AFRICA INITIATIVE PROGRAMME

Non-governmental development organization | founded in 1998
Kinshasa | Bunia | Democratic Republic of the Congo

NARRATIVE REPORT

SECOND PHASE

Community response to Ebola Virus Disease (EVD)

Province of Ituri | City of Bunia

Period covered	Three months from July 15, 2026
Prepared by	Africa Initiative Programme (AIP), Kinshasa, Democratic Republic of the Congo
Date	October 2026
With the support of	Basandja Foundation | AIP (own contribution)

Together we meet the challenges

1. EXECUTIVE SUMMARY

The Ebola virus disease (EVD) outbreak caused by the Bundibugyo virus remained a major threat in Ituri province, the epicenter of the outbreak, and the response faced major difficulties (section 3).

Following the first phase of its community response (May 22 to June 22, 2026), the Africa Initiative Programme (AIP) implemented a second phase in the city of Bunia, thanks to the financial support of the Basandja Foundation. The phase started on July 15, 2026 and lasted three months. Its objective was to strengthen risk communication and to extend prevention activities to the peripheral neighborhoods.

The second phase combined one motorized awareness caravan of 10 motorcycles and one vehicle that went through the three communes of Bunia and covered 11 of the 24 peripheral neighborhoods; 8 new community relays, 5 women and 3 men, who went out four times, twice in markets and twice at motorcycle-taxi stands; on two local stations, a radio program every Wednesday, a short educational spot every day before the news, and testimonies from people affected by Ebola; chlorine and handwashing devices for 2 health centers, one public and one private; and, with the police section of MONUSCO and funds from UNOPS, supplies for a prevention training of 100 police officers and infection prevention kits for 1,400 police officers. The printed materials carried the same messages in French and Swahili.

The main difficulties were the persistence of rumors and mistrust and a start later than planned, because AIP waited for a person able to coordinate the activities well and because of difficulties within the team. The results are presented in section 6; no attendance was counted, so the figures of people reached are the team's estimates.

2. PRESENTATION OF THE AFRICA INITIATIVE PROGRAMME (AIP)

2.1 Who are we?

Africa Initiative Programme (AIP) is a development non-governmental organization (NGO) established in 1998 in Nairobi, Kenya, through the initiative of people of good will, before gradually expanding its activities to the Democratic Republic of Congo. Since its inception, AIP has worked for the sustainable development of the most vulnerable communities through integrated interventions combining community development, human rights promotion, economic empowerment, local governance, peacebuilding, and humanitarian crisis response.

In the Democratic Republic of Congo, AIP is legally recognized and implements programs in collaboration with the Ministry of Justice, the Ministry of Health, the Provincial Health Inspectorate, the mayor's office of Bunia and the penitentiary authorities; community structures such as community leaders and community relays; civil society organizations such as the motorcycle-taxi associations; doctors as technical partners; and the Congolese diaspora organization, individual donors and, for phase 2, the Basandja Foundation as financial partners. It is registered in the DRC and authorized to operate in all the territories of the country by letter No. JUST.G.S./20/821/2003.

Vision. Congolese youth mostly young women and girls lead from the front in every field.

Mission. To promote and defend young people's rights, especially young women and girls' rights, and empower the Congolese youth to participate in the development of their country and consequently radiate through Africa.
Values. Punctuality, humility, hard work, integrity, equity, inclusiveness and dynamism.

2.2 Areas of intervention

AIP's work is organized around four thematic areas, each grouping related areas of expertise:

- **Peace and Justice:** peacebuilding and social cohesion; the protection of human rights; local governance and citizen participation; and community engagement and resilience in the face of humanitarian and health crises, including community health, health promotion and risk communication.
- **Environment and Climate Justice.**
- **Empowerment:** the empowerment of women and young people.
- Promotion of and the fight against gender-based violence: prevention of and response to gender-based violence.

This multi-sectoral approach allows AIP to respond to the immediate needs of communities while contributing to the sustainable strengthening of their capacities.

2.3 Operational presence in Ituri

Founded in Nairobi in 1998, Africa Initiative Programme (AIP) carried out its first field projects in Ituri in November 2003 and kept its headquarters in Ituri until 2016, when it moved its headquarters to Kinshasa. The Bunia office has stayed operational from the beginning to today. This presence has enabled AIP to develop an in-depth knowledge of local realities as well as a strong network of collaborators, volunteers and community partners in the territories of Irumu, Mambasa, Djugu and Aru and in the city of Bunia. Since November 2003, AIP has carried out more than 22 field projects in Ituri and the Great Lakes region (see section 2.6). At the invitation of MONUSCO/Ituri, it also organized several trainings for actors in the Ituri conflict, notably within the Interim Special Assembly, the governing body of the Ituri district during the crisis.

This historical grounding is a major asset in the current context of the Ebola virus disease. It allows the organization to understand the socio-cultural realities of the communities, to quickly identify emerging needs, and to deploy interventions tailored to the challenges observed on the ground.

The relationships of trust built over the years with communities facilitate dialogue with local leaders, administrative authorities, religious leaders, schools, and health facilities. This close relationship fosters greater acceptance of prevention messages and strengthens the effectiveness of awareness-raising and community mobilization activities.

2.4 A community-centered approach

Since the beginning of this intervention, AIP has prioritized a community-based approach. Awareness-raising activities are not limited to disseminating information; they also promote dialogue, listen to the concerns of the population, and take local realities into account.

Observations made during this first phase confirmed that rumors, traditional beliefs, and misinformation strongly influence behaviors in the face of Ebola. In this context, community members are not only beneficiaries of the activities; they become essential actors in the prevention and control of the disease.

This participatory approach strengthens trust between communities and the health authorities, religious leaders, schools and the prison administration, improves acceptance of public health messages and promotes the adoption of protective behaviors.

2.5 Our added value

AIP's intervention is based on a strong conviction: the fight against Ebola cannot be effective without the support and active participation of communities.

The organization's added value lies in its ability to:

- to intervene quickly thanks to its local presence;
- to establish a relationship of trust with the communities;
- adapt prevention messages to local socio-cultural realities;
- reaching groups often poorly covered by traditional campaigns, including people deprived of their liberty, religious communities and populations living in peripheral neighborhoods;
- complement the efforts of health authorities by strengthening risk communication, community engagement and prevention at the local level.

By putting communities at the heart of the response, AIP helps create an environment conducive to adopting preventive behaviors, reducing rumors, and improving early referral of suspected cases to health facilities.

2.6 Selected achievements

Since November 2003, AIP has carried out more than 22 field projects in Ituri and the Great Lakes region, for total funds received and managed of USD 729,332 and EUR 720,000. They cover, in particular:

- peacebuilding and intercommunity dialogue in the Great Lakes region and eastern DRC (Oxfam Novib and NED, European Union, ASDI);
- reintegration of ex-combatants and demobilized fighters, and awareness of host communities (UNDP);
- village diagnostics and identification of community needs for local development in the territories of Irumu and Mambasa (UNDP);
- support to women and victims: capacity building of women in peacebuilding (Global Fund for Women), psychosocial support to war-crime victims in Aru territory (ICC Trust

Fund for Victims) and access to justice for victims of sexual violence in Irumu territory (UNDP);
- civilian disarmament, police reform and community policing awareness in Bunia (UNDP);
- awareness of the electoral process in Ituri (Urgent Action Fund).

The full list of projects, with donors, locations and amounts, is in Appendix 1.
AIP also carried out the following projects:

- agro-pastoral inputs for 350 women heads of household in 5 localities of Ituri province;
- a rotating micro-credit project supporting the income-generating activities of 145 vulnerable women in the markets of Bunia (Ituri);
- legal support for 250 women victims of rape and gender-based violence;
- the creation of a transit and orientation center for women, girls (minors) and children;
- a school for children born of rape (UJUZI);
- schooling for 200 children in various schools, with school kits and school fees provided;
- support to socio-professional centers for vocational training (sewing, carpentry, fitting and welding, mechanics and auto electricity).

2.7 Partners and contact

AIP's partners and donors include:

- the Trust Fund for Victims of the International Criminal Court (CPI/TFV);
- Urgent Action Fund-Africa;
- ASDI (Swedish International Development Cooperation Agency, Sida);
- Global Fund for Women;
- UNDP (field offices in Bunia, Goma and Kinshasa);
- the European Union;
- Oxfam Novib and the National Endowment for Democracy (NED).

Contact. Head office: Kinshasa, DRC - Commune of Kintambo, Avenue Kasavubu No. 2 (tel. +243 812 455 697 / +243 991 067 370). Bunia office: Route principale de la Prison Centrale, No. 10 Avenue de la Justice, Logo II, Bankoko quarter, Bunia (opposite the PNC/GMI camp, next to the UNIC-ISGEA university; tel. +243 822 268 054). Coordinator: Mrs Nyota Babunga. E-mail: info@afrinprog.org; aip.rdcfo@gmail.com; aipbuniafo@yahoo.fr. Website: www.afrinprog.org.

3. CONTEXT OF THE EBOLA OUTBREAK IN AUGUST 2026

3.1 Epidemiological situation

Situation as of mid-August 2026. According to the World Health Organization (rapid risk assessment of August 14, 2026), Ituri remained the epicenter of the outbreak: as of August 13 the province accounted for 3,912 confirmed cases and 1,701 deaths, that is 86% of the confirmed cases and 80% of the deaths reported in the country (4,566 confirmed cases and 2,128 deaths nationwide). Twenty-eight of the 36 health zones of Ituri had reported cases, and the Bunia

health zone alone accounted for about 27% of the confirmed cases of the province, ahead of Rwampara, Mongbwalu and Nizi. No licensed vaccine or specific treatment existed against the Bundibugyo virus at the time.
The response faced major difficulties: treatment centers were not available everywhere, and the community-level obstacles documented by AIP are described in section 6.2.

3.2 Lessons from the first phase that shaped the second phase

Beyond reach figures, the first phase generated operationally relevant insight into barriers that may undermine prevention efforts. Field teams documented persistent rumors, traditional explanations, and misinformation concerning the origin of EVD, transmission pathways, and prevention measures. These findings reinforce the need for sustained RCCE alongside clinical, surveillance, and infection-prevention measures.
The first phase also identified important coverage gaps in high-traffic and underserved locations, including markets, motorcycle-taxi stands, peripheral neighborhoods, universities, schools, police stations, and the peripheral health centers of Bunia. These settings warrant prioritization in subsequent phases because of their population density, mobility, and potential to amplify both accurate information and misinformation.

4. OBJECTIVES AND APPROACH

The general objective of the second phase was to strengthen risk communication and to expand Ebola virus disease prevention activities in the city of Bunia, keeping up the momentum so that prevention messages kept reaching residents.
To reach it, AIP combined community relays, mass communication through a motorized caravan and local radio stations, and support to health centers, in coordination with the administrative authorities and the health inspectorate.

5. ACTIVITIES CARRIED OUT

5.1 Period and start of activities

The second phase was planned to last three months and started on July 15, 2026, about three weeks after the end of the first phase on June 22 (section 7.1).

5.2 Preparation and coordination

Before going to the field, AIP briefed the administrative authorities, who welcomed the initiative. The mayor's office of Bunia gave its permission for the caravan, which cannot take place without it. AIP also presented the project to the health inspectorate for advice and guidance, since the activities supported the response. This preparation was essential to avoid incidents in a context where some residents still claimed that the epidemic was a scam (section 6.2).

5.3 Communication materials

AIP reused the T-shirts printed during the first phase and produced new T-shirts for the motorcycle riders of the caravan and for the vehicle driver. It also produced banners and stickers for the caravan, the health centers and public places, with the same messages in French and Swahili.



Caravan banner with the message in Swahili, with the Basandja and AIP logos



The caravan vehicle with the team, a loudspeaker and the banner

5.4 Motorized caravan

The caravan was a convoy of 10 motorcycles and one vehicle carrying the team through the town to talk about Ebola and sensitize people in the markets and the busiest public places. A single caravan took place on 14 August. It passed through the communes of Shari, Nyakasanza and Mbunya, the three communes of Bunia, covering 11 of the 24 peripheral neighborhoods of the city: Lumumba, Bigo, Mudzipela, Ngezi, 206, Simbiliabo, Saïo, Kindia, Nyakasanza, Salongo and Yambi Yaya. These neighborhoods were chosen because most cases, contacts and contacts of cases had been identified there. The vehicle was equipped with sound equipment and the caravan broadcast three messages: Ebola exists, together it can be fought, and stopping the epidemic is everyone's responsibility.



The caravan of motorcycles and vehicle going through Bunia



Motorcycle riders of the caravan wearing AIP T-shirts



Caravan participants and vehicles near the AIP office in Bunia



The caravan at a junction in Bunia

5.5 Community relays

AIP worked with 8 new community relays (RECO), 5 women and 3 men, who were not the people involved in the first phase. They were chosen for their knowledge of health: nurses and other health practitioners already designated by their communities to continue awareness-raising. AIP contacted them in the peripheral neighborhoods and, together with them, built an action strategy to intensify the awareness work. The relays went out four times, on 21 August, 28 August and 1 September: twice in markets and twice at motorcycle-taxi stands, where large numbers of motorcycle-taxi drivers gather. They demonstrated handwashing and barrier gestures with a consciousness-raising approach, using megaphones. AIP worked with the transport associations of Bunia, ASECO, the Ituri Association of Motorcycle Taxi Drivers and the Bunia Association of Taxis, Motorcycles and Vehicles, which gave access to the drivers and users of the stands.

5.6 Radio

AIP contracted two local stations. Radio Canal Révélation was chosen for its wide audience: its signal reaches well beyond Bunia. Radio Tangazeni Kristo (RTK), mostly followed by Christian audiences, was chosen deliberately to counter the rumor that Ebola is satanic and that the sick should be taken to prayer rooms.

The series opened with a launch program on the radio with a doctor. A program then aired every Wednesday on each of the two stations, from July 22, in which listeners could put their questions and share their concerns; the presenter continued the programs after the doctor's appearance. By November 11, that made 17 Wednesdays and 34 programs (calculated at one program per station per Wednesday). The programs covered Ebola and its effects on people, how it is contracted, its warning signs and how to prevent it. A short educational spot, on three themes - the existence of Ebola, its warning signs and preventive measures - has aired once a day during the news on each station since July 17 and is still airing: 124 spots per station, 248 in all by November 17 (calculated at one a day).

People affected by Ebola also came on the radio to give their testimonies, including a woman who shared her experience, to show listeners that the disease is real.



Radio Canal Révélation studio

5.7 Health centers and inclusive communication

AIP gave each of 2 health centers 10 kg of chlorine and a handwashing device, that is 20 kg of chlorine and 2 devices in all: the Bankoko health center, which is public, and the Clinique Bénédicte, which is private. A sign language interpreter took part in activities at different venues, making the messages accessible to deaf and hard-of-hearing people.

6. RESULTS OBTAINED

6.1 Quantitative results

Indicator	Planned	Achieved
Caravan (motorcycles and vehicle)	-	1 caravan on 14 August: 10 motorcycles and 1 vehicle
Communes covered by the caravan	-	3 (Shari, Nyakasanza and Mbunya, all the communes of Bunia)
Peripheral neighborhoods covered by the caravan	24 neighborhoods in the city	11 of 24
People reached in the caravan neighborhoods (team estimate)	-	700 to 800 per neighborhood, about 7,700 to 8,800 in the 11 neighborhoods
Community relays mobilized	-	8 (5 women and 3 men)
Outings of the community relays	-	4 (21 and 28 August, 1 September): 2 in markets, 2 at motorcycle-taxi stands

Weekly radio program	-	Every Wednesday on both stations since July 22: 34 programs by November 11 (calculated)
Educational radio spots	-	One a day on each station since July 17: 248 spots by November 17 (calculated)
Health centers supported (chlorine, handwashing devices)	-	2 (Bankoko health center, public; Clinique Bénédicte, private); 10 kg of chlorine and a handwashing device each
Police officers trained (police section of MONUSCO)	-	100 in two sessions: 17 and 18 September, 21 and 22 September
Supplies for the police training (funded by UNOPS, bought by AIP)	-	135 kg of chlorine, 10 water tanks of 135 liters, 20 thermoflash, 500 gloves, 500 masks, 125 T-shirts, 100 sanitizer gels, 125 hand disinfectants, 100 posters, 1,000 flyers; prevention kits for 1,400 police officers; handed over on 2 November

Reach. No attendance was counted. The team estimates that 700 to 800 people were reached in each of the 11 neighborhoods the caravan crossed, that is between about 7,700 and 8,800 people in all. Many more residents saw the caravan or heard the programs on the radio, but they were not counted. The estimates of the community relays for their four outings are being gathered and will be added to this report.

6.2 Field observations

The teams recorded the following observations:

- some residents of Bunia continued to claim that the epidemic was a scam or that Ebola did not exist;
- Ebola was described as "satanic", leading some families to take patients to prayer rooms instead of treatment centers;
- fear of forced isolation discouraged people from going to health posts, while others arrived at hospital too late, exposing caregivers to infection;
- motorcycle-taxi drivers were identified as a high-risk group: most people in Bunia travel by motorcycle, so drivers could become vectors of the disease.

6.3 Success story: from community awareness to institutional recognition

In its Ebola prevention work in Bunia, AIP took a close-to-the-people approach: strengthening residents' knowledge, countering misinformation and encouraging preventive behavior. Through

the caravan, the radio programs and the outings in markets and at motorcycle-taxi stands, AIP became better known among communities and among some of the institutions involved in the Ebola response.

This work drew the attention of the UNPOL section of MONUSCO. According to the field team, a representative of that section, having learned of AIP's activities, said he appreciated the work and stressed the importance of continuing the awareness-raising. The section does not send invitations: AIP and the section are in contact, and when there is an activity they call AIP to discuss it. That is how they called AIP to discuss a training for police officers.

MONUSCO called on AIP for this activity: awareness-raising on Ebola, together with training on how to handle the conflicts and problems that Ebola can cause. One hundred police officers were trained at the police school in the Frontier Police neighborhood, in two sessions: 17 and 18 September, then 21 and 22 September 2026. They came from the provincial general command of the police and from units that include the Mobile Intervention Group (GMI), the unit that protects the governor and civil authorities, and the Child Protection and Prevention of Sexual Violence Squadron (EPEPVS). The police did not want to share more details, since the training is a police matter, and AIP was not present. MONUSCO asked AIP to provide the materials so that the awareness-raising and the training could take place together. UNOPS provided the funds and told AIP what to buy; AIP bought and printed the materials and added the logos shown on the poster. All the funds came from UNOPS, not from the Basandja grant. The supplies were 135 kg of chlorine powder, 10 water tanks of 135 liters with stands, 20 thermoflash thermometers, 125 T-shirts, 100 bottles of hydroalcoholic gel, 125 hand disinfectants, 500 medical gloves, 500 face masks, 100 wall posters on barrier measures and 1,000 flyers with Ebola prevention messages. The posters and flyers reproduce the national Ebola messages of the Ministry of Public Health and the National Institute of Public Health, with the free hotline 151 (see the photos).



Flyer "What should we remember about Ebola virus disease?" from the national STOP EBOLA series, with the free hotline 151



Wall poster "To protect ourselves and our community against Ebola: good practices", with the logos of the Ministry of Public Health, the National Institute of Public Health, the United Nations, UNPOL and AIP

The materials were handed over on 2 November 2026. The infection prevention and control kits, with chlorine, gloves and other items, will serve the 1,400 police officers posted in Bunia, in 5 police stations, 3 large antennas and more than 10 sub-stations, because police officers work in close contact with the population and must protect themselves. On the same day, according to the team, a police officer died of Ebola.
This experience shows how a community initiative led by a national organization can attract the interest of an international institution. It also shows the value of local organizations, whose knowledge of the ground, closeness to communities and ability to mobilize are essential in preventing epidemics.
Results. AIP strengthened its institutional visibility, opened a dialogue with the UNPOL section of MONUSCO and supplied the materials, funded by UNOPS: for the training of 100 police officers and prevention kits for 1,400 police officers. A structured community intervention, even with limited resources, can open partnership opportunities with larger institutions.
Lesson. The quality of interventions, their documentation and their visibility can become levers for recognition and for mobilizing new partnerships.

6.4 Success story: from the radio to the health center

According to AIP's team in Bunia, a boy came to tell them that the radio programs had helped him. He was ill and had warning signs but stayed at home, because he thought it was another illness and not serious. When he heard on the radio that he should see a doctor, he went. He was diagnosed with Ebola, received treatment and stayed in quarantine for 17 days, and he recovered. He then went to see Pacifique Musaghi, who works with AIP in Bunia, to tell him. The team is waiting for his certificate of recovery and will share it when it arrives. His name is not published.
Results. A person with warning signs sought care early because of a radio message, which shows that the programs can lead people to seek care.
Lesson. A radio message that tells people to see a doctor early can change what someone does at home.

7. CHALLENGES ENCOUNTERED

7.1 Delayed start of the second phase

The second phase started on July 15, 2026, about three weeks after the end of the first phase on June 22, later than planned. AIP waited for a person able to coordinate the activities well, and members of the team were also going through personal difficulties, including sick family members, which limited their availability.

7.2 Rumors and mistrust

The persistence of rumors and mistrust (section 6.2) required careful preparation and prior engagement of the authorities (section 5.2) and guided the choice of radio partners (section 5.6).

8. LESSONS LEARNED

- Community relays chosen for their health knowledge, such as nurses and health practitioners already designated by their communities, are trusted by residents and reach groups that are hard to access, such as motorcycle-taxi drivers, when they go to the places where they gather.
- Testimonies from people affected by Ebola, such as the woman who spoke on the radio, give the disease a human face; earlier Ebola responses (for example in Sierra Leone and in the DRC, as documented by BBC Media Action and Tearfund) found that survivor testimonies helped convince listeners that the disease is real and encouraged earlier care-seeking.
- Choosing the most listened-to radio station and a station followed by Christian audiences made it possible to reach a wide audience and to address specific beliefs and rumors directly.
- A person able to coordinate the activities well must be identified before the start: waiting for one delayed the second phase by about three weeks. Planning should also provide a replacement in case of unavailability.
- No attendance was recorded, so the reach had to be estimated. The number of people present should be counted at each outing, caravan stop and program from the start.
- Coverage remained partial: the caravan reached 11 of the 24 neighborhoods. Reaching the remaining neighborhoods requires more resources and time.

9. FINANCIAL MANAGEMENT

The second phase was funded by a grant of USD 3,000 from the Basandja Foundation and a contribution of USD 1,000 from AIP, for a total of USD 4,000, all of which was spent. The supplies for the police training were funded separately by UNOPS and not from these funds. The breakdown by budget line is in the separate financial report. Friends of Congo introduced AIP to the Basandja Foundation.

The initial budget totaled USD 2,570. Activities were scaled up during implementation and all planned activities were carried out, for a final expenditure of USD 4,000 (USD 3,000 from the Basandja Foundation and USD 1,000 from AIP).
The financial report is issued as a separate document.

10. CONCLUSION

The second phase extended AIP's community response to the peripheral neighborhoods, crossroads and radio audiences of Bunia. Building on the lessons learned from the first and second phases, AIP will continue its commitment alongside health authorities, community leaders and its partners in order to contribute sustainably to the fight against Ebola virus disease and to the protection of the populations of Ituri province. The work also led to a collaboration with the UNPOL section of MONUSCO: 100 police officers took part in a prevention training,

and AIP supplied the materials, including prevention kits for 1,400 officers, with funds from UNOPS (section 6.3).

11. ACKNOWLEDGMENTS

AIP thanks the Basandja Foundation, whose financial support made this second phase possible; the mayor's office of Bunia, the administrative authorities and the health inspectorate for their permission and guidance; the community relays for their work in the neighborhoods; and the radio stations Canal Révélation and RTK for their partnership.

APPENDIX 1: PROJECTS IMPLEMENTED BY AIP SINCE 2003

Since November 2003, AIP has carried out the following projects, mainly in Ituri.

No.	Project	Donor	Location	Amount
1	Peacebuilding in the Great Lakes region	Oxfam Novib and NED	Great Lakes region	USD 80,000
2	Intercommunity dialogue	European Union	Eastern DRC	EUR 500,000
3	Awareness of host communities (DRC)	UNDP ComRec	Ituri	USD 29,952
4	Reintegration of ex-combatants	UNDP ComRec	Ituri	USD 46,772
5	Income-generating activities (AGR) project	UNDP ComRec	Bunia	USD 27,952
6	Village diagnostics	UNDP ComRec	Irumu	USD 29,900
7	Awareness of the electoral process	Urgent Action Fund	Ituri	USD 5,000
8	Peacebuilding in Ituri	ASDI (Sida)	Ituri	EUR 60,000
9	Peacebuilding in Ituri	ASDI (Sida)	Ituri	EUR 160,000
10	Capacity building of women in peacebuilding in post-conflict regions	Global Fund for Women	Ituri	USD 15,000
11	Consultation of customary, collectivity and grouping chiefs of Djugu territory	UNDP ComRec	Nizi	USD 8,900
12	Reintegration of demobilized fighters (DDR 3)	UNDP ComRec	Irumu	USD 115,196
13	Village diagnostics in Irumu territory	UNDP ComRec	Irumu	USD 28,235
14	Village diagnostics in Mambasa territory	UNDP ComRec	Mambasa	USD 25,200
15	Awareness of host communities in DDR 3	UNDP ComRec	Irumu	USD 25,297
16	Needs identification and development support ("CLD") in Irumu territory	UNDP Field Office	Irumu	USD 22,197
17	Needs identification and development support ("CLD") in Mambasa territory	UNDP Field Office	Mambasa	USD 20,722

18	Support and psychosocial accompaniment of war-crime victims in Aru territory (returnees, victims of violence and displaced people in 3 host sites)	ICC Trust Fund for Victims (CPI/TFV)	Aru	USD 78,702
19	Awareness of voluntary civilian disarmament in Ituri (4 pilot sites in Mahagi, Djugu and Irumu; one of them covers two locations)	UNDP Field Office	Bunia	USD 136,092
20	Awareness of communities in 2.5 neighborhoods of Bunia (two neighborhoods and half of a third) on the new community policing doctrine, for community security	UNDP Field Office / Kinshasa	Bunia	USD 5,140
21	Women's empowerment through access to justice for victims of sexual violence in Irumu territory, Kasenyi and surroundings	UNDP Field Office / Goma	Bunia and Kasenyi	USD 18,000
22	Door-to-door awareness on the reform of the national police (PNC), phase II	UNDP Field Office / Kinshasa	Bunia city	USD 11,075

Total funds received and managed: USD 729,332 and EUR 720,000.