,552,871	2,353,703	-	2,199,167	48%
Holistic Case Management, MHPSS	11,021,497	3,175,924	-	7,845,572	71%
Humanitarian Response and Service Delivery	20,938,281	2,594,100	-	18,344,180	88%
Gender equality, GBV risk mitigation and PSEA	1,850,555	696,771	-	1,153,783	62%
Operational support	8,673,665	2,375,655	-	6,298,009	73%
Total	**113,451,537**	**32,653,938**	**0**	**80,797,598**	**71%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Resources available from 2025 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

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ENDNOTES

1. Inter-agency response plans and associated pillar needs and targets are currently under revision to reflect the evolving epidemiological and operational context.

2. The result reflects the total reported during the previous reporting period (15 May-30 June 2026). During the current reporting period (July 2026), 459 confirmed cases received or were receiving primary health care services in UNICEF-supported facilities. A cumulative total has not been reported, as the current reporting system does not yet allow for the unique identification of individual cases and the removal of duplicate records across reporting periods.