**Highlights**

- Zero (0) new cases since 30 October 2021
- 2 cases fully treated and discharged from the Ebola Treatment Center (ETC) on the 4 November 2021
- 293 of the 295 Community Action Cells (CAC) in the Beni Health Zone have been operational; visiting a total of 41,451 households and raising 804 community alerts
- The Code of Conduct, including PSEA, has been signed by the Logistics, IPC and Clinical Care commissions as well as all new arrivals working in the response
- Priority healthcare facilities continue to be supported to ensure effective Infection Prevention and Control (IPC) measures are in place and being applied

**Situation Overview**

- As of the 31 October 2021, eight cases (5 female and 3 male) have been confirmed, the last case reported on 30 October 2021. Three deaths from September 2021 have been validated as probable cases (3 deaths including 2 female children under 5 years old and 1 adult)
- Three Health Areas Butsili, Ngilinga and Bundji have now reported cases, all of which within the Beni Health Zone.
- 9 people have died (3 probable, 6 confirmed) and 2 adults have been successfully treated and left the ETC on 4 November 2021.
- As of 31 October 2021, children under 5 represent 55% of all cases (5 female and 1 male).
- As of 7 November, 389 active contacts are being followed from residing in 12 of the 19 Health Areas of Beni Health Zone. Of these contacts, 69.6% have been vaccinated either in previous or the current outbreak.
UNICEF’s Response

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

UNICEF, in collaboration with its partners have supported:

- Decontamination of the Beni General Hospital and Ndingi morgues and several healthcare facilities in Butsili, Ngilinga and Mabakanga Health Areas in Beni Health Zone
- Wastewater management (de-clogging and cleaning) of Beni General Hospital
- Continued supervision for the 12 healthcare facilities that have had Ebola cases pass through. This supervision focuses on ensuring the application of IPC measures (e.g. triage, use of gloves, boots and systematic cleaning of the facility)
- Briefing on use and provision of IPC/WASH emergency kits (including gloves, soap, handwashing, thermoflash, personal protective equipment, detergent, chlorine, masks etc.) in all 20 healthcare facilities in Kanzulizuli Health Area. These include 12 traditional practitioners.
- Additional donations to healthcare facilities and community space have included:
  - 200 surgical scrub caps to Mabolio Healthcare facility
  - 17 IPC/WASH emergency kits
  - 11 garbage buckets
  - 17 hand washing stations
  - 2 mattresses and WASH kits (soap, detergent, bucket) to the household of the last confirmed case
- WASH teams are undergoing assessments to construct public handwashing facilities in Kasanga, Malepe, Mabakanga and Kanzul Health Areas in Beni Health Zone
- Briefing: AS Mabolio (29/32 staff representing 16/19 health facilities) and AS Ngilinga (providers from 17 health facilities); Advocacy meeting with the providers and promoters of the private health facilities of AS Ngilinga
- Training on the “Clean Healthcare Facility” approach launched in two healthcare facilities in Beni Health Zone. The “Clean Healthcare Facility” programme is part of the Ministry of Health National plan for improved healthcare facilities.

**Risk Communication and Community Engagement (RCCE)**

- From the 05-07 November, in the Beni Health Zone 293 of the 295 Community Action Cells (CAC) in the Beni Health Zone are actively engaged visiting a total of 41,5000 households and raising 804 community alerts. In Mabalako, 100 of the 153 CACs visited 11,700 households and have raised 616 alerts. Household visits allow CAC members trusted by the communities to share information on the current Ebola outbreak to explain Ebola transmission and how vaccines can reduce risks of infection and early treatment-seeking improves survival rates significantly.

**Specific activities around confirmed cases and contacts in Beni and Mabalako Health Zones**

- 14 targeted dialogues and 40 individual interviews have been organized reaching a total of 280 individuals around the most recent confirmed cases. Discussions have focused on vaccination (how it works, where to access and how it can protect families and communities)

**Community engagement and communication activities**

- Group communication activities have engaged with the Catholic church (380 participants); schools (229 students) and motorcycle associations (29 participants) in the surrounding Health Zones of Mabalako, Aloya and Buhumbani to raise awareness and reinforce alert mechanisms
- 10 community radio stations, including 6 in Beni and 4 in Mabalako, continue to broadcast messages on the prevention of EVD, vaccination and Prevention of Sexual Exploitation and Abuse (PSEA)
Health and Nutrition

- 34 members (15 women and 19 men) of the Psychosocial commission, 27 individuals working in the ETC, transit/isolation centers or as part of the Psychosocial Commission, and 17 CACs and RCCE Commission supervisors were briefed on Infant and Young Child Feeding Practices, nutritional management of the EVD. Key messages will be included and in communication and community engagement activities with caregivers of young children.
- 14 patients were fed according to the treatment phase at the ETC while waiting test results.
- 2 patients with diabetes benefited from appropriate advice and diet from the nutritionists while waiting test results.
- 13 individuals accompanying patients within the ETC (waiting test results) received support on Infant and Young Child feeding practices (3 at the ETC and 4 at isolation centres).
- 14 members of the Clinical Care Commission received training on Infant and Young Child Feeding practices within the context an Ebola outbreak.

Psychosocial Support and Child Protection

Psychosocial workers in the community:
- 43 patients discharged from treatment centers (negative) to return home as well as 28 families affected by Ebola have received psychological support.
- Community engagement and promotion on the importance of birth registration was provided to parents of separated children.
- Other activities included: announcement of a death to family members; provide support to Safe and Dignified Burial (SDB) teams to perform 2 swabs; provide negative results to 4 families prior to burials.

Psychosocial workers at the Ebola Treatment Centre and isolation centers:
- Support and accompaniment has been provided to two survivors leaving the ETC and returning home.
- Psychological support was provided for 20 patients who were awaiting test results in isolation.
- 39 individuals were accompanied with psychosocial support as they received negative test results.
- Psychological support was provided to 19 individuals visiting patients (awaiting tests) in various treatment/isolation center.

Psycho-education support
- 164 psychoeducation sessions for 1,349 participants in the health areas of Malepe, Mabolio, Kanzuli, Ngongolo, Butsili, Ngilinga, Madrandele, Kasanga in Beni Health Zone and Mangina in Mabalako Health Zone.

Gender Based Violence/ Gender/PSEA

- All new UNICEF Ebola response staff who have arrived in Beni (reported by coordination partners) have been briefed on PSEA and signed the code of conduct.
- Community PSEA complaint mechanism mapping has been completed; to date 12 out of 19 Beni Health Areas have complaint mechanisms in place.
- Logistics, IPC and Clinical Care commissions have been briefed and signed the code of conduct (62 individuals).
- Targeted PSEA and GBV discussions (including reporting and mitigation measures) were held with construction workers building the creche.
- Local partner REMED has developed PSEA messages in Swahili to be broadcast via radio stations.
- 32 young women have been trained as gender focal points of youth committees from the 30 districts in Beni Health Zone.
Integrated Outbreak Analytics (IOA)

- In-depth analysis on alerts (integrating the current alerts database with previous healthcare worker survey data from Beni in May 2020) found the following key results
  - Women more often identified as suspect cases (compared to men)
  - The quality of alerts/ investigation varies widely from one health area to another
  - There remain some gaps in understanding of case definition among investigators
  - Healthcare worker surveys have indicated that smaller structures and traditional practitioners are least likely to recognize the first symptoms of Ebola required for an alert (pain/ache)
  - Although most healthcare workers recognize their role in raising alerts, evidence from healthcare worker surveys conducted in Beni in May 2020 more than half of the healthcare workers were not aware of alert mechanisms

- In-depth understanding of transmission and risks for children have highlighted that
  - Children make up 55% of cases
  - Although listed as contacts, the children were not followed before being identified as cases. This appears to be partly due to the listing of children in healthcare facility registries without their parents’ information (e.g. name/address). When surveillance teams visit a facility to list all co-patients, they then have trouble locating children and being able to correctly follow them
  - During the 10th Ebola outbreak children were also less likely to be listed as contacts and when listed, less likely to be followed up (see presentation May 2020)

- Data collection for the Healthcare Worker/Facility Survey (adapted from the 10th outbreak) is set to stop the 8 November. Data are expected to be made available by the 12 November. The data will be used to develop targeted and evidence-based activities to better support healthcare workers in case identification and prevention of transmission based on context

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.

As of today UNICEF allocated US$ 835,000 of its core funding as well as funding received from the Regional Office to meet critical first line needs. Thanks to the generous contribution of SIDA through flexible funds, UNICEF was able to recover US$595,000 of the frontloaded core fundings. More than ever, UNICEF needs flexible and timely funding to respond where the need is greatest as the outbreak evolves.

<table>
<thead>
<tr>
<th>Funding Requirements</th>
<th>Requirements (US$)</th>
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<tbody>
<tr>
<td>Coordination, Governance and Technical Support</td>
<td>240,000</td>
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<tr>
<td>WASH and Infection Prevention and Control measures</td>
<td>1,160,000</td>
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<tr>
<td>Risk Communication and Community Engagement</td>
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<tr>
<td>Child protection</td>
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<tr>
<td>Health and Nutrition</td>
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<td>Integrated Outbreak Analytics</td>
<td>150,000</td>
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<tr>
<td>Gender, GBV and Prevention of Sexual Exploitation and Abuse</td>
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<tr>
<td>Operational support costs</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>US$4,390,000</strong></td>
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External Media
Since the announcement of the Ebola outbreak in North-Kivu province, the communication team published 44 posts on Facebook, Twitter and Instagram. The announcement of the recovery of the first two survivors was widely shared on social networks. Multimedia material is available on WeShare.

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