WFP Ebola Response in the Democratic Republic of Congo (DRC)
November 2018

Key Messages

1. The tenth Ebola Virus Disease (EVD) outbreak in DRC was declared in August. In three months, it has killed more than 200 people, exceeding any previous outbreak in DRC. This health emergency compounds the broader humanitarian crisis, marked by conflict, displacement and a doubling of hunger over the past year, from 7.7 to 13 million living in IPC Phase 3 and 4.

2. WFP plays a critical role in containing the Ebola outbreak through food assistance. In support of the medical response, WFP provides weekly, door to door food parcels. Since August, WFP assisted 60,000 affected people targeting those who have been in contact with Ebola patients, to prevent further spread of the virus.

3. 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, movement and warehousing of medical supplies, and constructing safe rooms to accommodate response teams. WFP has put in place special UNHAS flights to Beni, the epicentre of the outbreak, and stationed a helicopter there.

Operations

- WFPs response to the 10th Ebola outbreak started in August and WFP had reached more than 60,000 people by mid-November. WFP acts in support of the health response and forms part of the national Ebola Strategic Response Plan. In the coming three months, WFP is ready to assist up to 80,000 beneficiaries.
- WFP is active in all the Ebola hotspots in North Kivu, including Beni, Butembo and the Mai Mai controlled area of Kalunguta.
- WFP food assistance to infected and affected households and communities falls into three categories:
  - **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. Rations are also provided to health workers and other front-line personnel.
  - **PROTECT**: This targets discharged suspect cases, Ebola survivors and their families, supporting their reintegration in the community of origin. Survivors also receive special nutritious products to support recovery.

- In the event of an outbreak in a more populated area, WFP will scale up to ensure sufficient commodities are available to help limit population movements of Ebola contacts.

Coordination

- Ebola coordination consists of numerous technical commissions led by the Ministry of Health, including ones dedicated to tracing and monitoring, vaccination, psychosocial support, prevention, patient care and logistics. The commissions meet several times per day to share information and make the required adjustments to response.
- WFP interacts with all relevant technical commissions - including those responsible for surveillance, psychosocial support, vaccination and logistics. The surveillance commission is WFP’s main source of information, facilitating a WFP reaction - within 48 hours - to the latest contact tracing information.
- In Beni, the epicenter of the outbreak in North Kivu province, WFP is present with a senior Emergency Coordinator and a strong team of international programme, logistics and security staff. In addition, WFP seconds specialized international staff to WHO.
- WFP partners with CARITAS for the delivery of food parcels to Ebola affected people. Among the UN agencies and NGOs WFP works in close partnership with WHO, UNICEF, OCHA, the Deputy Humanitarian Coordinator and MSF in planning and executing an integrated response to Ebola.

- The response, coordination and financial framework for Ebola is government led. The USD 61 million Ebola Strategic Response Plan (SRP) sets out the projected financial requirements in various sectors. To resource its Ebola operation for the next three months, WFP requires USD 9 million. The net funding gap is USD 7.6 million.
- WFP leverages two key comparative advantages in its response to EVD. First, the capacity to quickly deliver food in remote and insecure locations. Second, its agility and speed in logistics, construction, infrastructure and supply chain management.
- Given significant community resistance to Ebola treatment, as well as geographical spread of EVD through contacts, WFP’s food assistance is tailored to be strategic and dynamic. First, WFP’s food assistance helps overcome community resistance by incentivising people to come forward for treatment. Second, weekly distributions of food parcels at the household level helps minimize the movement of Ebola contacts during their 21 days observation period.
- Alongside its response to Ebola, WFP is in the middle of a major scale up operation in DRC, targeting five and a half million people with food and nutrition assistance in 2018. The activation of a corporate Level 3 emergency in May as well as strong donor support allows WFP to combat the alarming level of food insecurity in the country.
Components of WFP’s Response Plan 1 November—30 January

- **Food assistance:**
  - Weekly food parcels for up to 80,000 Ebola-affected people. Food is provided on the basis of Ebola contact lists, and in response to those receiving treatment or being discharged from treatment.
  - To support the recovery of discharged Ebola patients, WFP will provide food assistance to this group for one year.

- **Preparedness:**
  - **Logistic equipment:** WFP operates small trucks to cater for new transport requirements. Door to door distribution requires this equipment. Meanwhile, WFP’s cooperating partner, Caritas, is ensuring transportation and distributions in affected areas.
  - **Staff augmentation:** WFP is fielding two dedicated international rapid response teams to control outbreaks in new locations, supported by national staff.

- **Security:**
  - The non-permissive security environment requires WFP to preposition two Armoured Vehicles, additional protection for staff, as well as security communication.

- **Storage facilities:**
  - The small scale delivery of the response requires a number of smaller rubhalls/warehouses in addition to existing/traditional storage capacity.

- **Common services/accommodation:**
  - Upon request, WFP will put place flexible, deployable accommodation camps. Common service provision will ensure efficient logistical management of the response.

The unique operational characteristics of Ebola response

- Implementation costs incurred when responding to Ebola are considerably higher than in WFP’s regular crisis response operations.
  - First, this Ebola outbreak takes place in a conflict zone, requiring special planning, access negotiations and security expertise to ensure the safety of staff, beneficiaries and assets.
  - Second, with WFP’s country office working at full capacity to respond to the corporate L 3 in DRC, international staff deployed are HQ surge staff experienced in Ebola response.
  - Third, the unpredictable nature of the virus necessitates deployment of assets on a no-regret basis.
  - Fourth, preparedness for further spread of the virus is an integral part of the response.
  - Fifth, delivering small food parcels on a weekly basis, in multiple locations, is much more expensive than delivering a three month ration to thousands of beneficiaries in a general food distribution.

- **Resource situation:**
  At the start of the response, WFP advanced USD 377,000 from its immediate response reserve to allow WFP to position staff as well as equipment that would be needed for food assistance, and these funds have been depleted. In addition to the funds spent on preparedness since August, WFP has distributed 590 MT, valued at USD 1.2 million, to more than 60,000 Ebola-affected people.
  WFP received a contribution of USD 1.4 million for food assistance from ECHO. In the coming period, continued Ebola response requires more contributions by donors. **WFP’s net funding requirement to resource Ebola response for the next three months is USD 7.6 million.**