



Photo Credit: Mark Naftalin

# Democratic Republic of the Congo

## Ebola Situation Report

### North Kivu and Ituri



8 October, 2018

#### SITUATION IN NUMBER

## Highlights

- On 8 October, two confirmed case of Ebola has been identified in Komanda Health Zone, Ituri.
- Insecurity in Beni city remains challenging, however, UNICEF operations in the affected areas have resumed.
- The Joint Response plan is still under reviewed by a team comprised of representative from the Ministry of Health, WHO, UNICEF and World Bank.
- A new communication strategy has been validated in Beni Health Zone, which seeks to shift focus towards reinforcing the ownership of community leaders and frontline workers to the response by encouraging them to report and conduct surveillance tasks at the community level.
- The nutrition care and treatment algorithm for Ebola cases in the Ebola Treatment Centers developed with UNICEF's technical support was validated at national level.
- The U.S. Agency for International Development (USAID) has deployed a Disaster Assistance Response Team (DART) to the Democratic Republic of the Congo (DRC) to boost current efforts by the United States and the Government of the DRC to contain the outbreak of Ebola in Eastern DRC.

**181** total reported cases  
(MoH, 7 October 2018)

**146** confirmed cases  
(MoH, 7 October 2018)

**115** deaths recorded  
(MoH, 7 October 2018)

**2,215** contacts under surveillance  
(MoH, 7 October 2018)

## UNICEF Ebola Response Appeal

**US\$ 7.624M**

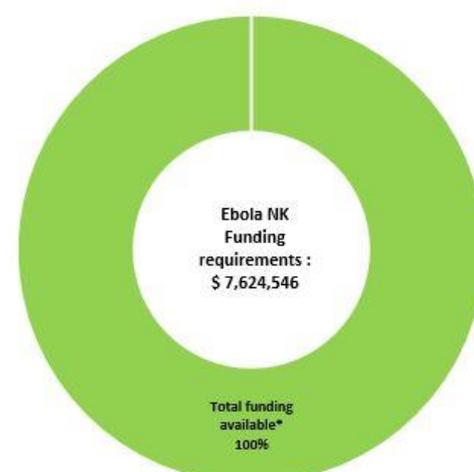
## UNICEF's Response

	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	4,448,552
# of listed eligible people for ring vaccination informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols.	15,514 <sup>†</sup>	15,114
# of people with access to safe water in the affected health zones	952,946	644,083
# of teachers briefed on Ebola prevention information	7,200	3,566
# of families with confirmed, suspects, or probable cases who received psycho-social support and/or material assistance	181*	181

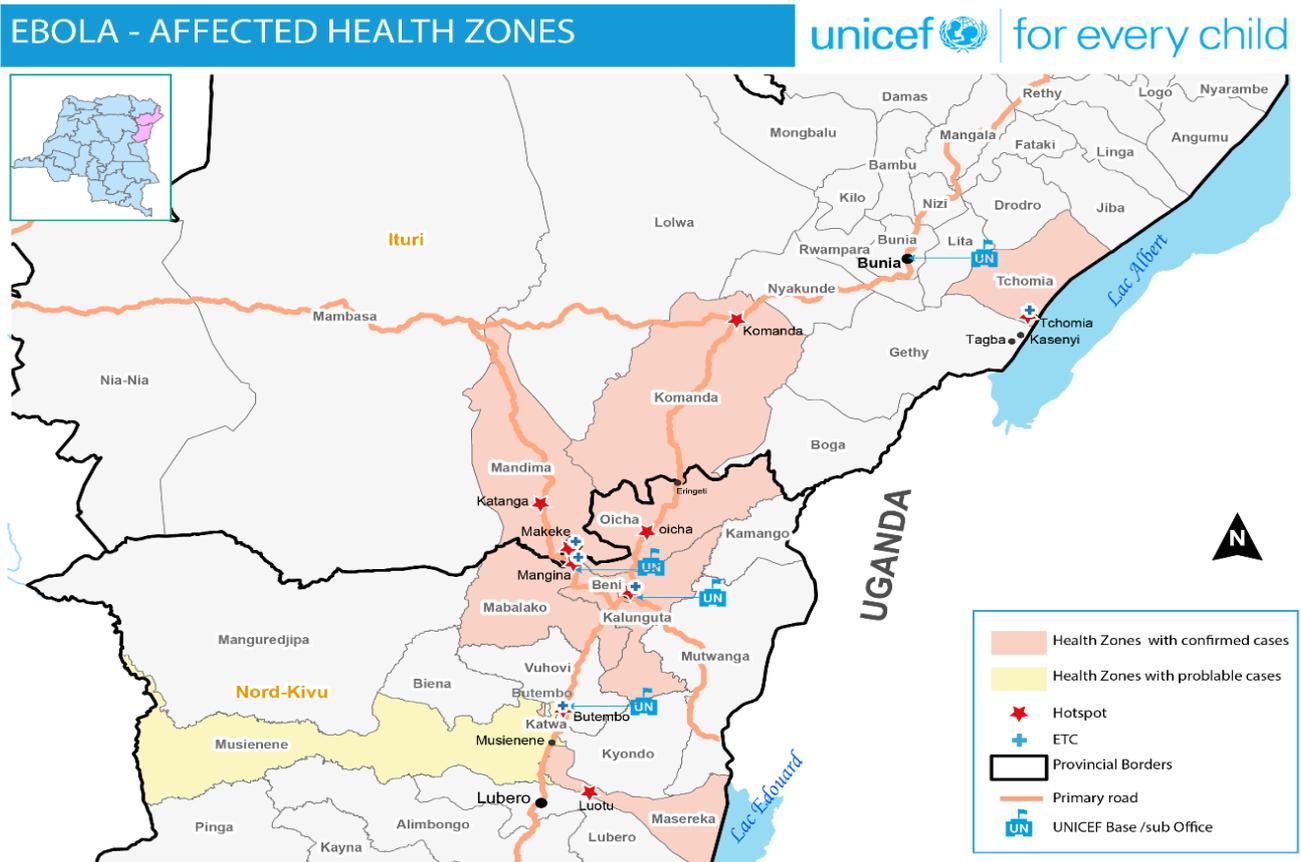
<sup>†</sup> The target is dynamic as listing of eligible persons is defined

\*The target is estimated based on both the number of confirmed, probable and suspect case, and would be adjustment as the response matures

Ebola Response Funding Status 2018



\*Funds available include Reprogrammed funds from Equateur Response



## Epidemiological Overview

Summary Table (07.10.18):

Province	Health Zone	Confirmed and Probable Cases			Total Deaths Recorded	Suspect Cases under investigation
		Confirmed	Probable	Total		
Nord-Kivu	Mabalako	70	21	91	65	2
	Beni	49	8	57	35	6
	Oicha	2	1	3	1	0
	Butembo	11	2	13	7	1
	Musienene	0	1	1	1	0
	Masereka	1	0	1	1	2
	Kalunguta	1	0	1	0	0
Ituri	Mandima	9	2	11	3	0
	Komanda	1	0	1	0	0
	Tchomia	2	0	2	2	0
<b>TOTAL</b>		<b>146</b>	<b>35</b>	<b>181</b>	<b>115</b>	<b>11</b>
<i>Previous Total 1 October 2018</i>		128	32	160	105	9

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

Beni health zone is 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 around five coordination hubs based in Beni, Butembo, Tchomia, and Mabalako Health Zone. And one sub-coordination hub is operational in Bunia city.

The coordination of UNICEF's response is dynamic due to the identification of confirmed cases in Makeke, Mandima Health zone, Oicha Health Zone, Butembo, Masereka, and Tchomia 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 coordination hub is put in place in Butembo Health Zone, which will also support the response in Masereka Health Zone. Due to the security access in Oicha and Masereka Health Zone, UNICEF works through local partners to implement its activities.

The identification of a confirmed case in Tchomia Health Zone, Ituri, is important in the evolution of the Ebola epidemic as the confirmed Ebola case is located near Lake Albert, which is in close proximity to Uganda. This increases the risk of disease spill over to Uganda due to high movements of population across the lake and in the vicinity. Furthermore, the identification of a new case near Lake Albert places Bunia city at risk, which is located about 30km from Tchomia Health Zone. Due to security reasons, UNICEF's response will be coordinated from Bunia, of which a coordination hub is currently being established.

Furthermore, two new confirmed Ebola cases has been identified in Komanda Health Zone, Ituri province. UNICEF has scaled up its reponse by deploying C4D, WASH, and psychosocial teams to the newly affected areas.

## Response Strategy

The joint response plan of the government and partners is currently under review, to identify key progress, challenges and modifications to upscale the response and respond to the current epidemiology. In addition, the MoH out in pace a team that include MoH WHO, UNICEF and World Bank to review the joint response plan based on the field level review.

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.

- 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 includes (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 six 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 were revised to **take into account** Komanda, Vuhovi, Tchomia, Masereka and Butembo Health zones with new confirmed cases of Ebola, in addition to Beni and Mabalako Health zones. UNICEF staff and implementing partners are currently operational in Beni, Mandima, Mabalako, Musienene, Butembo, Tchomia, Bunia, Oicha, and Masereka to support WASH, C4D, and psychosocial activities. 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, is detailed below.

### Communication and social mobilization (C4D)

The Risk Communication and Community Engagement (RCCE) teams adjusted to the multiple security threats faced in the affected areas, evaluated the reasons for poor surveillance, and identified ways to promote community monitoring related to movements of people considered suspects or contacts. A person considered a contact in Beni Health Zone, fled to Mangina Health Area this week, thus interrupting the 10-day period without a confirmed case. In Mangina Health Area, new instructions has been given to all community leaders and frontline workers (RECOs) immediately report all new arrivals within their community. During the reporting period, 411 RECOs were mobilized in the affected health zones on Ebola response and participatory community engagement approaches, reaching a total of 4,426 (95% coverage) out of the targeted 4,650 workers.

In Beni Health Zone, community leaders, and members of the local committees met to discuss how the previous week of partial suspension has impacted the perception of Ebola, its services, and to discuss other local solutions to quickly control the spread of Ebola. During the reporting period, 239 community leaders and influential groups were reached with Ebola prevention messages, reaching a total of 7,395 (100% coverage) leaders since the beginning of the response. Mass media and interpersonal communication activities have reached 4,448,552 (77% coverage) at risks persons with Ebola prevention messages since the beginning of the response, reaching 266,000 persons during the reporting period. However, the community based alert network warns of specific population groups who are not fully trusting the vaccination, surveillance

and Safe and Dignified Burials, and suggested personalized visits to each of these groups, and which are presently being conducted. To mitigate this obstacle, 68 households presenting reluctance on Ebola vaccination, treatment in ETCs, or refusal of secure and dignified burials were reached during the reporting period, reaching a total of 370 (100% coverage) households since the beginning of the response. In addition, 14,869 (97% coverage) people were informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols.

The attacks on the SDB burial teams in Butembo Health Zone was an example of the specific challenges faced by the Ebola response teams, and not only that of RCCE. However, due to the early efforts of the RCCE teams in Butembo Health Zone, community leaders and youth associations were already approached by the Ebola response team and explained about the importance of SDB, as a result, no negative consequences on the public was recorded. In addition, 27 additional religious networks in Butembo signed an 'Ebola commitment and pledge' to ensure that all followers will respect Ebola protocols and to actively contribute to case-surveillance in their communities.

The Beni communication strategy and its operational plan was put into action this week after validation by the national commission. The new strategy seeks to shift focus towards reinforcing the ownership of community leaders and frontline workers to the response by encouraging them to report and conduct surveillance tasks at the community level. A focus on Beni was necessary in view of the increasing number of new confirmed cases in the health zone in the last week. In the Beni hot zones of Kanzuli, Butsili and Kasangatua, 452 telephone calls were made by 162 leaders participating in the community alert system, representing 82% of active reporting recorded in the last week. Over the course of the week, five alerts were reported from these calls, Kanzuli (4) and Kasangatua (1) and were being assessed by the surveillance team.

A focus group in Mangina Health Area showed that people were still apprehensive about the usage and role of ambulances. As a response, a communications team quickly met with the leaders from Timbo and Katango villages in the Mangina Health Area, and gave them a chance to share their concerns, and also for the team to provide convincing answers concerning the importance of using ambulances to transport probable cases to Ebola Treatment Units (ETUs), and deceased family members to burial locations. 23 alerts from Mangina Health Area were successfully facilitated in these two communities during this week.

In similar light, church leaders from Makeke, Mundubiena, Mangina and Mangodomu, have expressed some concerns over the efficacy and characteristics of the mortuary bag in which their loved ones may be contained. To address this, members of the communication and SDB commissions visited these churches and performed live demonstrations of the bag and allowed people to move up close and express further concerns they may have. This demystification of the bag has been openly appreciated, and perhaps addressing one of the most misunderstood protocols in the response.

In Mangina Health Area, parents still did not fully understanding the reasons of using a thermo flash on their children in schools, therefore, the communications commission was alerted and asked to help address a sudden drop in school attendance. In collaboration with the Education and WASH teams, the commission was quickly able to organize meetings with 14 school directors, 34 teachers and student-parent associations of 11 communities to discuss the usage of thermos-flash in schools, and possibly isolation protocols, if need be. Following these participatory activities, the attendance rose back to 80%, yet further efforts on school attendance remains critical if we are to avoid such sudden reactions on other issues.

## Water, Hygiene and Sanitation (WASH)

During the reporting period, there have been five new confirmed cases in Beni Health zone, therefore, the Coordination team requested all partners to scale up activities and concentrate their efforts in the zones with confirmed cases. UNICEF is coordinating the WASH response with partners working in the area and is exploring ways to scale up the interventions.

As of 05 October, nine new health facilities in the affected health zones in Ituri 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 136 (43% coverage) out of the 320 targeted since the beginning of the response.

In Tchomia Health Zone, UNICEF continued interventions in schools, health centers and community sites, which includes the distribution of WASH kits in schools, essential WASH activities in health centers and installation of handwashing facilities in community sites.

Following reports from WASH partners on gaps in integrated and coordinated response to WASH related community feedback, a pilot accountability monitoring system across the commissions was launched this week. The system allows WASH partners and other sectors to raise feedback from communities and link with other commissions to help respond to community feedback.

As of 05 October, 477 (53% coverage) community sites (ports, market places, local restaurants, churches) out of the targeted 900 were provided with handwashing facilities for Ebola infection control in Beni, Mandima, Mabalako, Butembo and Tchomia Health zones in partnership with Oxfam, Programme de Promotion des Soins de Sante Primaire (PPSSP) and Centre de Promotion Socio-Sanitaire (CEPROSSAN).

Since the beginning of the response, a total of 644,083 (68% coverage) persons have gained access to safe water in the affected health zones, out of the targeted 952,946.

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

- In Tchomia Health Zone, UNICEF continued distribution of WASH package in 9 health centers and WASH kits in 20 schools. Also, 28 handwashing stations were installed in public areas bringing the total number to 36 since the beginning of activities.
- Meeting of UNICEF WASH partners to discuss the scale up activities in Beni area, three partners have confirmed the availability and are conducting evaluations in health centers and schools in the affected areas.
- In the General Hospital in Tchomia Health Zone, UNICEF finished the installation of a 10,000L bladder and cleaning of the hospital compound.
- Training for UNICEF WASH partners Action Contre la Faim (ACF) and MUSACA in Tchomia Health Zone was conducted last week. A total of 30 staff was trained on Ebola response and how to engage communities throughout our WASH programmes.

## Education

A total of 1,623 schools have been identified in the affected health zones, amongst which 304 schools have been classified as red, i.e. located in the communities with confirmed cases. These schools have been prioritized for the UNICEF Ebola response in the education sector. Additional 697 schools have been categorized as orange i.e schools in locations with contacts. About half of the orange schools have been included as targets in the UNICEF response plan.

As of 8 October, 69,338 (23% coverage) school children were reached with Ebola prevention messages, of which 8,553 were reached during the reporting period. In addition, 3,566 (50% coverage) teachers were briefed on Ebola prevention.

During the reporting period, 20 schools in high risk areas were provided with handwashing facilities, reaching a total of 365 (61% coverage) schools since the beginning of the response.

## Psychosocial and Child Protection

During the reporting period, 21 affected families by Ebola Virus Disease (EVD) received psycho-social support and material assistance in nine health zones<sup>1</sup>, reaching a total of 181 (100% coverage) families.

All the patients in the Ebola Treatment Centers (ETCs) are supported by psychologists deployed in the treatment centers.

In addition, 75 affected families have received psychosocial support and food assistance in collaboration with the World Food Programme (WFP).

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<sup>1</sup> Beni, Butembo, Kalunguta, Mabalako, Masereka, Musienene, Oicha, Mandima, Tchomia Health Zones.

8 new separated/orphan children due to the Ebola epidemic were identified and received appropriate care, reaching a total of 255 (98% coverage) out of the targeted 300. 43 separated/orphan received material assistance which includes: 6 NFI kits, 32 school kits, and 5 newborn kits.

In Mangina Health Area, 11 schools were visited by psycho-social agents to follow 79 orphans who have been reinserted. The children are feeling well and are not stigmatized by the community.

In Mangina Health Area and Makeke Health Zone, two houses have been rehabilitated, where two orphan's newborns (3 months and 4 months) were placed with their extended families. One of the child has a physical disability and has been referred to a center for appropriate care. The two children are followed by psycho-social agents.

A total of 255 contacts families; 96 in Beni, 19 in Tchomia, 29 in Mangina, and 111 in Butembo, received a psycho-social support, reaching a total of 1961 (89% coverage) out of the targeted 2,215.

50 psychosocial assistants (APS) have been trained in the Tchomia Health Zone and deployed to the affected areas.

## Nutrition

During the reporting period, 80 pregnant and lactating women were sensitized on Infant and Young Children Feeding in emergency (IYCF-E) by nutritionists in three Ebola Treatment Centers, Mangina, Beni, Butembo Health Zone, reaching a total of 720 (7% coverage) persons since the beginning of the response.

In collaboration with the psychosocial commission, 14 orphans or children separated from their mothers (4 under 6 months and 8 aged from 6 to 11 months), were put under the Breastmilk Substitute (BMS).

In Beni Health Zone, the medical care committee organized a meeting chaired by the national coordinator to formalize the validation of the protocol for nutritional care for patients in ETCs. Furthermore, UNICEF team and the national coordinator of care led a mission to the Butembo ETC and provided training to two nutritionists on the protocols of nutritional care on Friday, 5th of October 2018.

Finally, with the support of UNICEF this week, the National Nutrition Focal Point for the response to the Ebola outbreak has arrived in Beni area to support the team in coordinating interventions.

## Supply & Logistics

Since the beginning of the response, USD \$ 1,986,931 worth of items composed of WASH, C4D, Child Protection, Health and Education supplies have been procured for the Ebola response in Ituri and North Kivu province.

2 metric tons of office and C4D supplies was delivered by Air from Goma to Beni with the following breakdown:

- Operations supplies were composed of 12 office chairs, 04 desk tables , 02 filing cabinets , 02 warehouse handling equipment
- C4D supplies were composed of 03 Generators (5 KVA) and 50 bicycles.
- 20 MT truck payload dispatched WASH supplies by road from Beni to Tchomia during the reporting period.

WASH Supplies were composed of :

- 500 Family Hygiene & Dignity kits , 1 electronic submersible pumps , 20 Plastic Tarpaulin (4x50 m)
- 5,500 soaps , 100 buckets (20 L) , 100 sprayers (20 L)

Offshore procurement represents a total value of \$ 791,383 \$ (40 %) and Local procurement represents a total value of \$ 1,195,549 (60 %).

## Human Resources

As of 8 October, 60 UNICEF staff members have been deployed to the affected health zones in North Kivu and Ituri provinces. In addition, UNICEF is reviewing the HR strategy for a sustained response to the epidemic.

The CO issued four press releases in September highlighting [the community communication work](#), [the expansion of the epidemic](#), [the assistance provided by UNICEF on Ebola-orphans and unaccompanied children](#), [the involvement of Ebola-survivors in sensitization on Ebola](#). Last week media coverage included [All Africa](#), [ABC.es](#), [Agencia EFE](#), [Prensa Latina](#), [Infobae](#), [All Africa](#), [EuropaPress](#), [UNTV ebola briefing](#), [UN News](#), [India Blooms](#), [Panapress](#), [Globalsecurity](#), [M2presswire](#), [Financialwire](#), [South South news](#), and [Radio Okapi](#). New video material and photo material on UNICEF's response to the epidemic is posted on [WeShare](#).

Since the beginning of the outbreak, CO published in total 31 articles on humanitarian related issues on its blog [www.ponabana.com](#), as well as 27 Facebook posts, 20 Instagram posts and more than 170 tweets.

## Funding

The Response Plan developed jointly with the Ministry of Health, United Nations Agencies and in coordination with other actors, has an estimated need of US\$ 43.837 million. Based on the joint response plan, UNICEF estimated amount required for immediate response is US\$ 7.624 million. A revision of the plan is currently on-going under the leadership of MoH.

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), World Bank (US\$ 3,947,688) have been allocated to support the Ebola response in North Kivu and Ituri province.

Funding for education ensures UNICEF's visibility for safe running of schools during the Ebola epidemic, reaching Ebola affected out of school children, and highlighting the important role of education to fight Ebola.

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 \$	Reprogrammed funds from Equateur Response \$	Funds Received for North Kivu \$	Funds available \$
WASH	2,346,521	723,295	2,238,874	2,962,169
Communication for Development (C4D)	2,602,340	371,558	2,961,857	3,333,415
Psychosocial Support	433,321	100,000	548,800	648,800
Management of Severe Acute Malnutrition	500,000	0	549,800	549,800
Operations support and Coordination costs + ICT	1,742,364	132,761	1,171,414	1,304,175
<b>Total</b>	<b>7,624,546</b>	<b>1,327,614</b>	<b>7,470,745</b>	<b>8,798,359</b>

## Next Sitrep: October 15, 2018

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Ebola Response Tracking Indicators (8 October 2018)	Target	Total results	Change since last report ▲ ▼
<b>RESPONSE COORDINATION</b>			
# of affected localities with functioning partner coordination mechanism	5	5	1
<b>COMMUNICATION FOR DEVELOPMENT</b>			
# 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.	7,395	7,395	239
# of frontline workers (RECO) in affected zones mobilized on Ebola response and participatory community engagement approaches.	4,650	4,426	411
# 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.	5,750,000	4,448,552	266,000
# of households for which personalized house visits was undertaken to address serious misperception about Ebola, refusals to secure burials or resistance to vaccination.	370	370	68
# of listed eligible people for ring vaccination informed of the benefits of the vaccine and convinced to receive the vaccine within required protocols.	15,514 <sup>†</sup>	15,114	1,971
% of respondents who know at least 3 ways to prevent Ebola infection in the affected communities (from Rapid KAP studies)	80%	74%	0
<b>WATER, SANITATION &amp; HYGIENE</b>			
# of <u>health facilities in affected health zones</u> provided with essential WASH services.	320	136	19
# of <u>target schools in high risk areas</u> provided with handwashing facilities	600	365	20
# of community sites (port, market places, local restaurant, churches) with hand washing facilities in the affected areas	900	477	28
# of people with access to safe water source in the affected areas	952,946	644,083	4,949
<b>EDUCATION</b>			
# of students reached with Ebola prevention information in schools	297,000	69,338	8,553
# of teachers briefed on Ebola prevention information in schools	7,200	3,566	0
<b>CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT</b>			
# of families with confirmed, suspects, probable cases who received psycho-social support and/or material assistance	181*	181	21
# of contact family members, including children, who receive psycho-social support and/or material assistance	2,215**	1,961	255
# of unaccompanied children and orphans* identified who received appropriate care and psycho-social support	300 <sup>††</sup>	189	8
<b>NUTRITION</b>			
# of < 23 months children caregivers who received appropriate counseling on IYCF in emergency	9,756	720	149
<p>† The target is dynamic as listing of eligible persons is defined</p> <p>*The target is estimated based on both the number of confirmed, probable and suspect case, and would be adjustment as the response matures</p> <p>** The target is dynamic and 100% of listed contacts is the identified target</p> <p>†† The target is an estimation and dynamic based on field experience</p> <p>††† Result is cumulative since initiation of the activity. Note number of contact is on the decline as the response proceeds</p>			