CONCEPT NOTE:

EMERGENCY EBOLA OUTBREAK RESPONSE - RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

Eastern DRC | Focus - Ituri: Bunia, Rwampara, Mongbwalu – Goma:| Preparedness: Beni–Lubero, North Kivu | Kheth'Impilo-DRC | **Funding needs: USD 500000**

Project title	**Pamoja Tupiganishe Ebola: Community-centred epidemic response and risk communication in Eastern DRC**	**Duration**	6 months
Geographic scope	Ituri: Bunia, Rwampara and Mongbwalu; North Kivu: Goma; & Preparedness/mobility corridors: Beni–Lubero, North Kivu	**Target groups**	Households, youth, women, faith/traditional leaders, transporters, health workers, schools and markets
Overall goal	Reduce Ebola transmission risk, misinformation and community resistance through trusted RCCE, safe care-seeking, IPC/WASH and alert referral.	**Funding needs**	USD 500,000
Lead organization	**Kheth'Impilo-DRC**	**Coordination**	Aligned with MoH/DPS, health zones, WHO coordination, 3 local NGOs and other civil society and protection actors

1. Context and justification

Eastern DRC has faced a new Ebola outbreak since 15 May 2026, first reported in Ituri. 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, constituted a Public Health Emergency of International Concern. As of 22 May 2026, WHO reported 270 suspected cases, eighty-two laboratory-confirmed cases and 80 suspected deaths in Ituri Province in Bunia, Rwampara and Mongbwalu health zones, and one case in Goma, North Kivu province. Unusual community deaths, healthcare-worker deaths, insecurity, population mobility and suspected cases in Ituri and North Kivu create a high risk of wider spread, including through the Beni–Lubero mobility corridor. Insecurity, armed conflict, weak governance, population movement, misinformation, misconceptions and poor governance increase the risk of further spreading, making urgent community sensitization, IPC/WASH and coordinated response essential and urgent,

The response must be urgently community-centred. Recent 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. 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. Recently, a concerned community leader called for police reinforcement when local population around Rwampara Hospital rioted and destroyed hospital facility infrastructures to force getting back dead bodies of their relatives. Such attitudes entail increased risks of disease transmission in the communities and call for urgent intervention. Kheth'Impilo-DRC proposes a six-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.

2. Goal, objectives and intervention package

Goal: To reduce Ebola transmission risk and community resistance through community mobilization, improving local understanding of the outbreak, trust in response teams, early reporting, safe care-seeking, IPC/WASH practices and safe, dignified management of deaths.

Specific objectives	Core activities	Key outputs by month 6
1. Increase community understanding of Ebola/Bundibugyo disease.	Door-to-door education; small-group dialogues; radio spots in Swahili, Lingala and local languages; community mobilization at congregated settings, including markets, schools, and churches; transport-hub outreach; myth-busting and two-way feedback.	150,000 people directly reached; 1 500 000 indirectly reached by radio/megaphone/community networks; 600 radio messages aired; 500 influencers oriented.
2. Reduce risky exposure during illness, death and funerals.	Practical messaging on no direct contact with blood/body fluids, early alert, referral, safe home/facility pathways, safe and dignified burial, psychosocial support and respectful family negotiation.	120 burial-acceptance/community dialogues; 200 faith/traditional leaders engaged; rumor tracker used weekly to reduce refusals and facility tensions.
3. Strengthen community alerts, IPC/WASH and facility protection.	Train CHWs/volunteers; provide IPC/WASH starter kits; support handwashing and visual messages at facilities, schools, markets and transit points; create facility-community liaison groups.	600 CHWs/volunteers trained; 70 priority sites supported; alert/referral communication strengthened with weekly health-zone reports.

3. Implementation approach and risk mitigation

- Work through health zones, DPS coordination and trusted local structures so messages are technically correct, culturally acceptable and conflict sensitive.
- Use community health workers (relais communautaires), youth peer educators, women leaders, faith leaders, teachers, market committees and motorcycle/taxi associations as trusted messengers.
- Prioritize door-to-door work, small safe gatherings, radio and megaphone outreach instead of large gatherings; track rumors daily and adapt messages quickly.
- Coordinate facility-community liaison committees to reduce attacks on facilities, support safe burial acceptance and refer security concerns through appropriate channels.
- Raising public awareness about how the Ebola virus spreads and preventive measures

4. Expected results

- At least 150,000 people directly sensitized and 1,500,000 indirectly reached in affected and high-risk communities.
- 600 CHWs/volunteers and 500 community influencers trained to deliver harmonized messages and support early alert/referral.
- 70 health facilities/public points receive basic IPC/WASH starter support, including hand hygiene materials, chlorine, waste bags and visual messages.
- The daily dashboards produced on coverage, rumors, resistance incidents, referral alerts and community feedback to guide response decisions.
- Improved acceptance of safe and dignified burial, earlier reporting of suspected illness/death, and stronger protection of health facilities and response teams.

5. Workplan summary

Activity area	Months 1-2	Months 3-4	Months 5-6
Coordination, rapid mapping and micro-planning	X	X	X
Training of CHWs, volunteers and community influencers	X	Refresher	Refresher
Door-to-door sensitization, dialogues and rumor management	X	X	X
Radio, megaphone, market, school and transport-hub outreach	X	X	X
Messaging on Safe burial acceptance, psychosocial messaging and facility-community liaison	X	X	X
IPC/WASH starter support to priority facilities/public points	X	X	Follow-up
Monitoring, donor reporting, learning and transition planning	X	X	X

6. Budget - USD 500,000

Budget line	Description	Amount (USD)	%
1. RCCE and community sensitization	Radio, posters, megaphone, household visits, youth/school, market, church and transport-hub sensitization.	120,000	24.0%
2. Training and community workforce	Training, field allowance and supervision for 600 CHWs/volunteers and 500 community leaders/influencers.	80,000	16.0%
3. Safe burial acceptance and psychosocial engagement	Family dialogue, grief-sensitive communication, faith/traditional leader engagement and referral to safe burial teams.	52,000	10.4%
4. IPC/WASH starter support	Handwashing points/materials, chlorine, soap, waste bags and IPC visual messages for 70 priority sites.	100,000	20.0%
5. Community alerts and referral support	Communication airtime, alert transport support, rumor tracking and linkage with surveillance teams.	50,000	10.0%
6. Field operations, security and logistics	Vehicles, fuel, field coordination, communication, safety measures and access support in insecurity-affected areas.	60,000	12.0%
7. Monitoring, reporting and learning	Digital/field tools, weekly dashboards, donor reporting, learning documentation and close-out review.	18,000	3.6%
8. Administration, compliance and audit support	Financial management, procurement compliance, audit support, bank charges and administration.	20,000	4.0%
TOTAL		**500,000**	**100%**

7. Sustainability, accountability and coordination

Kheth'Impilo-DRC will strengthen existing local structures, share weekly reports with health-zone coordination and adapt messages based on community feedback. Key risks include insecurity, misinformation, movement restrictions, attacks on health facilities and IPC supply gaps. Mitigation includes joint micro-planning, trusted messengers, small safe meetings, transparent family communication, rumor tracking and coordination with MoH/DPS, WHO/UNICEF partners and local protection actors.

Kheth'Impilo-DRC will implement the project in partnership with 3 local NGOs which are equally familiar with community mobilization processes in the region. Given the fact that much of the Ebola burden is carried by women, one implementing partner will be a dedicated women's organization with strong outreach capacities in the affected areas.