# Democratic Republic of the Congo

## Ebola Situation Report

## North Kivu and Ituri

unicef

**17 September, 2018**

**SITUATION IN NUMBER**

# Highlights

- As part of the nutrition response for Ebola, UNICEF provides treatment to Severe Acute Malnutrition (SAM) cases for children and adults, nutritional care of EVD patients (agreement is ongoing) and support four nutritionists in providing nutritional care services in Ebola Treatment Centers (ETCs).

- The second Knowledge Attitude and Practice (KAP) survey indicate a drastic positive increase on the communities' knowledge on Ebola information prevention and transmission mechanisms. Results are presently being analyzed by the communication commission and corrective actions will be taken and reported on in next Sitrep.

**142** total reported cases
(MoH, 16 September 2018)

**111** confirmed cases
(MoH, 16 September 2018)

**97** deaths recorded
(MoH, 15 September 2018)

**2,173** contacts under surveillance
(MoH, 16 September 2018)

## UNICEF Ebola Response Appeal

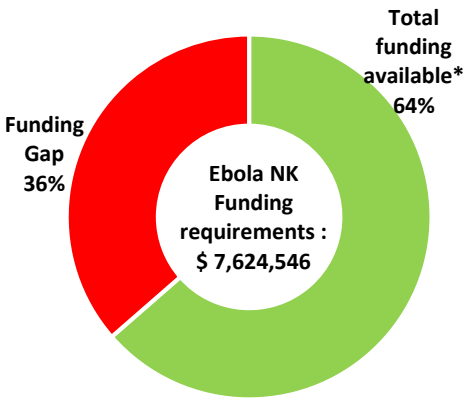
**US$ 7.624M**

## UNICEF's Response

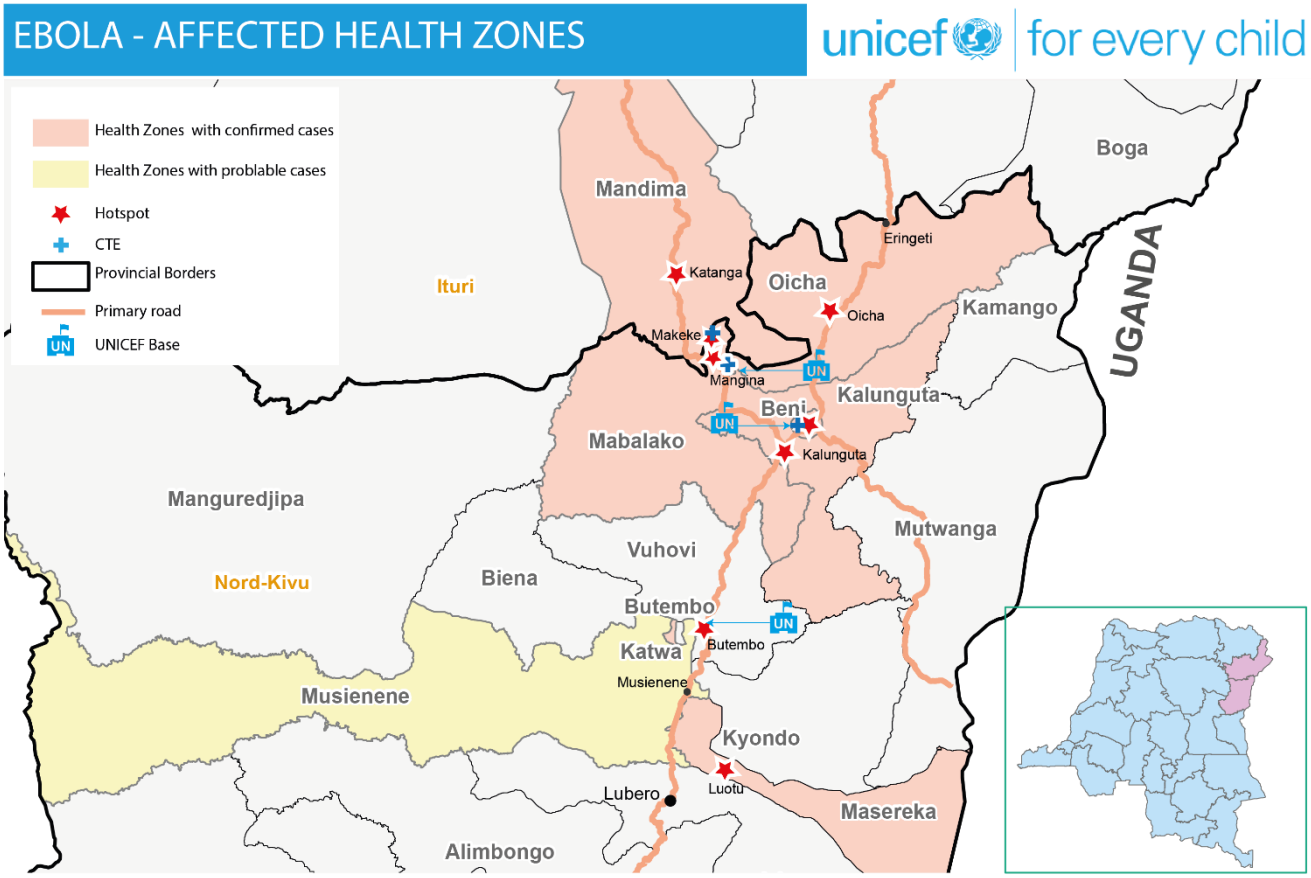
| | Target | Result |
|---|---|---|
| # of at-risk people reached through community engagement and interpersonal communication approaches. (door-to-door, church meetings, small-group training sessions, school classes, briefings with leaders and journalists, other) | 5,750,000‡ | 3,598,172 |
| # of listed eligible people for ring vaccination informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols. | 9,859† | 9,656 |
| # of people with access to safe water in the affected health zones | 952,946‡ | 577,952 |
| # of teachers briefed on Ebola prevention information | 7,200‡ | 2,230 |
| # of families with confirmed or probable cases who received psycho-social support and/or material assistance | 142‡ | 142 |

† The target is dynamic as listing of eligible persons is defined
‡ The target was modified to accommodate an increase in affected health zones and aligned to the epidemiological trend

## Ebola Response Funding Status 2018




*Funds available include Reprogrammed funds from Equateur Response




## Epidemiological Overview

**Summary Table (16.09.18):**

| Province | Health Zone*[1] | Confirmed and Probable Cases | | | Total Deaths Recorded | Suspect Cases under investigation |
|---|---|---|---|---|---|---|
| | | Confirmed | Probable | Total | | |
| *Nord-Kivu* | *Mabalako* | 68 | 21 | **89** | **65** | 1 |
| | *Beni* | 25 | 4 | **29** | **23** | 1 |
| | *Oicha* | 2 | 1 | **3** | **1** | 0 |
| | *Butembo* | 5 | 2 | **7** | 3 | 1 |
| | *Musienene* | 0 | 1 | **1** | **1** | 0 |
| | *Masereka* | 1 | 0 | **1** | **1** | 1 |
| | *Kalunguta* | 1 | 0 | **1** | **0** | 0 |
| *Ituri* | *Mandima* | 9 | 2 | **11** | **3** | 0 |
| ***TOTAL*** | | **111** | **31** | **142** | **97** | **4** |
| ***Previous Total 5 September 2018*** | | **101** | **31** | **132** | **91** | **20** |

## Humanitarian leadership and coordination

The Crisis Management Team continued to meet daily under the leadership of the Ministry of Health with all concerned partners and with the chairs of the different working groups providing thematic updates. UNICEF continues to participate actively in the coordination meetings at the national level and in Beni (operational headquarters) and co-leads the commissions on communication, WASH and psychosocial care; and active in the working groups on logistics and

[1] With better access, the number of health zones with Ebola cases was review by the Surveillance commission and revised from 7 reported in the last update to 6 in this report.

vaccination. A UNICEF security specialist is also deployed in the field to support security assessment and safety of the operations.

Mabalako health zone remains the most worrying area for the response due to the high number of reported confirmed and probable cases. At the moment, UNICEF activities in risk communication and prevention, WASH, and psychosocial care are focused in Beni and Mabalako Health Zone, North Kivu province, however, UNICEF continues to implement prevention activities in other parts of North Kivu and Ituri provinces.

The coordination of UNICEF's response is dynamic due to the identification of confirmed cases in Makeke, Mandima Health zone, Oicha Health Zone, Butembo and Masereka Health Zone. UNICEF coordinates Makeke's Ebola response from the coordination team based in Mangina Health Area and the coordination response for Oicha Health Zone. A new coordination hub is currently being put in place in Butembo Health Zone, which will also support the response in Masereka Health Zone. A psychosocial and communication commissions have been set up in Butembo Health Zone, composed of five clinical psychologists and communications specialists. Due to the security access in Oicha and Masereka Health Zone, UNICEF works through local partners to implement its activities.

An operational review of the response led by the Ministry of Health in Beni city to identify current achievements and gaps is currently underway. A meeting between partners is scheduled during the week to discuss this issue.

## Response Strategy

The joint response plan of the government and partners has been finalised based on the recent experience from the Equateur Ebola response. In support of the joint response plan, the UNICEF response strategy will focus on communication, WASH, and Psycho-social care, nutrition and cross-cutting education sector response.

- Risk communication, social mobilization and community engagement with the aim to (1) proactively engage with affected and at risk communities, (2) provide timely and accurate health advice to encourage positive health seeking behaviors and (3) address community concerns and rumors. The strategy is implemented through 5 pillars that include (i) community engagement; (ii) promotion of preventive behaviors; (iii) responding to resistance; (iv) advocacy and capacity building of actors and (v) communication in support of ring vaccination.
- The WASH strategy, as part of the Infection Prevention and Control (IPC), aims to stop the spread of the disease through the availability of 1) WASH in health care facilities, which includes providing water and WASH kits, 2) hygiene promotion and the provision of WASH kits in schools, including handwashing station and soap/temperature check points, and 3) WASH in communities, through mass outreach on hygiene promotion to vulnerable communities and the setup of handwashing stations/temperature control in strategic transit locations, as well as the disinfection of households/neighborhoods of confirmed cases.
- The child protection and psycho-social support to EVD survivors and family members of EVD cases as well as contact families seeks to (1) provide psycho-social support; (2) establish or re-establish social and community networks and support systems; (3) provide social kits to EVD affected families (4) identify and provide appropriate care to orphans and unaccompanied children due to the Ebola epidemic. The key element of the strategy will include (i) psychosocial support activities for children and their families; (ii) material assistance to affected families to better support children; (iii) facilitation of professions help to children and families with more severe psychological or social problems / needs; (iv) coordinate mental health and psychosocial support (MHPSS); (vi) psycho-social assistance, appropriate care and research of long term solution to orphans and unaccompanied children.
- The nutrition component will focus on provision and pre-positioning of Ready for Use Therapeutic Food (RUTF), therapeutic milk and other drugs for systematic treatment of severe acute malnutrition (SAM) cases to the 6 health zones affected by Ebola or in situation of nutritional alert in North Kivu province. In addition, address young child and infant feeding practice that is impacted by the increasing number of women affected by the Ebola epidemic

- The cross-cutting education sector strategy involve key EVD prevention measures on the school premises, include: (i) mapping of schools to identify its proximity with a confirmed case and the identification of schools in the affected health areas (ii) training of educational actors (students, teachers, inspectors, school administration agents, head of educational provinces) on Ebola including WASH in school, psychosocial support and against discrimination, (iii) provision of infrared thermometers and handwashing facilities, clean water, soap, and capacity reinforcement on hygiene behaviours in schools (iv) construction of isolation rooms for suspected cases at school (v) provision of specific documentation and protocol for prevention, guidance and management of suspected cases in school (vi) provide key messages on Ebola prevention to families.

# Summary Analysis of Programme Response

The targets for the response indicators was revised to accommodate for Masereka and Butembo Health zone with recently new confirmed cases of Ebola, in addition to Beni and Mabalako Health zone. Furthermore, the response indicators were adjusted to evolve with the epidemiological trend.

Overview of the key elements in the response with a special emphasis on UNICEF's response in the affected health zones.

## Communication and social mobilization (C4D)

During the reporting period, the dedicated communication teams focused on intensifying the activity in Beni and Butembo Health Zone. This includes increasing the members of the communication teams in the field and capacity reinforcement for new team members. Examples of activities to reinforce the communication team is the briefing of 950 influential members leaders and groups in order to engage them in the work with the local communities, thus reaching a total of 6,068 (85% coverage) influencers engaged since the beginning of the response. During the reporting period, in response to the emerging resistance in the Ndindi neighbourhood of Beni, a committee of 15 community leaders received training with the aim to set up a rapid multi-sectoral response including direct communications between leaders and the communication and surveillance teams. In addition, 93 "chefs d'avenue" (chiefs of street), and 56 community leaders (religious, youth leaders and women's associations) have been identified and engaged on Ebola prevention and surveillance, and agreed to advocate Ebola prevention messages and reinforce community surveillance committees. Furthermore, the local members of the communication team were briefed on Ebola Virus Disease (EVD) risks, preventive measures, community monitoring, addressing reluctance and resistance/conflict management and currently hold community dialogue sessions in the Ndindi neighbourhood to strengthen the community's understanding of the risks of the disease and promote the adoption of preventive measures. To re-establish the trust affected by the poor perceptions of treatment centers, daily visits to Ebola Treatment Centers (ETCs) were conducted for community leaders and chiefs of wards. In the same perspective, EVD survivors have been recruited to share their testimonies during community dialogue sessions. The Mayor of Beni city himself showed strong leadership and commitment by rallying all other leaders to fight against false rumors and promote correct information regarding Ebola. These actions have largely contributed to eliminating resistance in Ndindi. For re-establishing trust towards response interventions, visits to ETCs are planned for community leaders and chiefs of wards. Follow-up meetings will be held weekly to assess progress and decide on possible corrective actions. Two discussion meetings were coordinated by the response coordinator with the chiefs of wards, street chiefs, other community leaders, and the Mayor of Beni City, to discuss the concerns raised on communication and Ebola prevention. This has largely contributed to reducing resistance in the community, especially with respect to vaccination against the Ebola virus.

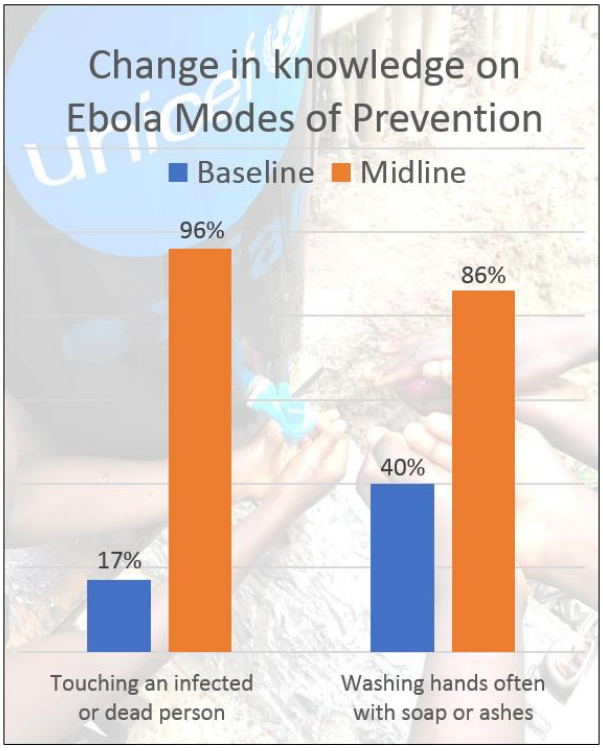
In addition, 246 frontline workers (RECOs) in Butembo area Beni zones were mobilized on Ebola response and community engagement approaches, reaching a total of 2,755 RECOs (59% coverage) out of the targeted 4,650. The additional frontline workers received training, with a focus on interpersonal skills on how to more effectively respond to resistance, rumours, and issues related to Ebola Treatment Units (ETUs) and Safe Dignified Burials (SDBs). As these frontline workers are active and respected members of the community, the community frontline workers received training on community surveillance and SDBs.

Since the beginning of the response, 3,598,172 (63% coverage) at-risk population were reached through community engagement, advocacy, interpersonal communications, public animations, radio, door-to-door, church meetings, schools, adolescent groups, administrative employees, armed forces etc, including 230,000 persons during the reporting period. Through dedicated interventions in churches, radio programing, and other public events, 178,000 people were reached in new geographical areas surrounding Butembo and Masereka.

As of 17 September, 206 (56% coverage) households presenting reluctance to Ebola vaccination, treatment or refusals of secure and dignified burials practices benefited from personalized house visits to address general concerns, reaching a total of 39 during the reporting period.

During the reporting period, 1,914 eligible people for the Ebola vaccination were informed about the benefits of the vaccine and were convinced to receive the vaccine within required protocols, reaching a total of 9,656 persons since the beginning of the response. In Butembo Health Zone, the surveillance team informed the communications members that a family of 14, all identified as contacts, collectively refused to receive the preventive Ebola vaccine. The team chosen to respond to this case included of the community chief, the district health trainer, and two commission members. The mission involved multiple visits and persisted for two days before all 14 were convinced to cooperate, and avoid the spread of negative information if the team had failed. Main concerns of the family were related to the efficacy of the vaccine, fear of going to the ETC and dying there, and other unknowns about this disease.

A second Knowledge, Attitude, and Practice (KAP) survey was conducted one month since the beginning of the outbreak with the aim to evaluate and assess the impact of the communication interventions, as well as bring forward recommendations for adjusting the communication strategies and approaches. It will measure progress against the first KAP conducted between August 7-9, 5 days following the official outbreak declaration. The second survey included 480 respondents from Beni Urban Health Zone Mabalako Health Zone, which includes the Rural Epicenter of Mangina Health Area. The results of this midline survey indicate that basic knowledge of Ebola (Signs, ways of transmission, ways of prevention) has increased from 20% to 94%.




Results from Knowledge, Attitude & Practice survey conducted Sept 9, one month after start of communication interventions

Among the main results of the KAP are the following:

- Over 90% of respondents know to not touch an infected or dead person, whereas over 80% of participants identified handwashing with soap or ashes as a prevention method;
- 94% of respondents are aware that direct members of family are at most risk of Ebola transmission, in comparison only 26% during the first KAP survey;
- 78% of respondents know to immediately inform health authorities when Ebola symptoms appear, in comparison to 12% for the first KAP survey;
- Knowledge on identification of key Ebola symptoms increased by almost four-fold, from 20% to 86% in Mabalako Health Zone;
- Attitudes concerning Safe and Dignified Burials and knowledge on community deaths (to not touch or wash the body of a deceased person) increased from 17% to 86% in the community in rural Mangina health area. However, in the urban Beni Health zone, only 49% of respondents possessed such knowledge;
- Over 80% of respondents obtained key source of information on Ebola from local radio whereas over 50% from local churches.

Overall, awareness and attitudes among youth were generally 10% lower than adults, and therefore more emphasis will be placed on youth engagement activities. Results are presently being analyzed by the commission and corrective actions and additional analysis will be taken and reported on in next sitrep.

**Key activities in the last seven days:**

- As the free Ebola hotline provides general information about Ebola, it is reported that calls have increased by 70% and reaching 170 calls per day. A request for additional trained operators paid by UNICEF has been approved. 27 out of 30 community leaders who have received cell phones and phone credit from UNICEF, have used them to report community cases to the communications and surveillance teams. All 27 reported cases were confirmed negative.
- A dialogue with 32 traditional healers was conducted in Butembo Health Zone on the understanding of the national strategy and commitment to immediately refer symptomatic patients to specialized ETUs. A collective understanding and action was also taken to improve IPC (Infection and Prevention Control) measures among traditional healers and their patients.
- In the Butembo neighborhood of Kyaghala, a group of angry mothers returned to school and removed their children while informing other parents that the school intended to vaccinate all children with the EVD vaccine without their permission. In response, the director called for the communications commission to intervene. The same afternoon, the commission facilitated a meeting with 52 teachers and parents to inform them about the facts of Ebola as well as respond to all parent and teacher concerns. Other community meetings were conducted the same evening and as a result, all children returned to school the next morning. To date, directors and teachers from 76 schools have been briefed and engaged to fight Ebola in Butembo.

## Water, Hygiene and Sanitation (WASH)

During the reporting period, 18 new health facilities in the affected health zones in North Kivu provinces benefitted from essential WASH activities; these include the provision of handwashing points, briefing of staff on hygiene promotion, and disinfection, and the installation of chlorination points, reaching a total of 88 (28% coverage) out of the 320 targeted since the beginning of the response. UNICEF's partner *Centre de Promotion Socio-Sanitaire* (CEPROSSAN) completed WASH package in five health structures in Butembo city, which recently notified confirmed cases. While 88 health facilities have been fully covered so far, WASH response is on-going in additional 42 health facilities with the support of UNICEF partners.

As of 17 September, 430 (47% coverage) community sites (ports, market places, local restaurants, churches) were provided with handwashing facilities for Ebola infection control in Beni, Mandima, and Mabalako Health zones in partnership with Oxfam and *Programme de Promotion des Soins de Santé Primaire* (PPSSP).

Since the beginning of the response, 294 (49% coverage) schools in high risk were provided with handwashing facilities, reaching 39 during the reporting period.

14,120 persons gained access to safe water in the affected health zones during the reporting period, reaching a total of 577,952 (61% coverage) out of the targeted 952,946 since the beginning of the response.

**Key activities in the last seven days:**

- A full WASH package has been implemented in Ndindi, a neighborhood in Beni where the Ebola Response faced a lot of community resistance. In close collaboration with the local committee, UNICEF completed WASH activities in all schools (29), in all main health facilities (13) and in 27 key public places chosen by the local committee.
- With new confirmed cases in Butembo Health Zone, UNICEF WASH team deployed to Butembo and worked with the local authorities and partners to plan a WASH intervention. An initial plan targeting 46 priority schools in affected neighborhoods and 50 health structures is being prepared.

- WASH and C4D teams in Butembo Health Zone started to work together to have an integrated communication (C4D) approach under community WASH activities. This means that WASH partners who implement Community WASH activities will be in line with the communication commission strategy and use the same methodologies of community engagement. UNICEF will work with partners to ensure that the health promotion activities are done using two-way dialogue and community engagement.

## Education

Since the beginning of the response, 33,825 (11% coverage) school children were reached with Ebola prevention messages, of which 29,422 were reached during the reporting period. An additional 141 teachers were briefed on Ebola prevention information, reaching a total of 2,230 (31% coverage) since the beginning of the response.

In 20 monitored schools in Beni Health zone and Mangina Health area, the number of children attending schools augmented from 41%[2], in comparison to only 11% when schools reopened on the 3rd of September. However in the rural areas, it is important to note that the numbers remain relatively low with just 20% of students currently attending schools, in comparison to 3% in early September.

## Psychosocial and Child Protection

During the reporting period, 10 affected families by Ebola Virus Disease (EVD) received psycho-social support and material assistance including food assistance in Beni, Mandima[3], and Mambasa Health zones; reaching a total of 142 (100% coverage) out of the targeted 142 families. Among them, 22 families received a food assistance[4], which included a specific psychosocial support for 19 families who lost one member from EVD.

The material assistance is adapted according to the needs of women and girls, by including for example specific hygiene kits.

Three individual recreational materials were distributed to children in the Ebola Treatment Centers located in Beni, Mangina, and Butembo Health Zone.

In Butembo Health Zone, four suspected cases and one confirmed case received a psychosocial support, as well as 24 contacts families. The psychosocial agents are starting the evaluation of the needs for the affected families and the material assistance will start this week.

Six new separated/orphan children due to the Ebola epidemic has been identified and received appropriate care; a total of 135 (45% coverage) out of the targeted 300. 20 orphan children, previously identified, received support to go back to school that includes the payment of tuition fees as well as the distribution of school supplies.

375 contacts families received a psycho-social support, reaching a total of 1,001 (66% coverage) out of the targeted 1,521 contacts.

## Nutrition

UNICEF is providing technical and financial support to the national nutrition programme of the Government of DRC (PRONANUT) to complement UNICEF's implementing partner NGO MEDAIR's interventions in nutrition for the Ebola response. This support aims to reinforcing nutrition capacities in providing (i) treatment to Severe Acute Malnutrition (SAM) cases for children and adults, (ii) nutritional care of EVD patients (agreement is ongoing) and (iii) funds for four nutritionists

[2] Data source: UNICEF and Ministry of Primary, Secondary, and Professional Education

[3] Includes Makeke Health Area

[4] Food assistance is provided by UNICEF through implementing partner Danish Refugees Council

in providing nutritional care services in Ebola Treatment Centers (ETCs). During the reporting period, the nutritionists received training on bio-security in nutritional care.

During the reporting period, 15 pregnant women and 2 lactating women were sensitized and received support on the infant and young children feeding practices (IYCF) in Ebola context related.

Specific interpersonal communication, sensitization and support was ensured for the caregiver in charge of the under 6-month infant admitted in the Mangina Ebola treatment Center (ETC) whom was separated from her mother (EVD positive).

## Supply & Logistics

Since the beginning of the response, USD $ 1,464,995.78 worth of items composed of WASH, C4D, Child Protection supplies have been procured for the Ebola response in Ituri and North Kivu province.

During the reporting period 100 Personal Protective Equipment (PPE) were handed over to UNICEF local transporter for air delivery from Kinshasa to Beni (via Goma).

## Human Resources

As of 17 September, 56 UNICEF staff members have been deployed to the affected health zones in North Kivu and Ituri provinces.

## External Communication

UNICEF covered the Ebola response with additional video and photo material from the affected areas, which is shared on We Share. Following the announcement of new Ebola cases in the commercial city of Butembo, the CO issued a new press release stressing the importance of a prompt response to this new development in the epidemic.

During the reporting period media coverage of UNICEF's response to the Ebola outbreak included VOA, NOS, CVM TV - Jamaica; All Africa; All Africa; Slate Afrique; El Pais; Mail & Guardian; Radio Okapi.

The CO has published 20 articles on its blog since the announcement of the epidemic, as well as more than 90 tweets, 16 Facebook posts and 13 pictures on Instagram.

## Funding

The Response Plan developed jointly with the Ministry of Health, United Nations Agencies and in coordination with other actors is estimated at US$ 43.837 million. Based on the joint response plan, UNICEF estimated amount required for immediate response is US$ 7.624 million.

Funds available include funds reprogrammed from Equateur Response in consultation with World Bank (PEF), USAID, ECHO and Japan. At present, funds from Gavi (US$ 120,000), CERF (US$ 900,000), USAID (US$ 2 million), and UNICEF National Committee in Germany -German Natcom (US$503,147) have been allocated to support the Ebola response in North Kivu and Ituri province.

The World Bank Group through the Contingent Emergency Response Component (CERC) of its DRC Health System Project investment also approved an additional funding of US$ 3,947,688 based on the current funding gap.

| Funding Requirements (as defined in the UNICEF component of the Joint Ebola Response plan and aligned to the UNICEF Humanitarian Appeal 2018) | | | | |
|---|---|---|---|---|
| Appeal Sector | Requirements | Funds available | Funding gap | |
| | | Funds Received Current Year* | $ | % |
| WASH | 2,346,521 | 2,297,364 | 49,157 | 2% |
| Communication for Development (C4D) | 2,602,340 | 1,595,536 | 1,006,804 | 39% |
| Psychosocial Support | 433,321 | 400,000 | 33,321 | 8% |
| Management of Severe Acute Malnutrition | 500,000 | 50,000 | 450,000 | 90% |
| Operations support and Coordination costs + ICT | 1,742,364 | 504,861 | 1,237,503 | 71% |
| Total | **7,624,546** | **4,847,761** | **2,776,785** | **36%** |

*Funds available include proposed funds to be reprogrammed from Equateur Response
** Does not include funds in the pipeline

## Next Sitrep: September 24, 2018

**Who to contact for further information:**

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| Ebola Response Tracking Indicators (29 Aug 2018) | | Nord Kivu Province 2018 | | | |
|---|---|---|---|---|---|
| | Old Target | New Target | % increase | Total results | Change since last report ▲▼ |
| **RESPONSE COORDINATION** | | | | | |
| # of affected localities with functioning partner coordination mechanism | 3 | 3 | 0% | 3 | 1 |
| **COMMUNICATION FOR DEVELOPMENT** | | | | | |
| # of members of influential leaders and groups reached through advocacy, community engagement and interpersonal communication activities. (CAC, religious /traditional leaders, opinion leaders, educators, motorists, military, journalists, indigenous group leaders, special populations, and adolescents. | 5118 | 7,100‡ | 39% | 6,068 | 950 |
| #of frontline workers (RECO) in affected zones mobilized on ebola response and participatory community engagement approaches. | 3100 | 4,650‡ | 50% | 2,755 | 246 |
| # of at-risk population reached through community engagement, advocacy, interpersonal communications, public animations, radio, door-to-door, church meetings, schools, adolescent groups, administrative employees, armed forces. | 3,600,000 | 5,750,000‡ | 60% | 3,598,172 | 230,000 |
| # of households for which personalized house visits was undertaken to address serious misperception about Ebola, refusals to secure burials or resistance to vaccination. | 206 | 368* | 79% | 206 | 39 |
| # of listed eligible people for ring vaccination informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols. | 7912 | 9,859† | 25% | 9,656 | 1,914 |
| % of respondents who know at least 3 ways to prevent Ebola infection in the affected communities (from Rapid KAP studies)** | 80% | 80% | 0% | 74% | 48% |
| **WATER, SANITATION & HYGIENE** | | | | | |
| # of health facilities in affected health zones provided with essential WASH services. | 140 | 320‡ | 129% | 88 | 22 |
| # of target schools in high risk areas provided with handwashing facilities | 315 | 600‡ | 90% | 294 | 39 |
| # of community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas | 359 | 900‡ | 151% | 430 | 71 |
| # of people with access to safe water source in the affected areas | 681649 | 952,946‡ | 40% | 577,952 | 14120 |
| **EDUCATION** | | | | | |
| # of school children reached with Ebola prevention information | 82500 | 297,000‡ | 260% | 33,825 | 29422 |
| # of teachers briefed on Ebola prevention information | 2089 | 7,200‡ | 245% | 2,230 | 141 |
| **CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT** | | | | | |
| # of families with confirmed or probable cases who received psycho-social support and/or material assistance | 132 | 142*** | 8% | 142 | 10 |
| # of contact family members, including children, who receive psycho-social support and/or material assistance | 778 | 1842** | 137% | 1001 | 375 |
| # of unaccompanied children and orphans* identified who received appropriate care and psycho-social support | 150 | 300†† | 100% | 135 | 6 |

* The target is estimated based on both the number of confirmed, probable and suspect case, and would be adjustment as the response mature
† The target is dynamic as listing of eligible persons is defined
*** Baseline result of the KAP study undertaken during 6 – 8 August, 2018 (the week following declaration of the epidemic). The next KAP study is scheduled for the 8-10 September
‡ The target changes with changes in the epidemiology
** The target is dynamic and 40% of listed contacts is the identified target
†† The target is an estimation and dynamic based on field experience
‡‡ The target is dynamic, based on the number of affected areas and new community sites identified for hygiene promotion
‡‡‡ The original target was exceeded because of an increase in the number of affected health zones, therefore, the target has been readjusted