

SAVING
LIVES
CHANGING
LIVES



WFP's Response to the Ebola Outbreak in DRC - 19 November 2018

WFP continues to respond to the worst Ebola outbreak in DRC's history, providing food assistance to prevent a further spread of the virus, and serving the wider humanitarian community with critical logistical support.

COMPLEX OPERATING ENVIRONMENT

DRC's 10th Ebola outbreak, which by 13 November had claimed more than 200 lives in North Kivu and Ituri provinces, is affecting the people more than any of the country's previous outbreaks. It is also more complicated to contain due to a challenging security environment and inadequate infrastructure.

The epicentres of the outbreak, the North Kivu cities of Beni and Butembo, are marked by prolonged conflict involving the DRC military and non-state armed groups. These include the Allied Democratic Forces (ADF), which have carried out frequent deadly attacks on the outskirts of Beni, including one targeting the UN peacekeeping force, MONUSCO, claiming the lives of seven Blue Helmets on 15 November.

Community resistance to medical responders delays the reporting of cases to health facilities. Those who have been in contact with Ebola patients are sometimes afraid to come forward for treatment.

Much infection occurs in towns, unlike previous outbreaks that mainly affected rural areas. This impedes response and the tracing of contacts. Moreover, many people in the area are highly mobile traders, which makes it harder to trace contacts. Families and communities are often displaced by violence perpetrated by non-state armed groups, likewise risking the spread of the virus.

As of 13 November, more than 30,000 people — 99 percent of the target—had been vaccinated. However, in the Health Zone of Katwa (close to Butembo), 77 persons, (contacts, or contacts of contacts) had not been vaccinated.

Given the complex environment, the medical and humanitarian response to this Ebola outbreak may last another six months, or more.

LEADERSHIP AND RESPONSE MECHANISMS

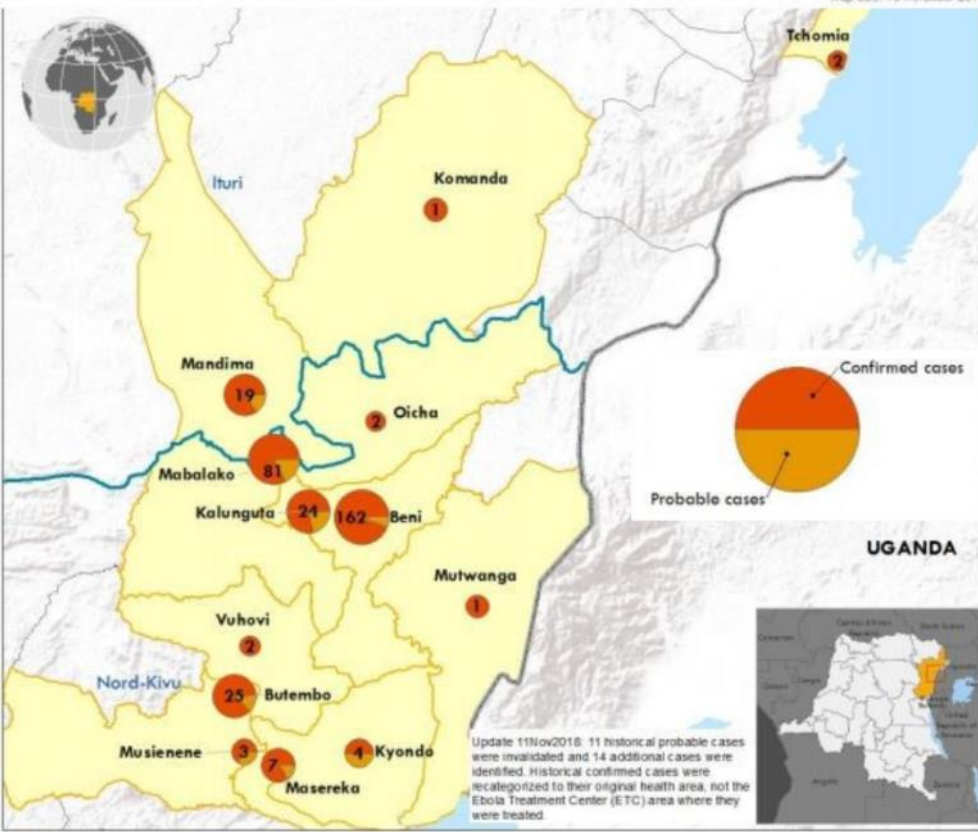
The Ebola response is led by the Ministry of Health, in partnership with the World Health Organization (WHO). WFP supports the medical response with food assistance to affected people, logistical support to WHO and the provision of common services to the response community. Coordination mechanisms consist of numerous technical commissions led by the Ministry of Health, including ones dedicated to tracing and monitoring, vaccination, psychosocial support, prevention and patient care. The commissions meet daily to share information and make the required adjustments to response planning and execution.

WFP coordinates with all relevant commissions - including those responsible for surveillance, psychosocial support, vaccination and logistics. The surveillance commission is WFP's main source of information, facilitating prompt reaction to the latest contact tracing information.



Photo above: WFP/ Gustave Bahati
Food distribution at Beni hospital.

Photo right: WFP/ Gustave Bahati
WFP first responder staff in Beni.



WFP LOGISTICAL SUPPORT

Drawing on its expertise and experience from responding to Ebola in West Africa, WFP plays an enabling role for the medical response. This includes engineering works, response hubs and accommodation for responders, movements and warehousing of medical supplies, as well as constructing safe rooms to accommodate response teams. WFP has put in place daily special UNHAS flights to Beni, the epicentre of the outbreak, and stationed a helicopter there.

PREPAREDNESS

WFP plans to provide food to some 20,000 people a month, and a range of common logistical services to the response community. Given that the response is highly dynamic and requires considerable agility, WFP will augment its deep field presence and deploy Rapid Response Teams (RRTs). It will also ramp up its logistical support to the medical response.

The risk of Ebola spreading geographically remains very high. WFP is preparing to react promptly to new outbreaks in other parts of DRC, especially in urban areas.

LONGER TERM RECOVERY

The crisis is occurring in a context of chronically poor health and nutrition indicators, and a large IDP population. It is likely to impact the food security of affected communities in the

medium-term, and food assistance will have to evolve accordingly. WFP is working closely with Ebola Treatment Centres and the government response team to have a complete contact list of all Ebola survivors to which food and nutrition assistance can be provided for 12 months.



FOOD AND NUTRITION ASSISTANCE

WFP leverages two key comparative advantages in its response to Ebola. First, the capacity to quickly deliver food in remote and insecure locations. Second, its agility and speed in logistics, construction, infrastructure repair and supply chain management. Thirty-two WFP staff have been deployed to Beni. Since August, WFP and cooperating partner Caritas have delivered food and nutrition assistance to about 60,000 Ebola-affected people. Distributions are intended to:

CARE: WFP provides food to confirmed/suspected cases receiving medical care in health facilities, to sustain their nutritional status.

CONTAIN: WFP provides food to registered contacts. This helps mitigate the risk of Ebola spreading by limiting population movements. Food distribution also encourages Ebola contacts to present themselves for registration. Family food rations are provided weekly door-to-door for four weeks, thereby ensuring coverage of the 21-day observation period. Rations are also provided to health workers and other front-line personnel.

PROTECT: This targets discharged suspect cases and Ebola survivors and their families, supporting their reintegration to communities of origin. Survivors also receive special nutritious products to support recovery.



3 mobile warehouses deployed in Beni



2 camps constructed and managed to host 250 persons



1 dedicated UNHAS helicopter enabling teams to quickly reach remote locations and transport supplies and blood samples



6 trucks carrying staff, medicine, food and other items to treatment



3,500 passengers transported by UNHAS since the beginning of the operation; **60** metric tons of cargo transported by UNHAS since the beginning of the operation