



World Food Programme

WFP Ebola Response in the Democratic Republic of Congo (DRC)

April 2019

Key Messages

1. After eight months' intense efforts to fight back the deadly epidemic, the tenth Ebola outbreak in DRC is not abating. The number of cases has surpassed 1120, the number of deaths has surpassed 700, and the number of new cases reported in Ebola hotspots is growing by the day.

2. Doing its part to fight Ebola, WFP provides critical operational support to the medical response teams, and distributes food to Ebola contacts and others directly affected. WFP's critical logistical services enable a swift response in affected remote areas

3. Ebola is a public health emergency occurring within the broader humanitarian crisis of DRC. More than 13 million Congolese people are acutely food insecure, and WFP provides lifesaving assistance to more than 5 million people through a Level 3 emergency intervention. WFP urgently requires additional resources to manage these two crises simultaneously.

WFP Key Figures

People Reached with Food Assistance: 264,300 people
Food distributed: 3,320 metric tons
UNHAS flights conducted: 594
Additional aircrafts added to fleet: 3, two helicopters and one Beechcraft
New UNHAS routes established: 13
Humanitarian workers moved: 12,609
Cargo transported by UNHAS: 184 metric tons
Accommodation camps constructed: 2, with extra capacity for 200 humanitarian workers
Medical Equipment Transported per week: 14 metric tons on behalf of WHO
Donors: European Commission, Canada, United States of America

WFP Food Assistance to Ebola Affected People

WFP food assistance is delivered in all health zones subject to medical Ebola response, currently at 89 food distribution points across 21 health zones in Ituri and North Kivu. WFP's food assistance has three pillars:

1. Care: Assisting confirmed and suspected Ebola cases in Ebola treatment centers receiving medical care in order to sustain their nutritional status and complementing therapeutic protocols.

2. Contain: Assisting registered Ebola contacts and their households, thereby mitigating the risk of Ebola spreading further. Family food rations are provided on a weekly basis during the 21-day period of medical observation. Food rations are also provided as an incentive to communities to better accept the medical response. Some 85 percent of the Ebola-related food assistance provided falls under this pillar.

3. Protect: Ensuring that discharged suspected patients, Ebola survivors and their families, as well as families of individuals deceased from Ebola receive assistance towards their recovery and reintegration into communities.

Wider Assistance to Build Community Acceptance

Breaking the Ebola transmission chain relies not only on medical response capacity to trace, vaccinate and treat new cases, but also on the active collaboration of affected communities.

Weak collaboration is characterized by a low number of community alerts of new Ebola cases, poor adoption of preventive handwashing practices, and a persisting high number of deaths occurring in communities as opposed to in Ebola treatment centers.

Given the challenges faced previously in obtaining community acceptance, supplementary humanitarian and development activities are fielded by WFP and partners. These activities aim to build trust and positive engagement in the affected areas, by addressing people's needs more holistically. In support of this approach, a school feeding programme in Beni and Oicha has been launched, while WFP is also exploring food for asset activities.

Regional Preparedness

With a very high risk of Ebola spreading to neighboring countries, WFP is providing logistical support for emergency preparedness in five priority countries: Uganda, Rwanda, South Sudan, Burundi and Tanzania. This includes border screening and isolation, logistics coordination, transport and storage for partners, Ebola Treatment Unit (ETU) design and construction, and Ebola related trainings.

In **Uganda**, WFP provides tents and containers for screening and isolation, ambulances, engineering support for ETU construction, and is setting up a Common Logistics Services Regional Staging Area in Entebbe.

In **Rwanda** and **Burundi**, WFP supplies tents and containers for border screening and isolation as well as ambulances, and is also providing engineering support for ETU design and construction.

In **South Sudan**, WFP is supplying ambulances and air transport – including for blood samples - through UNHAS, and is coordinating Ebola-related logistics. WFP has already finalized the construction of three large isolation units.

In **Tanzania**, WFP has conducted Ebola sensitization trainings for WFP staff, key partners and cross-border truck drivers, prepositioned pre-fab offices, mobile storage units and staff protection kits in high-risk border areas, and it has procured isolation tents for the Ministry of Health.

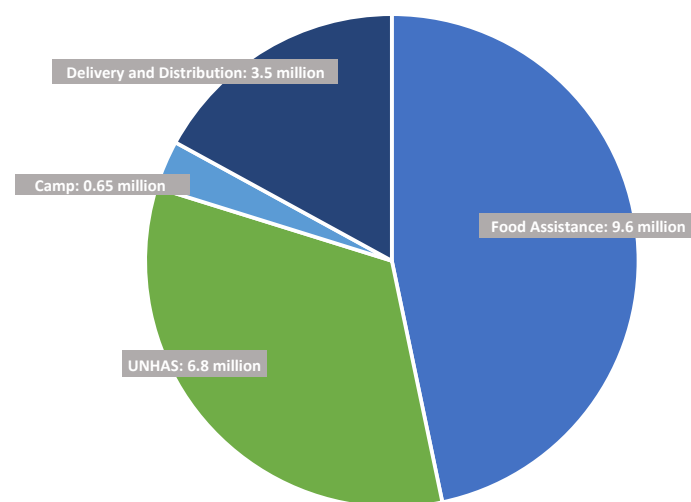
WFP Operational Support

Delivery and distribution services: Including customs clearance, transport, handling and repackaging services. WFP also manages three warehouses for WHO in Beni, Goma and Butembo, and manages the set up and rehabilitation of storage and office premises in the response locations.

Camp construction: WFP has built two accommodation camps in Komanda and Tchomia with a capacity to host 200 humanitarian workers. Together with WHO, a third accommodation camp was built in Mangina with an additional capacity for 150 people. WFP also provides mobile storage units (four in Beni, three in Butembo, one in Bunia, and previously one in Komanda), land clearing, securing, illumination and electric set up for the medical and non-medical staff involved in the response.

UN Humanitarian Air Services (UNHAS): WFP enables access to Ebola-affected areas for the entire response community through the WFP-managed UNHAS. Three additional aircrafts have been added to the fleet, enabling a timely support for medical responders to deploy quickly to newly Ebola affected areas. Ten new routes have also been established, 12,609 humanitarian workers and 184 metric tons of humanitarian cargo has been moved as part of the Ebola response by UNHAS.

WFP Funding Requirements under SRP 3: USD 20.5 million



Ebola Strategic Response Plan 3

The Strategic Response Plan 3 for Ebola (SRP3) is in place for six months (February – July 2019) in the two Ebola affected provinces of Itiru and North Kivu with a budget of USD 147.9 million. The Ministry of Health leads the response, with support from WHO and humanitarian actors.

As part of SRP 3, WFP requires USD 20.5 million in order to provide the following services:

- 1. Food assistance for 300,000 people**, but ability to scale up if need be. In order to better track Ebola lost and unseen contacts, WFP has set up information sharing procedures between Caritas, the Surveillance Commission and WHO, through distributions.
- 2. UNHAS provides two dedicated helicopters and two fixed wing aircrafts** to the Ebola response. Helicopters enable humanitarian workers to reach remote areas quickly, while fixed wing aircrafts enable UNHAS to conduct daily flights between Kinshasa – Goma – Beni.
- 3. An additional mobile accommodation camp** for humanitarian workers will be constructed, bringing the total to four.
- 4. Delivery and distribution services** on behalf of the wider humanitarian community will continue.