



EMERGENCY EBOLA OUTBREAK RESPONSE - RISK COMMUNICATION AND COMMUNITY ENGAGEMENT IN RDC

FINAL REPORT

1st July – 31st August 2026

Submission date: 21st September 2026

Submitted by: **Dr Bomby Kabongo**
Executive Director
Kheth'Impilo -DRC
Democratic Republic of Congo
Telephone: +243815103140
E-mail address: Bomby.Kabongo.DRC@khethimpilo.org

Contents

ACRONYMS AND ABBREVIATIONS.....	3
A. EXECUTIVE SUMMARY	4
B. NARRATIVE OF PROGRAMMATIC ACTIVITIES	6
I. Project startup activities	6
II. Specific activities carried out during the reporting period.....	6
III. Collaboration with Health Authorities and Local Stakeholders	9
IV. Challenges and Recommandations.....	10
V. Conclusion	10
C. Staffing and administration.	11
D. FINANCIAL REPORT	12

ACRONYMS AND ABBREVIATIONS

AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immunodeficiency Syndrome
CBO	Community Based Organization
CHW	Community Health Workers
DHIS	District Health Information System
DOH	Department of Health
DRC	Democratic Republic of Congo
HCW	Health Care Worker
HRH	Human Resources for Health/Health Worker staffing
HSS	Health Strengthen System
HZ	Health Zone
HZMT	Health Zone Management Team
KI-DRC	Kheth'Impilo – Democratic Republic of Congo
MER	Monitoring Evaluation and Reporting
MOH	Ministry of Health
PE	Peer Educator
QA	Quality Assurance
QC	Quality Control
QI	Quality Insurance
SRHR	Sexual Reproductive Health and Recreation
SOP	Standard Operating Procedure
TA	Technical Assistance

A. EXECUTIVE SUMMARY

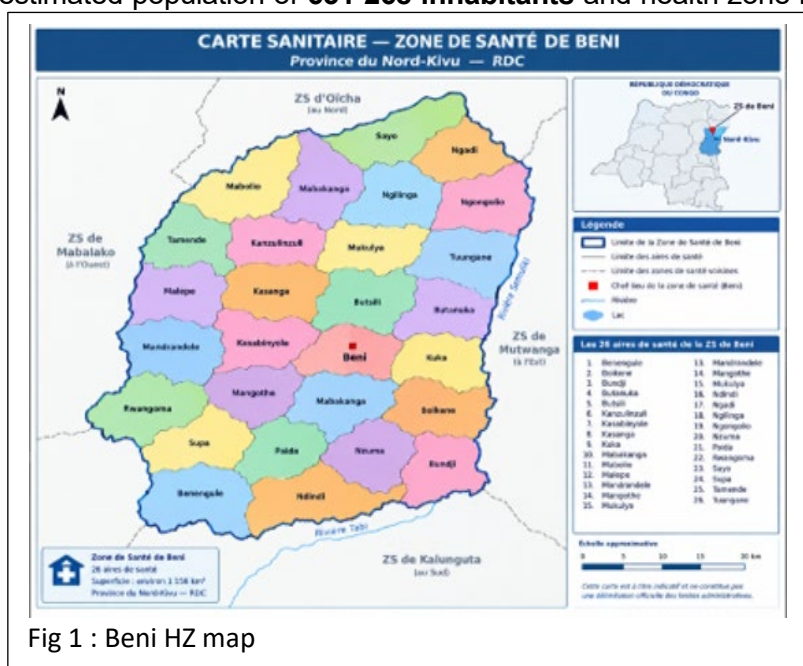
Kheth'Impilo-DRC (KI-DRC) is pleased to present this report, which provides a summary of the project activities implemented and the results achieved from 1st July to 31st August 2026. During this reporting period, the KI-DRC emergency Ebola outbreak response project, carried out activities focused in risk communication and community engagement, covering the **Beni Health zone, in North Kivu province in DRC**.

The Eastern DRC has faced a new Ebola outbreak since 15 May 2026, with cases reported in five provinces to date. On 17 May 2026, WHO determined that this Ebola disease outbreak was caused by Bundibugyo virus disease in the DRC and Uganda, a strain with no licensed vaccine or approved targeted treatment, which constituted a Public Health Emergency of International Concern. Misinformation, misconceptions were factors likely to increase the risk of further spreading, making urgent community sensitization, IPC/WASH and coordinated response.

KI-DRC, is a locally established organization, founded in March 2017 and officially registered under certificate number MS1257/DESP/DR/RMY/179, with significant expertise to HIV program implementation and the management of epidemic diseases such Cholera, Covid-19, accumulated over six years of experience with PEPFAR funding in both Lualaba and Haut-Katanga provinces. With GlobalGiving funds, KI-DRC, proposed to implement a two-month rapid response to complement Ministry of Health and WHO-led outbreak control through risk communication and community engagement (RCCE), rumor management, IPC/WASH support, early alert referral, protection-oriented facility engagement and respectful sensitization on safe burial. This support was focused on the Béni Health zone in North Kivu province, in collaboration with the provincial health authorities and in alignment with the national priorities.

The Beni Health Zone has an estimated population of **631 268 inhabitants** and health zone is rural, covering a land area of 21,677 km². It shares borders with ITURI province the Ebola epidemic epicenter on South and Uganda on its Eastern border.

The Beni Health Zone is therefore a strategically important area, particularly because it lies along the region's main transportation routes for goods and experiences high population mobility between Ituri Province—the epicenter of the 17th Ebola epidemic in the DRC and the Uganda to the east.



In these regions, insecurity, armed conflict, weak governance, population movement, misinformation, misconceptions and poor governance are potential factors likely to create and increase the risk of further spreading, making urgent community sensitization, IPC/WASH interventions and coordinated response essential and urgent. Fear, misinformation and mistrust can lead to delayed reporting, unsafe home care, hidden deaths, attacks on health workers and contamination during funerals or other community gatherings.

Specifically, multiple tensions, including community resistance around safe burial and destruction of health structures or response facilities, show that many people do not yet fully understand why Ebola is dangerous, why bodies of Ebola victims are highly infectious, and why safe and dignified burial is necessary. This requires an urgent and sustained community-centred response.

The Provincial health Division are active in the province, spearheading the DRC's Ebola outbreak response. They work closely with both public and private sector partners, as well as civil society organizations, to ensure effective and coordinated engagement in the fight against the Ebola epidemic.

In the aim of effective and efficient management and close monitoring of identified activities, KI-DRC subcontracted some community activities to CAFED, a community organization based in Beni, and has strengthened its management capacities to maximize the implementation of activities at the community level in order to reach the identified targets.

The official launch of the project, took place in Beni in July 2026, was witnessed by Government health who were supportive for the additional contributions brought by the KI-DRC project. Core activities undertaken by KI-DRC and CAFED included to increase community understanding of Ebola/Bundibugyo disease through radio spots in local languages; trainings and sensitizations sessions among students and communities' organizations; community mobilization at congregated settings, practical messaging on no direct contact with blood/body fluids, providing IPC/WASH starter kits and creating facility-community liaison groups. The implementation approach involved the collaboration with DPS, health zones, and trusted local structures. Community health workers (relais communautaires), youth peer educators, women leaders, faith leaders, teachers, were used as trusted messengers.

Key achievements reached are summarized in the table below

Outputs planned	Reached	Achievement
Local mobilization capacity	21 student and women's leaders trained	100%
Printed communication materials	2,000 leaflets and 20 stickers distributed	100%
Hand hygiene infrastructure	12 handwashing stations distributed	100%
Faith-community session	640 participants: 260 men, 340 women and 40 young people	100%
Radio communication	More than 10,000 people reportedly reached	100%
Institutional coverage	Three higher education institutions and three women's associations	100%

To strengthen data quality and reporting, weekly monitoring meeting were held to facilitate accurate and reliable data gathering. These resources aimed at improving the overall quality of information reported, thereby enhancing monitoring and evaluation of programmatic activities.

The specific activities implemented are outlined in detail in the sections below.

B. NARRATIVE OF PROGRAMMATIC ACTIVITIES

I. Project startup activities

The initiation of the KI-DRC Ebola project in Beni Health zone, commenced with formal contacts with different actors, a critical step to engage key stakeholders and secure their support for the project's successful implementation. This process involved informing political, administrative, and health authorities about the planned activities, ensuring their understanding and commitment, and establishing a foundation for safe and effective project execution. Prominent entities, including the Provincial Health Division as well as selected community organizations, universities and institutes and community actors were contacted.

- **Recruitment of a locally based Ebola response staff:** KI-DRC engaged a staff based in Beni to provide technical support for the implementation of Ebola activities. Local expertise was required to ensure familiarity with Beni's sociocultural, institutional, and health context; the dynamics of higher education institutions; community networks; and local communication mechanisms.
He contributed to operational preparation, stakeholder coordination, message development and adaptation, training support, activity monitoring, and documentation. Being based in Beni also enabled timely participation in coordination meetings and rapid resolution of implementation challenges.
- **Engagement with health-zone and provincial health authorities:** Institutional engagement was established with the North Kivu Provincial Health Division and the Beni Health Zone. This helped align the intervention with the national Ebola response and maintain the technical quality of disseminated messages.
Discussions covered awareness priorities, community concerns, preferred messages, alert and referral mechanisms, and collaboration with higher education institutions and community organizations. The involvement of the Provincial Health Division and Beni Health Zone linked the community intervention to the official public health response. As result, the KIRDC intervention was positioned as community support to the official local response, with technically validated messages and improved local coordination.
- **Capacity building of CAFED organization:** Based on its experience in strengthening the capacity of NGOs to help them understand the requirements of funders, maintain rigor in fund management, and ensure compliance in carrying out activities, KI-DRC organized support sessions for CAFED staff and held several monitoring meetings with them for this purpose. This led to the successful completion of all planned activities and the achievement of all expected results. It also allowed for efficiency in managing the allocated budget. The management skills enabled CAFED to quickly analyze the challenges faced on the ground and provide appropriate solutions in the context of limited resources, as well as to mobilize additional funds if needed to achieve the set objectives.
This should be noted as a strength for KI-DRC.

II. Specific activities carried out during the reporting period

A co-creation approach was used to develop and refine the intervention plan with local stakeholders. A joint planning meeting clarified the objectives, priority groups, institutions, activities, responsibilities, key messages, and monitoring arrangements.

- **Design, pre-testing and production of locally adapted materials**

Information, education and communication materials were developed in response to locally identified information needs. The process followed four stages: identifying

information needs, drafting messages, pre-testing materials with representatives of the intended audiences, and finalizing the materials before production.

Pre-testing assessed comprehension, acceptability, vocabulary, visual clarity, and the extent to which the messages addressed local concerns. Priority topics included prevention, warning signs, rapid access to reliable information, hand hygiene, management of rumors and the infodemic, non-stigmatization, and safe and dignified burial practices.

The resulting package included leaflets, stickers, and a radio spot for mass communication. The pre-test report and final communication materials should be listed in the annex register once their numbers are confirmed.

- **Training student and women's leaders as local mobilisers**

A total of 21 student and women's leaders were trained to form a network of local mobilisers. The training was facilitated with support from provincial and health-zone personnel. Topics included essential Ebola knowledge, preventive measures, hand hygiene, interpersonal communication, risk communication, rumor and stigma management, and the role of community focal points in directing concerns to the appropriate services.

The training report and available training video is included in the annex register once their numbers are confirmed.



Fig 4 : Ebola sensitization banner



Together we fight
EBOLA in Beni



National guidelines
shared



Leaflet explanation



Certification of trainees
leaders

- **Procurement of infection prevention and control materials**

Infection prevention and control equipment were procured to support hand-hygiene practices in the three participating higher education institutions and among the targeted women's associations. This equipment helped translating awareness messages into visible, practical action in places used every day.



- **Community Sensitization**

Community sensitization was the principal component of the intervention. It combined in-person and online sessions, outreach, distribution of communication materials, and local radio. The approach was designed to reach students, women, and the wider population through communication channels that were already familiar and trusted



- **Hybrid Ebola sensitization conference at ISTM Beni**

A hybrid Ebola sensitization conference was held at ISTM Beni for both in-person and remote participants. This format expanded the activity's reach while maintaining an institutional setting. The discussion covered Ebola virus disease, prevention, warning signs, individual and collective responsibility, risk communication, rumor management, and the role of students in community preparedness.

Participation by health and academic authorities strengthened the credibility of the messages. A question-and-answer session captured participants' concerns and clarified misinformation circulating in the community. The conference was also advertised online to reach additional students in Beni.



- **Community and women's sensitization in a local church**

A sensitization session was conducted at a local CLEPA church and reached 260 men, 340 women, and 40 young people, for a total of 640 participants. The church name remains to be confirmed. The session delivered clear messages on Ebola prevention, hand hygiene, warning signs requiring prompt referral, the importance of avoiding rumors and stigma, and safe and dignified burial. Women's leaders and faith leaders were recognized as essential messengers who could extend these messages through households and community networks.

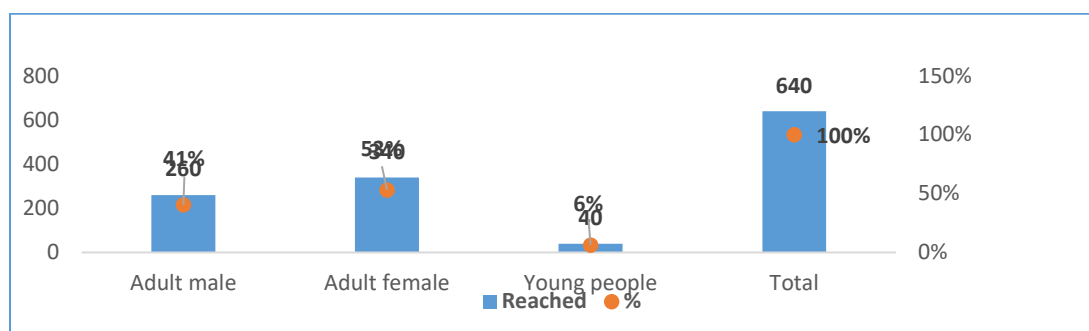


Fig 3: Breakdown of individuals sensitized by category, Beni, August 2026

○ Distribution of printed educational materials

Leaflets and stickers reinforced message retention and kept prevention information visible after sensitization sessions. Twenty stickers were placed on handwashing equipment and near high-traffic handwashing points. A total of 2,000 leaflets were distributed to students, women's networks, and the wider community.



○ Mass communication through local community radio

Radio Espoir, reported as Beni's most widely followed local community radio station, broadcasted the locally developed and pre-tested Ebola message twice each day during peak listening periods. The planned intensive broadcast period was 30 days. The radio spot used simple, locally understandable, and non-stigmatizing language. It addressed routes of transmission, symptoms, preventive measures, and what listeners should do if they experienced symptoms or became aware of a possible alert. The report estimated that more than 10,000 people were reached. The audio spot is included in the annex register.

○ Distribution of infection prevention materials

Following procurement, infection prevention materials were distributed to the three participating higher education institutions and three women's associations. The aim was to decentralize access to hand-hygiene supplies and create visible points that encouraged daily handwashing.

Beneficiary	Planned and delivered material support
Université Officielle de Beni	Handwashing station and stand, consumables, stickers and leaflets
Institut Supérieur des Techniques Médicales de Beni	Handwashing station and stand, consumables, stickers and leaflets
Institut Supérieur de Commerce	Handwashing station and stand, consumables, stickers and leaflets
Three women's associations	Handwashing stations and stands, consumables, stickers and leaflets

III. Collaboration with Health Authorities and Local Stakeholders

Collaboration with the North Kivu Provincial Health Division and Beni Health Zone was central to the intervention. It aligned activities with official technical guidance and enabled qualified local health personnel to support training and sensitization sessions. Their involvement strengthened technical credibility and coherence with the provincial response.

Collaboration with CAFED facilitated access to local women's networks, participant mobilization, and dissemination of messages in community settings. Sensitizing women was considered particularly important because women could extend prevention information to household members and wider social networks.

IV. Challenges and Recommendations

Challenge	Potential effect	Recommendation
Ebola misinformation and rumours	Fear, refusal to cooperate, and unsafe behaviour	Maintain rumour monitoring and rapid response using validated messages. Establish and support a local infodemic committee to detect, report, and clarify false information promptly.
Mobilising students and women	Participation varied according to schedules	Plan with institutional and community gatekeepers and adapt timing to academic and community activities.
Inadequate availability of infection prevention consumables	Installed stations may not remain functional, weakening the practical value of messages	Provide adequate logistics for continued sensitization, replenish water and soap daily, designate a responsible person at each site, and monitor stocks monthly.
Coordination among multiple stakeholders	Duplication or contradictory messages	Participate in local coordination meetings and share a common workplan.
Restricted access to community spaces	Sensitization may be limited to small groups or one-to-one communication	Obtain authorizations in advance and identify alternative venues.
Limited implementation period due budget constraints	Relapsing behaviors that fuel the spread of the outbreak	Extension of the RCCE project for at least another 6 months if Funds are available

V. Conclusion

The KI-DRC Ebola project combined local expertise, official health-sector coordination, trusted community structures, trained mobilisers, locally adapted messages, mass communication, and practical infection prevention support. The reported completion of all planned core activities created a foundation for sustained community awareness. Continued rumor monitoring, replenishment of hand-hygiene supplies, refresher support for mobilisers, and documentation of stakeholder testimonies will be important for maintaining and demonstrating the intervention's contribution success.

KIRDC expresses acknowledges to GG for the funds raised, which helped to contribute to the Ebola response in eastern DRC. It's worth highlighting the invaluable efforts made locally by CAFED NGO, which was strengthened in capacity by KI-DRC, efforts that allowed to raise additional funds that have provided substantial support to the Ebola response in DRC.

C. Staffing and administration.

KI-DRC has hired 15 staff for different positions set up for the best undergoing of Ebola project activities, established in Nord-Kivu province.

Table 3. KI-DRC staff establishment

No	Position	1 st July 2026 – 31 August 2026
1	Executive Director	1
2	Deputy Executive director	1
3	Director of Programs	1
4	Director Administrative & Finance	1
5	Director of HR & Legal Affairs	1
6	Senior Program Manager	1
7	Clinical Services Manager	1
8	Compliance and Internal Control Manager	1
9	Operation Manager	1
10	Suivi des relations	1
11	Accountant assistant	1
12	Information bussiness officer	1
13	Human Resource officer	1
14	Consultant	2
TOTAL		15

D. FINANCIAL REPORT

Description	Amount
Income	USD
Fund received from GolbalGiving	4 995
Total Income	4 995
Expenses	
A. Programmatic Activities	
Technical staff Salaries	
Technical staff benefit	
Sites supervision trips	
Medical supplies	
Consultancies	577
Printing of tools for patients	
Index testing and viral load	
Mobil tracking of patients	
Transport Reimbursement & Communication/Data Collection	1 016.5
Handwashing equipment/Technical supplies	941
Sensitizer Workshop	825
Conference and Sensibilization /Trainings	1 192
S/T programmatic	4 551.5
B. Overhead	
Overhead Staff Salary	
Overhead Staff Fringes	
Office utilities and supplies	
Bank charges	143.5
Office rent	
Vehicles	300
Local travel	
Other administrative cost	
S/T Operations	443.5
Total Expenses	4 995
Comprehensive surplus/deficit for the period	0

EXPENSES SUMMARY

KI -DRC received from GlobalGiving the funding amounting to USD 4,995.00 for the fight against the Ebola outbreak . These resources were mobilized to finance the following key activities:

- Consultancies: USD 577.00, representing costs related to the technical support and expertise required for the implementation of Ebola activities;
- Transport Reimbursements & Communication: USD 1,016.50, covering transportation, communication, and sensitization-related activities;
- Handwashing Equipment: USD 941.00, allocated to the procurement of handwashing equipment and the necessary supplies to support Infection Prevention and Control (IPC) interventions;
- Sensitizer Workshop: USD 825.00, allocated to the organization and implementation of workshops Sensitizers ;
- Conferences, Sensitization and Trainings: USD 1,192.00, corresponding to the costs of conferences, sensitization activities, and training sessions;
- Bank Charges: USD 141.45, corresponding to the bank and fund transfer fees related to the implementation of Ebola activities in Beni.
- Office rent: 300 USD were used for office rent

The total expenditure amounted to USD **4 995**.