



Dynamique des Jeunes Leaders pour la Paix et le Respect des Droits Humains

DYJEPREDHU asbl

Dynamics of Young Leaders for Peace and Respect for Humans Rights

CHANGEMENT | **TRANS**FORMATION | **IMPACT**

Fighting Ebola in Churches & Mosques east of DRC

May 2026

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PROJECT TECHNICAL PROPOSALS

I. Project Summary

1. Title of the project: Fighting Ebola in Churches & Mosques east of DRC

2. Contact details:

• Name of the organization: Dynamic of Young Leaders for Peace and Respect for Human Rights, “DYJEPREDHU asbl” in acronym

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3. Organization Mission Statement

Our Mission

To mobilize, equip, and empower local faith communities to serve as resilient shields against infectious disease outbreaks across conflict-affected regions. By uniting evidence-based biomedical science with the trusted moral authority of religious networks, we bridge the gap between healthcare systems and local populations to save lives, dismantle misinformation, and build lasting community health infrastructure.

Our Vision

A world where places of worship are recognized as secure, trusted sanctuaries of health, truth, and community resilience, capable of preventing and containing devastating health crises even in the most volatile and isolated environments.

Our Strategic Pillars (How We Achieve Our Mission)

- **Faith-Science Collaboration:** Translating complex epidemiological guidelines into culturally integrated, respectful, and actionable spiritual mandates.
- **Community-Led Neutrality:** Operating with strict humanitarian impartiality to deliver emergency sanitation and life-saving education across active conflict lines.
- **Institutional Sustainability:** Moving beyond reactive crisis response by embedding permanent, localized water, sanitation, and hygiene (WASH) capacity directly into existing community institutions.

Project Beneficiaries

The project targets both direct and indirect beneficiaries across the conflict-affected health zones of Ituri, North Kivu, and South Kivu provinces. By focusing on highly frequented places of worship, the initiative ensures broad and rapid coverage.

1. Direct Beneficiaries

Direct beneficiaries are individuals who directly participate in the project's activities, receive training, or utilize the installed sanitary infrastructure daily.

- **500 Faith Leaders:** Pastors, priests, imams, and community catechists who receive intensive medical training and multi-language toolkits (*Faith in Time of Ebola*) to lead community sensitization campaigns.
- **1,200 Parish Volunteers and Ushers:** Members of newly established internal health watch committees who are trained in non-contact screening, crowd flow management, and behavioral protocol enforcement.
- **150,000 Worshippers and Congregants:** Regular attendees of the 100 targeted churches and mosques who gain daily access to chlorinated handwashing stations and contactless screening, while being protected from super-spreading practices.
- **Local Health Zone Personnel:** Healthcare workers and contact tracers who directly benefit from the established faith-based early warning hotline and safe-referral network, facilitating quicker medical isolation.

2. Indirect Beneficiaries

Indirect beneficiaries are individuals within the wider community who benefit from decreased transmission rates, reduced misinformation, and improved regional biosecurity.

- **750,000 Community Members:** Family members, neighbors, and market traders living in the immediate catchment areas of the participating parishes. They benefit from a reduced risk of community-acquired transmission.
- **Internally Displaced Persons (IDPs):** Vulnerable populations fleeing the AFC/M23 conflict who seek temporary shelter inside or around large religious compounds, gaining access to clean water infrastructure.
- **Frontline Humanitarian Workers:** Medical staff at local Ebola Treatment Centers (ETCs) who experience fewer community-led attacks and lower hostility due to the proactive sensitization campaigns led by trusted religious authorities.

Total cost of the project: US \$ 120,000

- **Bank account: Dynamique des Jeunes Leaders pour la Paix et le Respect des Droits Humains, DYJEPREDHU asbl**

Goma Agency -DRC

No. 1272-28000-23526760001-87

Following code: TRMSCD3L

Context and Justification of the Project

1. Epidemiological and Health Context

This project is developed in response to the official declaration of the **17th Ebola virus epidemic** in the eastern Democratic Republic of the Congo (DRC), heavily impacting Ituri, North Kivu, and South Kivu provinces. This resurgence is driven by the **rare Bundibugyo ebolavirus strain**, a highly lethal variant for which **there is currently no approved vaccine or specific therapeutic treatment available**. Unlike past epidemics (such as the Zaire strain) where ring vaccination campaigns successfully halted transmission, containing the Bundibugyo strain relies entirely on non-pharmaceutical interventions. These include rapid case detection, immediate strict isolation, and drastic behavioral modifications within the community.

2. Vulnerability of Places of Worship (The Core Problem)

In eastern DRC, churches and mosques serve as the fundamental pillars of social life and the primary sanctuary for populations during times of distress. However, under epidemic conditions, these massive religious gatherings transform into **critical vectors for super-spreading events**. Standard ritual practices such as the laying on of hands for divine healing, handshakes during the sign of peace, and the sharing of communion cups or holy water directly facilitate transmission via infectious bodily fluids. Furthermore, driven by desperation, many families hide symptomatic relatives or secretly remove confirmed Ebola patients from Ebola Treatment Centers (ETCs) to bring them to prayer meetings, inadvertently exposing entire congregations.

3. The Security and Humanitarian Crisis

The region suffers from chronic insecurity due to heavy armed conflict between the Congolese military and various rebel factions (such as the AFC/M23). This ongoing warfare triggers massive population displacements, forcing thousands of internally displaced persons (IDPs) to seek shelter inside or around religious compounds. Additionally, decades of conflict have fueled deep public mistrust toward state authorities and international humanitarian agencies. This skepticism manifests as violent community resistance, including physical attacks on healthcare infrastructure

and medical personnel, which frequently paralyzes standard contact tracing and medical response efforts.

4. Justification for the Faith-Based Approach (Why Religious Leaders?)

With no vaccine available and international humanitarian access heavily restricted by volatile frontlines, **local faith leaders represent the only channel capable of breaking community resistance**. They possess an unmatched moral authority and level of public trust that state or foreign actors lack.

- **Territorial Permanence:** Even in intense combat zones where international NGOs are forced to evacuate, priests, pastors, and imams remain stationed with their communities.
- **Vecteurs of Behavioral Change:** By transforming these leaders into public health advocates, the project deconstructs dangerous myths directly from the pulpit or minbar. This reframes medical compliance not as a foreign imposition, but as a vital spiritual and civic duty.

By systematically embedding Water, Sanitation, and Hygiene (WASH) infrastructure and health surveillance committees within religious facilities, this project delivers a decentralized, culturally accepted, and highly resilient solution to stop the epidemic where traditional medical strategies fail.

To advance your project documentation, please let me know if you would like to:

- Outline the **Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) objectives** based on this context.
- Draft a **Risk Management Framework** to address potential security threats from rebel groups during implementation.
- Format this text into a specific **grant proposal template**

Project Objectives

Main Objective (General Objective)

To rapidly interrupt the transmission chains of the 17th Ebola epidemic (Bundibugyo strain) in eastern DRC by transforming churches and mosques into resilient, trusted, and compliant public health checkpoints that enforce strict sanitary protocols and eliminate community resistance.

Specific Objectives (SMART)

- **SO 1: Deploy Sanitary Infrastructure (WASH)**

To install and maintain fully functional chlorinated handwashing stations and contactless thermal-screening checkpoints at **100% of high-risk churches and mosques** in the targeted health zones within the first 60 days of implementation.

- **SO 2: Enforce Behavioral Modifications**

To completely eliminate high-risk physical contact (such as handshakes, shared ritual cups, and the laying on of hands for the sick) during all religious gatherings through strict enforcement by trained faith-based usher committees.

- **SO 3: Capacity Building for Faith Leaders**

To train and equip **at least 500 local religious leaders** (pastors, priests, and imams) across Ituri, North Kivu, and South Kivu using the multi-language *Faith in Time of Ebola* toolkit within the first quarter.

- **SO 4: Eradicate Medical Misinformation**

To integrate weekly, evidence-based public health messaging into **100% of regular sermons and Friday prayers**, utilizing the moral authority of faith leaders to counter lethal rumors and halt the removal of patients from isolation wards.

- **SO 5: Establish Community Surveillance & Referrals**

To set up active faith-based health watch committees in every participating place of worship, creating a direct communication hotline with local Ebola Treatment Centers (ETCs) for the rapid, safe referral of suspected cases within 24 hours of symptom detection.

To help complete your project proposal, please let me know if you would like to:

- Define the **Key Performance Indicators (KPIs)** for each specific objective.
- Draft the **Activities Matrix** showing exactly how each objective will be achieved.
- Add a section on **Target Assumptions and Risks** linked to these objectives.

Project Mission and Core Values

Project Mission

Our mission is to save lives and halt the spread of the Bundibugyo Ebola strain in eastern DRC by empowering churches and mosques to serve as protective sanctuaries of health and truth. By uniting biomedical science with the trusted moral authority of faith communities, we deliver localized, conflict-resilient public health interventions that protect the vulnerable, respect local culture, and restore community trust.

Core Values

- **Human Dignity & Compassion**
We treat every individual with absolute respect and empathy. Our response ensures that medical isolation and infection control are carried out with the highest standards of dignity and pastoral care.
- **Faith-Science Synergy**
We bridge the gap between religious devotion and biomedical reality. We believe that spiritual leadership and evidence-based public health protocols must work together to overcome health crises.

3.3 Set up entrance screening checkpoints	XX XX										
+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+											
PHASE 4: COMMUNITY SENSITIZATION & COUNTER-MISINFORMATION											
4.1 Launch weekly pulpit/minbar messages			XX XX	XX	XX	XX	XX	XX	XX	XX	XX
4.2 Distribute multi-language booklets			XX XX								
4.3 Broadcast radio spots via faith channels			XX XX	XX	XX	XX	XX	XX	XX	XX	XX
+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+											
PHASE 5: SURVEILLANCE, REFERRAL & MONITORING											
5.1 Activate early-warning hotline system			XX XX	XX	XX	XX	XX	XX	XX	XX	XX
5.2 Joint field monitoring visits (DPS/NGO)			XX	XX	XX	XX	XX	XX	XX	XX	XX
5.3 Conduct mid-term project evaluation					XX						
5.4 Final evaluation and decommissioning										XX	
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Detailed Quarterly Breakdown

Quarter 1 (Months 1–3): Startup, Infrastructure Setup & Training

- **Month 1:** Convene urgent coordination meetings with the Provincial Health Division (DPS), Islamic councils, and Christian communions. Finalize logistics for supply procurement (chlorine, water bladders, infrared thermometers).
- **Month 2:** Complete the procurement chain and begin physical deployment of WASH kits to high-risk hubs (Bunia, Beni, Goma). Launch the first wave of training for 250 religious leaders using the *Faith in Time of Ebola* manuals.
- **Month 3:** Install all chlorinated washing stations. Form and train the internal parish usher committees to monitor crowd separation and eliminate high-risk physical interactions during services.

Quarter 2 (Months 4–6): Routine Surveillance & Public Advocacy

- **Month 4:** Full implementation of the health screening checkpoints at 100% of participating worship spaces. Launch daily/weekly health notices during sermons and Friday prayers to dismantle local myths.
- **Month 5:** Distribute educational pamphlets to congregants. Activate the direct telephone link between the parish watch groups and nearby Ebola Treatment Centers (ETCs) for rapid patient pick-ups.
- **Month 6:** Conduct the external mid-term project review. Adjust operational routes to account for fluid frontline security shifts between the Congolese military and rebel groups.

Quarter 3 (Months 7–9): Continuous Campaigning & Support Stabilization

- **Month 7–8:** Maintain weekly sensitization campaigns to ensure community compliance does not drop due to alert fatigue. Replenish consumable sanitary assets (chlorine powder, testing equipment batteries, soap solutions).
- **Month 9:** Host an inter-faith review summit to share field lessons, review referral tracking data, and adapt containment messaging to address newly emerging rumors.

Quarter 4 (Months 10–12): Evaluation, Handover & Sustainability Transition

- **Month 10–11:** Deliver advanced training to faith-based structures focusing on long-term prevention protocols for waterborne diseases (cholera, typhoid).
- **Month 12:** Complete the final project impact evaluation. Transition full ownership of the physical WASH assets to the permanent local church and mosque administrative boards.

Budget Summary by Category

Budget Category	Allocation (\$)	Percentage (%)
1.0 WASH Supplies & Equipment	\$38,400	32.0%
2.0 Capacity Building & Training	\$26,200	21.8%
3.0 Sensitization & Communication	\$18,400	15.3%
4.0 Field Logistics & Security Transport	\$21,000	17.5%
5.0 Project Management & Indirect Costs	\$16,000	13.4%
TOTAL BUDGET	\$120,000	100%

2. Comprehensive Line-Item Breakdown

1.0 Water, Sanitation, and Hygiene (WASH) Supplies & Equipment

Direct hardware for 100 targeted churches and mosques.

- 1.1 Heavy-Duty Water Bladders (500L): 100 units × \$120 = \$12,000
- 1.2 Chlorinated Handwashing Stations (Tap buckets): 300 units × \$20 = \$6,000
- 1.3 Non-Contact Infrared Thermometers: 200 units × \$40 = \$8,000
- 1.4 HTH Chlorine Powder (45kg drums): 40 drums × \$200 = \$8,000
- 1.5 Personal Protective Equipment (PPE) kits for Ushers: 400 kits × \$11 = \$4,400

2.0 Capacity Building & Training

Workshops for 500 faith leaders and 300 health committee volunteers.

- 2.1 Faith Leader Seminars (Ebola Epidemiology): 10 cohorts × 50 leaders × \$30 (venue/meals) = \$15,000
- 2.2 Health Watch Committee Technical Training: 12 sessions × 25 volunteers × \$20 = \$6,000
- 2.3 Printing of *Faith in Time of Ebola* Manuals: 600 copies × \$7 = \$4,200
- 2.4 Safe-Referral Simulation Exercises: 5 sessions × \$200 = \$1,000

3.0 Sensitization & Communication

Mass communication media to counter medical misinformation.

- 3.1 Multi-language Information Booklets (Swahili/French): 15,000 copies × \$0.60 = \$9,000
- 3.2 Religious Radio Spot Production & Airtime: 4 community stations × 6 months × \$250 = \$6,000
- 3.3 Large-Format Educational Banners for Gates: 200 banners × \$17 = \$3,400
- 4.0 Field Logistics & Security Transport

Moving assets across conflict zones (Ituri, North Kivu, South Kivu).

- 4.1 4x4 Truck Rental for Heavy Supply Distribution: 30 days × \$150 = \$4,500
- 4.2 Fuel Allocation for Distribution and Monitoring: 4,000 liters × \$1.75 = \$7,000
- 4.3 Motorbike Courier Stipends for Remote Parishes: 5 couriers × 12 months × \$100 = \$6,000
- 4.4 Secure Frontline Transport Transit Escort Fees: Lump sum = \$3,500
- 5.0 Project Management & Indirect Costs

Personnel and operational oversight.

- 5.1 Local Project Coordinator Stipend: 12 months × \$600 = \$7,200
- 5.2 Field Data & Monitoring Officer Stipend: 12 months × \$400 = \$4,800
- 5.3 Emergency Communication (Satellite & Hotlines): 12 months × \$100 = \$1,200
- 5.4 Independent Mid-term and Final Evaluations: Lump sum = \$2,800

Done in Goma, May 27, 2026

For DYJEPREDHU asbl


Christian AHADI BEN MASONGA
EXECUTIF DIRECTOR, HUMAIN RIGHTS ACTIVISTI

