



unicef   
for every child

## EBOLA VIRUS DISEASE Situation Report #3

Period covered: 16-24 October 2021

Epidemiological Situation  
(as of 24 October 2021)



6 confirmed cases



4 deaths



1 person recovered



60% case fatality



2 cases of children under 5



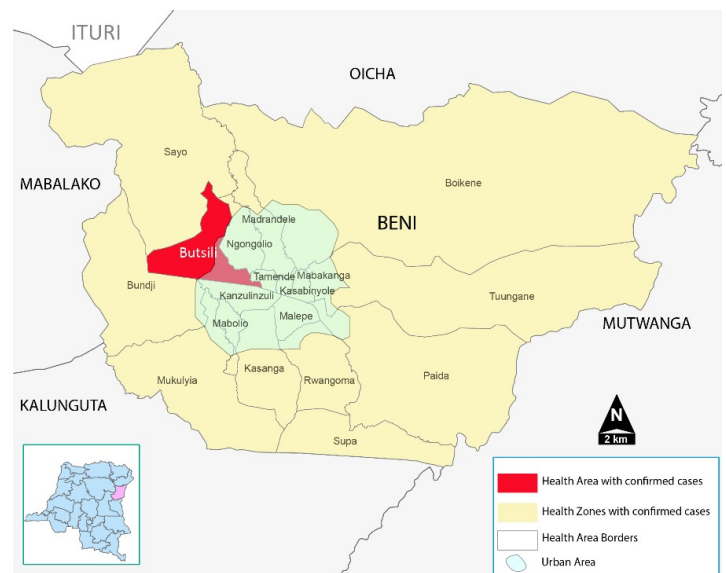
1 province affected

## Highlights

- 289 of the 295 Community Action Cells (CAC) members visited 11,336 households, reaching 57,101 people (24,021 women and 11,361 children).
- 24 trainers were trained on prevention of sexual abuse and exploitation (PSEA) representing 24 structures and organizations involved in the Ebola response.
- Household and healthcare facilities surrounding new confirmed cases were decontaminated.

## Situation Overview

- As of 24 October, six cases have been confirmed, the last case was reported on 22 October. All the cases have been from the Health Area of Butsili, Beni Health Zone: 4 people have died, and 2 people are currently in isolation at the temporary Ebola Treatment Center in the General Reference Hospital in Beni
- Preliminary sequencing conducted indicates that this outbreak is likely linked to the 2018-2020 Nord Kivu/Ituri Ebola outbreak and was initiated by transmission from a persistently infected survivor or a survivor who experienced relapse
- 589 contacts have been identified from 17 of the 19 Health Areas of Beni Health Zone
- 33.3% (2/6) of confirmed cases are under 5 years old. Children under 5 represent 10% of contacts listed. Children under 5 are listed from 8 of the 19 Health Areas of Beni Health Zone
- Since 13 October, 249 contacts have been vaccinated, out of which 58 are high-risk contacts
- A temporary Ebola Treatment Center managed by ALIMA with a 7-bed capacity is in place at the General Reference Hospital in Beni, in addition to 6 temporary isolation units in different health centers in the Beni Health Zone, for a total capacity of 41-beds
- A 3-months response plan is being finalized by the Ministry of Health and will be presented to partners on 27 October.



## UNICEF's Response

### Infection Prevention and Control (IPC)/Water, Hygiene and Sanitation (WASH)

UNICEF, in collaboration with its partners have supported:

- Systematic decontamination of households and healthcare facilities where cases have lived and/or sought healthcare, this includes the provision of 13 mattresses to replace those lost during decontamination
- Distribution of WASH and Infection Prevention and Control (IPC) kits to 13 health facilities, 48 households, 13 schools and 1 public places (1 school and 1 church) around the first three cases
- Distribution of 30 thermo-flashes and 30 pairs of batteries to 42 healthcare facilities in the Butsili Health Area
- Briefings for healthcare managers from 42 healthcare facilities in the Butsili Health Area on Ebola IPC protocols
- Briefings of 23 healthcare providers on basic IPC at the Mabakanga Health Center
- Briefing of 7 Nursing Directors on how to respond to Ebola and COVID-19
- Surveillance teams on investigations for possible nosocomial transmission among 2 cases

### Risk Communication and Community Engagement (RCCE)

- As of 24 October, in the Beni Health Zone 289 of the 295 Community Action Cells (CAC) members visited 11,336 households, reaching 57,101 people (24,021 women and 11,361 children). In the Mabalako Health Zone, 101 of the 153 CAC members visited 6,315 households, reaching 24,558 people (11,419 women and 5,307 children)
- Since 22 October, the CAC have raised 528 alerts raised including 4 deaths
- Targeted actions around new cases have included training of 33 CACs within the Mabalako Health Zone on Community Based Surveillance (CBS) and dialogue with motorbike associations and neighbors of newly confirmed cases, which resulted in 63 additional contacts listed for surveillance and vaccination.
- CAC members trained as trainers on the prevention of sexual exploitation and abuse (PSEA) have provided 3 training sessions to other CAC members
- 10 community radio stations, including 6 in Beni and 4 in Mabalako, continue to broadcast messages on the Ebola prevention and vaccination:
- UNICEF and CACs held a joint press briefing with the Mayor of the City and the Chief Medical Officer of Beni Zone on the epidemiological situation, the importance of encouraging people to get vaccinated and the importance of community engagement

### Health and Nutrition

- As of 24 October, there are no children in the creche
- Supported dietary adjustments have been provided to 1 of the confirmed EVD patients currently in treatment
- 15 individuals who have passed through isolation centers have received specific information on infant and young child feeding practices
- Anthropometric materials have been distributed and installed in the 16 patient rooms in the Ebola Treatment Center

### Psychosocial Support and Child Protection

Psychosocial workers in the community:

- Provided psychological support to two affected families and announced a negative test result
- Provided psychological support to a boy who was discharged from the treatment center as non-case
- Facilitated to Ebola tests in the Butsili Health Area
- Organized 35 psychoeducation sessions (319 participants) in Mandrandele, Kasanga, Bundji, Malepe, Butsili, Kanzuli and Kasabinyole Health Areas in Beni Health Zone. These sessions aim to reduce stigma and fear of Ebola (testing and treatment) among affected communities via small group discussions

Psychosocial workers at the Ebola Treatment Centre and isolation centers:

- Supported 3 suspected cases (discharged negative) and 4 separated children during their time in isolation and exit of the temporary Ebola Treatment Center and isolation centers

- Supported the communication of positive results for new positive Ebola case
- Provided psychological support to 41 people accompanying patients in isolation

## Gender Based Violence/ Gender/PSEA

- UNICEF trained 24 trainers on prevention of sexual abuse and exploitation (PSEA) representing 24 structures and organizations involved in the Ebola response. All participants signed the humanitarian code of conduct
- UNICEF facilitated an experience-sharing session with its two partner NGOs SAFDEF and Heal Africa on the development of referral mechanisms for PSEA, the implementation of community-based complaints mechanisms based on women's leadership, and the development of communication materials
- 22 members of the Psychosocial Commission (12 women and 10 men) were trained on SEA and how to engage community child protection networks (RECOPE) in PSEA alert mechanisms
- 10 community radio stations (6 in Beni Health Zone and 4 in Mabalako Health Zone) aired information sessions on PSEA and report mechanisms

## Integrated Outbreak Analytics (IOA)

- The IOA Cell has been included in the MoH response plan to provide systematic and adapted evidence to inform the response. Terms of Reference (ToR) have been approved by the MoH
- The MoH response plan was reviewed and contributed to include evidence based on the 75 plus analyses conducted in the 10th and 11th outbreak. Examples include ensuring data from response pillars are made available by sex and age, that infection prevention and control measures specifically include sexual, reproductive, maternal health needs (notably measures for menstrual and other bleeding) and that traditional healers and small healthcare facilities are prioritized for support
- Epidemiological data are now analyzed and provided disaggregated by age and sex

## UNICEF Response Plan & Funding Overview

On 26 October, UNICEF published response plan for an initial three months. Through a community-based approach, the response plan target in priority the health zone affected by EVD and surrounding health zones and will contribute to the response plan developed by the Government of DRC. UNICEF's response is two-fold:

1. Ensure immediate life-saving response in affected health areas
2. Strengthen prevention and preparedness activities in surrounding health areas/zones

UNICEF needs US\$4,390,000 for a first immediate three months critical response to the EVD epidemic in North Kivu considering the scenario of a likely increase in the number of EVD cases.

These funds will enable UNICEF to quickly scale up its response, promote integrated life-saving interventions and use a community-based approach to provide more timely, effective, and efficient support to affected communities and children.

UNICEF has already allocated US\$ 750,000 of its core funding to meet critical first line needs until additional funding is secured. But more than ever, UNICEF needs flexible and timely funding to respond where the need is greatest as the outbreak evolves.

Funding Requirements	
Areas of intervention	Requirements (US\$)
Coordination, Governance and Technical Support	240,000
WASH and Infection Prevention and Control measures	1,160,000
Risk Communication and Community Engagement	840,000
Child protection	420,000
Health and Nutrition	710,000
Integrated Outbreak Analytics	150,000
Gender, GBV and Prevention of Sexual Exploitation and Abuse	120,000
Operational support costs	750,000
<b>Total</b>	<b>US\$4,390,000</b>



## External Media

- Since the [announcement of the Ebola outbreak in North-Kivu province](#), the communication team published 37 posts on [Facebook](#), [Twitter](#) and [Instagram](#), reaching more than 1.2 million people. New multimedia material was uploaded on [WeShare](#);
- Two press releases were published on 9 October (in [French](#) and [English](#)) and on 13 October (in [French](#) and [English](#)).

*For more information contact:*

**Edouard Beigbeder**

Representative

UNICEF DRC

Email: [ebeigbeder@unicef.org](mailto:ebeigbeder@unicef.org)

**Katya Marino**

Deputy Representative

UNICEF DRC

Email: [kmarino@unicef.org](mailto:kmarino@unicef.org)

**Jean Metenier**

Senior Coordinator East

UNICEF DRC (Goma)

Email: [jmetenier@unicef.org](mailto:jmetenier@unicef.org)

**Typhaine Gendron**

Chief of Emergency

UNICEF DRC

Email: [tgendron@unicef.org](mailto:tgendron@unicef.org)