INITIATIVE DES FEMMES AUTOCHTONES PYGMEES POUR LA PAIX ET LE DEVELOPPEMENT ENDOGENE « IFAPPDE, Asbl » RDC

PYGMY INDIGENOUS WOMEN'S INITIATIVE FOR PEACE AND ENDOGENOUS DEVELOPMENT "IFAPPDE"

Constituée conformément à la Loi congolaise, enregistrée sous l'Arrêté N° 24/44/CAB/GP-MMA/2024 du 11/11/2024 accordant l'autorisation de fonctionnement à l'association, N° F.92/49.495 et le N° 045/MAS.AH.SN/SG.AH SN/AMI/2024 accordant l'enregistrement au Ministère des Affaires Social; Au division du plan enregistrée sous le N°006/DPP-MMA/CD2025.

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PROJECT PROPOSAL

Project Title: Humanitarian Response to the Ebola Crisis in the Miti-Murhesa Health Zone, South Kivu Province, Democratic Republic of Congo

Implementing organization: Indigenous Pygmy Women's Initiative for Peace and Endogenous Development (IFAPPDE)

Implementation location: Miti-Murhesa Health Zone, South Kivu Province, Democratic Republic of Congo
Project duration: 3 months
Total project budget: USD 20,490
Sector: Emergency humanitarian response, health protection, food security and community outreach

Target population: Vulnerable households affected by the Ebola crisis
Approach: Community-based, inclusive, gender-sensitive and protection-focused

1. EXECUTIVE SUMMARY

This project aims to provide a rapid, integrated and community-based humanitarian response to vulnerable households affected by the Ebola crisis in the Miti-Murhesa Health Zone, South Kivu Province, Democratic Republic of Congo.

The health emergency increases the vulnerability of already fragile households, particularly households headed by women, children, displaced persons, the elderly, people living with disabilities, and families who have lost their livelihoods or have limited access to basic social and health services.

Fear, rumors, misinformation, and stigma associated with Ebola can also reduce the use of health services, delay seeking care, and increase the social exclusion of those affected or suspected of having Ebola.

For a period of three months, IFAPPDE will provide emergency food assistance and essential items to the most vulnerable households, while strengthening community knowledge on Ebola prevention, early identification of warning signs, referral and adoption of protective behaviors.

The project will also include protection measures, frontline psychosocial support and referral of vulnerable people to available specialist services.

The project will directly target **100 vulnerable households,** representing approximately **600 people,** and will raise awareness among approximately **2,000 community members** about Ebola prevention.

The intervention will be implemented in close collaboration with health authorities, community leaders, local structures and other humanitarian and health actors present in the area.

IFAPPDE will apply the principles of humanity, impartiality, neutrality, independence, accountability, gender equality, inclusion and protection.

Total amount requested: USD 20,490.

2. ORGANIZATIONAL PROFILE

The Indigenous Pygmy Women's Initiative for Peace and Endogenous Development (IFAPPDE) is a Congolese women-led organization, created in 2018 to contribute to the promotion of peace, protection, human rights, women's empowerment, child protection, social inclusion and sustainable development.

IFAPPDE works with vulnerable and marginalized communities, including women and girls, internally displaced persons, indigenous peoples, children and other populations affected by conflict and humanitarian crises.

The organization implements interventions in the areas of humanitarian assistance, protection, prevention and response to gender-based violence, women's economic empowerment, community mobilization, psychosocial support, health awareness and social inclusion in several provinces in Eastern DRC.

IFAPPDE maintains relationships with local authorities, community leaders and various humanitarian actors and uses a community-based approach to ensure that its interventions meet the real needs of the population.

3. CONTEXT AND JUSTIFICATION

Eastern Democratic Republic of Congo continues to face complex humanitarian challenges related to armed conflict, population displacement, insecurity, poverty, food insecurity and limited access to essential social and health services.

In this already fragile environment, an Ebola crisis places additional strain on households and the health system. Families affected directly or indirectly by the disease or by prevention measures may experience income losses, reduced access to markets, disruption of their livelihoods, fear, stigmatization, and difficulties accessing health services.

The Miti-Murhesa Health Zone is an important space for a rapid community response, as vulnerable households need reliable information, basic assistance and support to enable them to adopt appropriate preventive behaviors.

Women and children are particularly vulnerable to the consequences of humanitarian and health emergencies. Women frequently bear the primary responsibility for care within households, while children may face disruption to their schooling, separation from their parents or guardians, and increased protection risks.

The combination of humanitarian vulnerability and public health risks therefore requires an integrated response combining immediate assistance, prevention, community engagement and protection.

4. PROBLEM STATEMENT

The Ebola crisis increases the vulnerability of families already affected by poverty, displacement, insecurity and limited access to essential services.

The main difficulties include:

- insufficient access to food and essential household products;
- the loss or reduction of household income;
- fear and misinformation regarding Ebola;
- the stigmatization of people suspected, affected or recovered;
- limited knowledge of prevention measures;
- obstacles to rapid referral and access to health services;
- increased protection risks for women and children;
- the psychosocial distress of the affected families;
- the limited resources of vulnerable households to cope with the emergency.

Without rapid and targeted assistance, these vulnerabilities could lead to increased food insecurity, social exclusion, the use of negative coping mechanisms, and delays in seeking appropriate care.

5. PROJECT JUSTIFICATION

The proposed project aims to address the most urgent humanitarian needs of vulnerable households while contributing to community-based Ebola prevention.

The intervention combines material assistance and community awareness, as material assistance alone would not be sufficient to effectively address the risks associated with a public health emergency.

The project will therefore:

1. provide emergency assistance to vulnerable households;
2. improve access to reliable information on Ebola prevention;
3. strengthen community participation in prevention;
4. Reduce stigma and discrimination;
5. Identify and refer vulnerable people requiring specialized support;
6. Strengthen coordination with health authorities and community structures.

The selection of beneficiaries will be based on transparent vulnerability criteria and will guarantee equitable access to assistance, regardless of ethnic origin, gender, religion, political affiliation or social status.

6. OVERALL OBJECTIVE

To reduce the immediate humanitarian vulnerabilities of families affected by the Ebola crisis and to strengthen community capacities for prevention and response to Ebola-related risks in the Miti-Murhesa Health Zone.

7. SPECIFIC OBJECTIVES

Specific objective 1

Providing emergency food assistance and essential household items to **100 highly vulnerable households** affected by the crisis.

Specific objective 2

To improve knowledge and adoption of Ebola prevention and protection measures among approximately **2,000 community members.**

Specific objective 3

Strengthen community mechanisms for the protection, psychosocial support and referral of vulnerable people affected by the crisis.

Specific objective 4

Strengthen coordination between communities, health authorities, local leaders and humanitarian actors involved in the Ebola response.

8. TARGET BENEFICIARIES

8.1. Direct beneficiaries

The project will directly support approximately:

- **100 vulnerable households ;**
- approximately **600 people,** based on an average of six people per household;
- households headed by women;
- internally displaced families;
- families with children;
- elderly people;
- people living with a disability;
- extremely poor households;
- families directly or indirectly affected by the Ebola crisis.

8.2. Indirect beneficiaries

Approximately 2,000 community members will benefit from Ebola awareness and prevention activities.

Priority will be given to women, adolescent girls, children, the elderly, and marginalized groups.

9. EXPECTED RESULTS

Result 1

100 vulnerable households receive timely emergency food assistance and essential household items.

Result 2

At least 2,000 community members are receiving reliable information on Ebola prevention and protective behaviors.

Result 3

Vulnerable people receive information on protection, frontline psychosocial support and referrals when necessary.

Result 4

Community structures and health actors participate in coordinated Ebola prevention and humanitarian response activities.

10. MAIN ACTIVITIES

Activity 1: Identification and registration of vulnerable households

IFAPPDE will work with community leaders and local structures to identify vulnerable households based on transparent criteria.

The process will include:

- household identification;
- vulnerability assessment;
- verification of beneficiaries;
- the recording;
- distribution planning;
- the prevention of duplicates.

Activity 2: Emergency food assistance

The project will provide emergency food assistance to selected households.

Assistance will primarily target households facing serious difficulties in accessing food and with low coping capacities.

The distribution will be organized in a safe, transparent, fair and dignified manner.

Activity 3: Distribution of essential household items

Selected households will receive essential household items tailored to their assessed needs and available resources.

Priority will be given to families who have lost essential goods, displaced families, and female-headed households.

Activity 4: Raising awareness about Ebola prevention

IFAPPDE will organize awareness sessions focusing in particular on:

- the modes of transmission of Ebola;
- signs and symptoms;
- preventive measures;
- the importance of early healthcare search;
- secure referencing;
- Infection prevention and control;
- rumors and disinformation;
- reducing stigmatization;
- the protection of vulnerable people and caregivers.

Activity 5: Community Mobilization

Community mobilizers and local leaders will be involved in disseminating reliable information and promoting community participation.

Awareness-raising activities will notably use:

- community meetings;
- discussions in small groups;

- door-to-door awareness campaigns;
- community leaders;
- women's and youth groups;
- Communication materials adapted to the local context.

Activity 6: Psychosocial protection and support

IFAPPDE will identify vulnerable people in need of protection or psychosocial support and provide them with frontline psychological support within its capabilities.

Cases requiring specialized services will be referred to the appropriate health, protection or psychosocial facilities.

Activity 7: Coordination and Referencing

IFAPPDE will work in coordination with:

- the health authorities;
- the structures of the Health Zone;
- community leaders;
- women's organizations;
- protection actors;
- humanitarian partners;
- other relevant stakeholders.

This coordination will help avoid duplication and strengthen referencing mechanisms.

11. IMPLEMENTATION STRATEGY

The project will adopt a **community-based approach.**

IFAPPDE will set up a small team composed of:

- a Project Coordinator;
- an Administrative and Financial Manager;
- community mobilizers;
- a Monitoring and Evaluation focal point;
- a Protection focal point.

Implementation will be guided by the following principles:

Humanity – Impartiality – Neutrality – Independence – Do no harm – Accountability – Gender equality – Inclusion.

The selection of beneficiaries will be based on vulnerability and not on political, religious or social affiliation.

12. GENDER AND INCLUSION

Gender and inclusion will be integrated into all stages of the project.

Women and girls will actively participate in beneficiary identification, awareness-raising activities, and community feedback mechanisms.

Special attention will be paid to:

- to households headed by women;
- to pregnant and breastfeeding women;
- to adolescent girls;
- to children;
- to the elderly;
- to people living with a disability;
- to displaced persons;
- to marginalized and indigenous populations where they are present.

Activities will be organized at times and in places that allow for women's participation while reducing protection risks.

13. PROTECTION AND SAFEGUARDING

IFAPPDE will apply a protection-centered approach throughout the implementation of the project.

The project will guarantee:

- the confidentiality of beneficiaries' information;
- safe and dignified assistance;
- the prevention of sexual exploitation and abuse;
- the prevention of all discrimination;
- secure referencing of protection cases;
- informed participation;
- Complaints and feedback mechanisms;
- child protection measures.

Staff and community volunteers will be made aware of expected standards of conduct and humanitarian principles.

14. ACCOUNTABILITY TO AFFECTED POPULATIONS

The beneficiaries will have the opportunity to:

- receive information on the selection criteria;
- know the content of the assistance;
- provide their comments;
- file complaints;
- report reprehensible behavior;
- participate in post-distribution follow-up.

IFAPPDE will put in place accessible feedback mechanisms adapted to the local context.

All complaints relating to protection, exploitation or abuse will be handled confidentially and directed in accordance with applicable procedures.

15. MONITORING AND EVALUATION

The project will implement a simple monitoring system to measure progress made towards objectives.

Key indicators

Indicator	Reference situation	Target
Vulnerable households assessed	0	150
Households receiving assistance	0	100
People receiving assistance	0	600
Community members affected by Ebola messages	0	2,000
Community awareness sessions conducted	0	20
Community mobilizers involved	0	10
Vulnerable cases identified and referred	0	30
Satisfied beneficiaries of the assistance	0	ÿ80%

The monitoring tools will include:

- the registration forms of the beneficiaries;
- distribution lists;
- attendance lists;
- activity reports;
- the tracking sheets;
- the reference sheets;
- feedback forms;
- Post-distribution monitoring.

16. LOGICAL FRAMEWORK

Intervention logic	Indicators	Sources of verification	Hypotheses
Overall objective: To reduce humanitarian vulnerability and risks related to Ebola	Improved access to prevention information And to and assistance	Final evaluation, beneficiary feedback	THE Safety and sanitary conditions allow for the implementation of artwork
Result 1: Vulnerable households receive assistance	100 households receiving assistance	of Distribution lists	THE are available goods
As a 2 : THE result, communities improve their knowledge about Ebola	2 000 people sensitized	Attendance lists, awareness reports	Community participation

Result 3: Vulnerable people benefit from referral protection And	30 cases identified/referred	of Reference sheets	Specialized services remain available
Result 4: Coordination is strengthened	Regular coordination with the relevant stakeholders	Minutes, reports	Stakeholder collaboration

17. RISK ANALYSIS AND MITIGATION MEASURES

Risk	**Probability**	**Impact**	**Mitigation Measures**
Insecurity limits access	High	Pupil	Secure monitoring, flexible scheduling and coordination
Increased Ebola transmission there	Medium/High	High	Strict prevention measures and health coordination
Community disinformation average		Pupil	Use of trusted leaders and verified information
Tensions between beneficiaries	Average	Medium	Transparent Vulnerability Criteria
Product price increases	Average	Medium-term	early supply and market monitoring
Low turnout	Low/Medium	Medium	Community mobilization and leadership involvement
Fraud or embezzlement	Low/Medium	High	Separation of duties, documentation and control

18. HEALTH AND SAFETY MEASURES

All project activities will comply with the guidelines of the relevant health authorities.

IFAPPDE will encourage:

- hand hygiene;
- physical distancing when necessary;
- the secure organization of community activities;
- Referencing suspected cases;
- the use of appropriate protective measures;
- the use of non-stigmatizing language;
- the rapid reporting of relevant health concerns.

The project will not replace the responsibilities of specialized health authorities or Ebola care structures.

19. SUSTAINABILITY

Although this is an emergency intervention, the project will contribute to strengthening longer-term community resilience through:

- improving community knowledge;
- strengthening local leadership;
- strengthening community mobilization structures;
- improving referencing mechanisms;
- the participation of women;
- collaboration between communities and health services.

The volunteers and community leaders will retain the knowledge acquired in prevention after the end of the project.

20. IMPLEMENTATION TIMELINE

Duration: 3 months

Activities	**Month 1**	**Month 2**	**Month 3**
Coordination and preparation	ÿ		
Community evaluation	ÿ		
Identification of beneficiaries	ÿ		
Supply	ÿ		
Food assistance	ÿ	ÿ	
Distribution of household goods	ÿ	ÿ	
Ebola Awareness	ÿ	ÿ	ÿ
Community mobilization	ÿ	ÿ	ÿ
Protection and referencing	ÿ	ÿ	ÿ
Follow up	ÿ	ÿ	ÿ
Post-distribution tracking		ÿ	ÿ
Final assessment			ÿ
Final report			ÿ

21. DETAILED PROJECT BUDGET

Total amount requested: USD 20,490

Budgetary section	**Unit**	**Quantity Cost**	**unitary USD**	**Total USD**
A. Emergency food assistance				
Food kits for vulnerable households	Household	100	60	**6,000**
Subtotal A				**6,000**

B. Essential household items				
Essential household kits	Household	100	35	**3,500**
Subtotal B				**3,500**
C. Ebola Prevention and Awareness				
Awareness-raising materials	Batch	1	700	700
Community awareness sessions	Session	20	60	1,200
Support for community mobilizers	Batch	1	600	600
Equipment/Hygiene and Prevention	Batch	1	1,000	1,000
Subtotal C				**3,500**
D. Psychosocial protection and support				
Protection activities and psychosocial support	Batch	1	800	800
Referencing and case management	Batch	1	500	500
Subtotal D				**1,300**
E. Monitoring and evaluation				
Data collection and monitoring	Batch	1	700	700
Post-distribution tracking	Batch	1	500	500
Subtotal E				**1,200**
F. Transport and logistics				
Local transport	Batch	1	2,000	2,000
Loading, unloading and logistics	Batch	1	600	600
Subtotal F				**2,600**
G. Communication and visibility	Batch	1	400	**400**
Subtotal G				**400**
H. Coordination	Batch	1	400	**400**
Subtotal H				**400**
I. Administration and operational functioning	Batch	1	1,590	**1,590**
Subtotal I				**1,590**
GRAND TOTAL				**20 490 USD**

Budget allocation

Component	**Amount USD**	**Percentage**
Food assistance	6,000	29.3%
Essential household items	3,500	17.1%

Ebola Prevention and Awareness	3,500	17.1%
Protection and psychosocial support	1,300	6.3%
Monitoring and evaluation	1,200	5.9%
Transport and logistics	2,600	12.7%
Communication and visibility	400	2.0%
Coordination	400	2.0%
Administration and operation	1,590	7.8%
TOTAL	**20,490**	**100%**

22. BUDGET JUSTIFICATION

A. Emergency food assistance – USD 6,000

This funding will provide emergency food assistance to **100 vulnerable households,** at a rate of approximately **USD 60 per household.** This assistance will help reduce immediate food insecurity and prevent the use of negative coping mechanisms.

B. Essential Household Items – USD 3,500

The 100 selected households will receive essential household kits worth an average of **USD 35 per household,** tailored to identified needs and the availability of items on the local market.

C. Ebola Prevention and Awareness – USD 3,500

This funding will cover the production and distribution of information materials, the organization of 20 awareness sessions, support for community mobilizers, as well as the prevention and hygiene equipment and materials necessary for the activities.

D. Psychosocial protection and support – USD 1,300

This component will enable the implementation of protection activities, provide frontline psychosocial support and facilitate the referral of vulnerable cases to appropriate services.

E. Monitoring and Evaluation – USD 1,200

The resources will enable the identification and verification of beneficiaries, data collection, activity monitoring, documentation of results and post-distribution follow-up.

F. Transportation and Logistics – USD 2,600

This funding will cover the team's local travel, the transport of goods, as well as the loading, unloading and logistics costs required for distributions and community activities.

G. Communication and Visibility – USD 400

This line will cover communication materials and project visibility activities in accordance with the landlord's requirements.

H. Coordination – 400 USD

This funding will support coordination meetings and exchanges with health authorities, local authorities, community leaders and humanitarian actors.

I. Administration and Operations – USD 1,590

This funding will cover essential operational costs directly related to the implementation, administrative monitoring and management of the project.

23. Purchasing Management and Financial Management

IFAPPDE will implement the project in accordance with its internal administrative, financial and logistical procedures.

The main control mechanisms will include:

- approval of the project budget;
- prior authorization of expenses;
- the preservation of supporting documents;
- the separation of functions;
- the placing of purchases in accordance with established procedures;
- verification of goods and services;
- regular financial reconciliations;
- periodic monitoring of the budget;
- the archiving of supporting documents.

All expenses will be directly related to approved activities and will be properly documented.

24. COMPLAINTS AND FEEDBACK MECHANISM

Beneficiaries will be informed of their rights and the mechanisms available to communicate their concerns.

The mechanism will allow beneficiaries to:

- ask questions;
- report problems;
- file complaints;
- report suspected cases of fraud;
- report cases of exploitation or abuse;
- to formulate suggestions to improve support.

Complaints will be recorded, analyzed and followed up on while strictly respecting confidentiality.

25. EXPECTED IMPACT

At the end of the three-month intervention, the project should have achieved the following:

- to improve access to food for **100 vulnerable households ;**
- to improve access to essential household items;
- to increase community knowledge on Ebola prevention;
- to strengthen community participation in disease prevention;
- to reduce rumors, misinformation and stigmatization;
- to improve the identification and referral of vulnerable people;
- to strengthen coordination between communities and health actors;

- to contribute to the dignity, protection and resilience of affected families.

26. EXIT STRATEGY

IFAPPDE will gradually transfer knowledge and responsibilities related to prevention to community leaders, volunteers and existing community structures.

At the end of the project, the organization will document lessons learned, good practices and recommendations and maintain coordination with stakeholders to facilitate the continuity of referral, prevention and community support mechanisms.

27. CONCLUSION

The Ebola crisis adds a significant layer of vulnerability to communities already facing poverty, displacement, insecurity, and limited access to essential services.

This intervention offers a practical and integrated response combining **food assistance, essential household items, Ebola prevention and awareness-raising, protection, psychosocial support, referrals and community mobilization.**

With funding of **USD 20,490,** IFAPPDE will be able to provide direct assistance to **100 vulnerable households,** representing approximately **600 people,** while reaching approximately **2,000 community members** through Ebola information and prevention activities.

IFAPPDE respectfully requests financial support from partners and donors to implement this urgent intervention and contribute to protecting the health, dignity and well-being of vulnerable families in the Miti-Murhesa Health Zone.

Total amount requested: USD 20,490

Implementing organization: Indigenous Pygmy Women's Initiative for Peace and Endogenous Development (IFAPPDE)

Location: Miti-Murhesa Health Zone, South Kivu Province, DRC

Duration: 3 months

Total budget: USD 20,490