AFRICA INITIATIVE PROGRAMME

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

NARRATIVE REPORT

FIRST PHASE

Community response to Ebola Virus Disease (EVD)

Province of Ituri | City of Bunia

Period covered	May 22 to June 22, 2026
Prepared by	Africa Initiative Programme (AIP), Kinshasa, Democratic Republic of the Congo
Date	June 2026
With the support of	Individual donors | The Congolese diaspora organization

Together we meet the challenges

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1. EXECUTIVE SUMMARY

During the first half of 2026, Ituri Province faced a resurgence of Ebola virus disease (EVD), caused by the Bundibugyo strain, against a backdrop of persistent insecurity, population displacement, constrained access to health services, and widespread misinformation. These overlapping risks increased the importance of timely, trusted, community-level communication as a complement to the public health response.

In response, Africa Initiative Programme (AIP) rapidly mobilized a locally based team to support Risk Communication and Community Engagement (RCCE) efforts in Bunia. The first phase prioritized populations and settings that were comparatively difficult to reach through conventional awareness channels, including persons deprived of liberty, women and minors in detention, religious communities, and populations living in vulnerable environments.

From May 22 to June 22, 2026, AIP implemented the first phase of its community response in Bunia. The intervention combined team preparation, coordination with local and facility authorities, targeted awareness sessions, dissemination of prevention messages, collection of community feedback, and limited distribution of protective supplies at selected sites.

During the reporting period, the intervention reached approximately 410 people directly and an estimated 2,800 people indirectly. Direct engagement included adult detainees, minors, women and girls in detention, and members of religious communities.

Among them:

- more than 120 adult inmates at Bunia Central Prison;
- 43 minors aged 13 to 17 years;
- 67 women and girls detained;
- an estimated 180 worshippers, including religious leaders, in the three targeted churches (60 per church).

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.

The implementation of this first phase was made possible thanks to the rapid mobilization of contributions from individual donors and the Congolese diaspora organization, which enabled AIP to launch its initial field activities. Following these initial actions, AIP identified the need for a second phase aimed at strengthening and expanding community activities.

AIP continues to position its community-level work as complementary to the leadership of health authorities and the technical response.

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 authorities 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:** the promotion of environmental and climate justice with and for vulnerable communities.
- **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 2.7). 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 Rapid mobilization thanks to solidarity

From the first alerts related to the resurgence of the Ebola virus disease, the Africa Initiative Programme launched an appeal for solidarity to support a rapid community response.
The first activities were made possible thanks to contributions from individual donors and the Congolese diaspora organization, which made it possible to finance the first awareness-raising actions, the acquisition of protective equipment, the production of communication materials and the deployment of teams in the field.
These initial results led AIP to prepare a second phase of the intervention in order to extend the coverage of activities and strengthen risk communication in the most exposed areas.

2.6 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.

2.7 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 7.

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).

2.8 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: aip.rdcfo@gmail.com; aipbuniafo@yahoo.fr. Website: www.afrinprog.org.

3. CONTEXT OF THE EBOLA VIRUS DISEASE OUTBREAK IN ITURI

3.1 Epidemiological situation

In 2026, the Ituri province was once again confronted with a resurgence of Ebola virus disease (EVD), a highly contagious illness that poses a major threat to public health. National health authorities, with the support of the World Health Organization (WHO) and their partners, confirmed that this outbreak was caused by the Bundibugyo strain of the Ebola virus, a strain of particular concern due to the lack of a specifically licensed vaccine against it.

Unlike the Zaire strain, for which effective vaccines are available, the Bundibugyo strain requires that the fight against the epidemic rely primarily on early detection of cases, infection prevention, risk communication, community engagement and rapid management of people suspected of being infected.

At the time of the implementation of this first phase of intervention, health authorities continued epidemiological investigations, contact tracing, community surveillance and prevention activities in the affected areas.

3.2 A particularly fragile humanitarian context

The Ituri province remains one of the most fragile provinces in the Democratic Republic of Congo. For more than twenty years, communities have been living in an environment marked by:

- persistent insecurity;

- population movements;
- armed conflicts;
- high mobility between mining areas and urban centers;
- difficulties in accessing healthcare;
- significant poverty.

These factors significantly increase the vulnerability of populations to epidemics and complicate the implementation of response activities.
In the peripheral health centers of Bunia, resources are limited, while medical teams are working under significant pressure related to surveillance, the management of suspected cases and the maintenance of essential health services.

3.3 High population movement

The city of Bunia is an important administrative, commercial and humanitarian center in the Ituri province. Every day, thousands of people travel between Bunia, the mining areas, the markets, the surrounding villages and the neighboring territories.
This constant mobility increases the risk of disease spreading when populations do not have reliable information on modes of transmission and prevention measures.
Motorcycle taxi drivers, traders, transporters and travellers thus represent strategic groups for the dissemination of prevention messages.

3.4 Challenges related to risk communication

During field observations, AIP teams noted that Ebola virus disease remains surrounded by rumors, beliefs and misinformation.
In Bunia and Mungwalu, deaths were interpreted as mystical or supernatural phenomena rather than the consequences of an infectious disease. These perceptions can delay seeking care, discourage cooperation with healthcare teams, and promote continued transmission.
Among the beliefs gathered was the widely shared story in Mungwalu that a series of deaths were caused by a coffin circulating at night. While this interpretation has no scientific basis, it illustrates the level of misinformation and fear observed among the people of Mungwalu.
Investigations by health authorities have confirmed that the spread of the disease was linked to close contact with people infected or who died from the disease, highlighting once again the importance of prevention, rapid identification of suspected cases and adoption of protective measures.
This situation highlights the essential role of Risk Communication and Community Engagement (RCCE), which is one of the pillars of the Ebola response.

3.5 Why community intervention was essential

Initial analyses carried out by the Africa Initiative Programme showed that eight population groups remained insufficiently covered by awareness-raising activities.
These groups included, in particular:

- persons deprived of their liberty;
- women in detention;
- minors in conflict with the law;

- religious communities;
- the inhabitants of outlying neighborhoods;
- motorcycle taxi drivers;
- market traders;
- pupils and students.

However, these groups play an essential role in community dynamics and can actively contribute to the dissemination of prevention messages when they are properly informed.
AIP has therefore chosen to prioritize a proximity-based approach founded on dialogue, community participation and awareness-raising adapted to local socio-cultural realities.

3.6 AIP's contribution to the response

The activities implemented by the Africa Initiative Programme were not intended to replace medical interventions conducted by the Ministry of Health and specialized partners.
On the contrary, their objective was to complement the health response by strengthening community information, promoting the adoption of preventive behaviors, and creating a climate of trust conducive to better collaboration between populations and health teams.
By working directly with communities, AIP has helped to bring public health messages closer to the realities experienced by the population, while identifying the main concerns and obstacles that could compromise the effectiveness of the response against Ebola virus disease.

4. JUSTIFICATION FOR THE INTERVENTION

The resurgence of Ebola virus disease (EVD) in Ituri province quickly highlighted the need to complement health response efforts with a community-based intervention focused on risk communication, awareness-raising and strengthening of preventive behaviors.
Initial observations made by the Africa Initiative Programme (AIP) in the city of Bunia revealed that, despite efforts by health authorities and their partners, communities in the outlying neighborhoods continued to face a significant lack of reliable information about the disease.
During discussions with the local populations, the field teams identified six concerns:

- a lack of understanding of the modes of transmission of the disease;
- a poor understanding of the signs and symptoms of Ebola;
- the persistence of rumors and traditional beliefs concerning the origin of the epidemic;
- the fear of visiting health facilities;
- the stigmatization of people suspected of being infected;
- a distrust of information relayed on social networks and in communities.

These findings confirmed that scientific information did not always reach the most exposed populations and that prevention messages needed to be adapted to local socio-cultural realities in order to be better understood and accepted.
Initial field missions also revealed that eight groups remained insufficiently covered by awareness campaigns:

- persons deprived of their liberty;
- women and girls in detention;
- minors in conflict with the law;
- religious communities;
- the inhabitants of outlying neighborhoods;

- motorcycle taxi drivers providing services between Bunia and the surrounding areas;
- traders who frequent the markets;
- pupils and students.

However, these groups play an essential role in community dynamics and can contribute either to the dissemination of good prevention practices, or unintentionally to the spread of false information when they do not have reliable information.

Field observations also showed that seven kinds of high-traffic public spaces remained relatively underserved by community communication activities:

- from the central market of Bunia;
- of the more than twenty-six neighborhood markets spread throughout the city;
- motorcycle taxi parking lots, of which more than a hundred are recorded in Bunia;
- schools and universities;
- places of worship;
- police stations;
- peripheral health centers.

In these spaces, daily interactions between populations promote a rapid flow of information, but also of rumors and false beliefs when no appropriate communication is put in place.

Furthermore, discussions with community leaders and health teams confirmed that prisons also represent high-risk environments. Overcrowding, sometimes limited hygiene, and a lack of access to regular information fully justified the organization of awareness sessions in these facilities.

In light of these findings, Africa Initiative Programme has chosen to focus its first phase of intervention on Risk Communication and Community Engagement (RCCE), recognized by the World Health Organization as essential pillars in the fight against Ebola virus disease epidemics.

AIP's approach is based on the conviction that the fight against Ebola cannot be effective without the active participation of communities. Populations should not be considered mere beneficiaries of interventions, but essential partners in prevention, capable of relaying public health messages, promoting protective behaviors, and contributing to the early detection of suspected cases.

This intervention therefore complements the actions carried out by health authorities and response partners. It aims to strengthen trust between communities and health actors, improve access to reliable information, and foster sustained community mobilization against Ebola virus disease.

5. MOBILIZATION OF RESOURCES AND SUPPORT FROM PARTNERS

Faced with the resurgence of Ebola virus disease (EVD) in the Ituri province, the Africa Initiative Programme (AIP) immediately launched an appeal for solidarity in order to mobilize the necessary resources to respond quickly to the needs of the most exposed communities.

Aware that the first hours of an intervention are often crucial to limiting the spread of an epidemic, the organization has favoured a proactive approach by mobilizing its network of partners, supporters and members of the Congolese diaspora.

This mobilization sparked a wave of solidarity which made it possible to gather the first financial resources essential to launching field activities.

The first contributions were made by individual donors and the Congolese diaspora organization, both sensitive to the humanitarian and health situation faced by the populations of Ituri.

Thanks to these contributions, AIP was able to launch its first community awareness activities without delay and ensure, in particular:

- the mobilization and organization of the local awareness team;
- the movement of teams to the different intervention sites;
- the acquisition of the first prevention supplies (hand sanitizer, gloves, masks and other protective equipment);
- the production of communication materials, including awareness T-shirts and stickers for handwashing stations;
- coordination with the local administrative authorities, religious leaders, schools and the prison administration.

These initial interventions demonstrated the relevance of a rapid community response and helped to identify the main needs that still need to be addressed in order to expand awareness-raising activities.

This complementarity between individual contributions and the commitment of local partners illustrates the importance of partnerships in responding to health emergencies. It also demonstrates the trust placed in the Africa Initiative Programme and the organization's ability to rapidly transform mobilized resources into concrete actions that benefit communities.

AIP wishes to express its profound gratitude to all the individuals, the Congolese diaspora organization and the institutions that responded to this call for solidarity. Their commitment has laid the foundations for a vital community response in a context where prevention, information, and public trust are crucial elements in limiting the spread of Ebola virus disease.

Beyond their financial contributions, these partners have demonstrated that collective, coordinated action based on solidarity can strengthen community resilience in the face of health crises. The Africa Initiative Programme reaffirms its commitment to ensuring transparent and responsible management of the resources at its disposal, as well as to regularly informing its partners of the progress made and the results achieved on the ground.

6. OBJECTIVES OF THE INTERVENTION

6.1 General Objective

To contribute to efforts to combat Ebola virus disease (EVD) in the province of Ituri, particularly in the city of Bunia, through risk communication activities, community awareness and promotion of prevention measures in order to reduce the risk of the spread of the disease among the population.

6.2 Specific Objectives

To achieve this overall objective, the Africa Initiative Programme (AIP) has set the following specific objectives:

1. Strengthen community knowledge about Ebola virus disease

Inform the public about the causes of the disease, modes of transmission, signs and symptoms, as well as prevention measures recommended by health authorities.

2. Combat rumors, disinformation, and beliefs that could compromise the response

Promote reliable, accessible information adapted to local socio-cultural realities in order to reduce the circulation of false information and strengthen community trust in public health messages.

3. Promote the adoption of preventative behaviors
Encourage populations to adopt behaviors that limit the transmission of the disease, including:

- regular hand washing;
- avoiding contact with the biological fluids of sick or deceased persons;
- the rapid reporting of suspected cases;
- early recourse to health facilities.

4. Strengthen community engagement in the fight against Ebola
Actively involve community leaders, religious leaders, local authorities, schools, community relays and the motorcycle-taxi associations in disseminating prevention messages and raising awareness among the population.

5. Reaching the most exposed or under-covered population groups
Implement targeted activities for groups with particular vulnerabilities or limited access to traditional awareness campaigns, including:

- persons deprived of their liberty;
- women in detention;
- minors in conflict with the law;
- religious communities;
- the inhabitants of outlying neighborhoods;
- motorcycle taxi drivers;
- the merchants;
- pupils and students.

6. Complement the efforts of the health authorities
To provide community support to actions led by the Ministry of Health and response partners by strengthening risk communication and community engagement, in accordance with national and international recommendations for combating Ebola virus disease.

6.3 Implementation Approach

To achieve these objectives, the Africa Initiative Programme adopted a participatory, community-centered approach. Activities prioritized direct dialogue with local populations, interactive exchanges, and listening to the concerns expressed by beneficiaries.
Each awareness session was designed as a space for information and discussion, allowing not only the dissemination of prevention messages, but also the answering of participants' questions, the correction of misconceptions and the collection of community perceptions on the evolution of the epidemic.
This approach has made it possible to establish a relationship of trust with the beneficiaries and to better adapt the messages to local realities.

6.4 Expected Results

Through this first phase of intervention, AIP aimed for the following results:

- A better understanding of Ebola virus disease by the targeted communities.
- An improvement in knowledge about modes of transmission and prevention measures.
- A reduction in rumors and false beliefs related to the epidemic.
- Increased community participation in prevention efforts.
- Strengthening trust between the population and those involved in the response.
- An improvement in the early referral of people with suspicious signs to health facilities.
- A contribution to strengthening community resilience to Ebola virus disease.

7. IMPLEMENTATION METHODOLOGY

7.1 General Approach

The implementation of awareness-raising activities was based on a participatory and community-based approach, in accordance with the principles of Risk Communication and Community Engagement (RCCE), recommended by the World Health Organization (WHO) in the context of the fight against Ebola virus disease outbreaks.
The intervention was designed to complement the actions undertaken by health authorities and response partners. It aimed to bring information closer to communities, strengthen trust in public health messages, and promote the adoption of preventive behaviors.
AIP has favoured an approach based on dialogue, active listening and community participation, taking into account socio-cultural realities and concerns expressed by the populations.

7.2 Activity Planning

Before the launch of field activities, a preparation phase was carried out to ensure effective implementation of the intervention.
This phase included, in particular:

- the identification of priority intervention areas;
- planning activities with the local team;
- the definition of key awareness messages;
- the identification of target groups;
- the preparation of awareness-raising materials;
- the logistical organization of team travel.

This planning made it possible to ensure rational use of available resources and to maximize the coverage of activities.

7.3 Team Mobilization and Organization

A local team of twelve (12) awareness-raisers, including four (4) men and eight (8) women, was mobilized to conduct the activities.
The team members received a briefing covering, among other things:

- the objectives of the intervention;
- the main characteristics of Ebola virus disease;

- prevention messages validated by health authorities;
- community communication techniques;
- conducting awareness sessions;
- prevention measures and individual protection during activities.

Depending on the needs, the outreach workers intervened individually, in pairs or in teams of three people in order to ensure better coverage of the targeted sites.

7.4 Coordination with stakeholders

The success of the intervention depended on close collaboration with the seven groups of actors present in the city of Bunia.

Prior to each activity, AIP consulted with seven stakeholders:

- local health authorities;
- those responsible for the Central Prison of Bunia;
- those in charge of the detention units for women and minors;
- school administrators;
- church leaders;
- community leaders;
- the local administrative authorities.

This coordination made it possible to facilitate access to the different sites, ensured good organization of the sessions and strengthened community ownership of the activities.

7.5 Logistics preparation

To ensure the smooth running of activities, six logistical arrangements were made.

The resources mobilized made it possible, in particular:

- the acquisition of hand sanitizer;
- the purchase of protective gloves;
- the acquisition of protective masks;
- the production of T-shirts intended for awareness-raisers;
- printing of stickers for handwashing devices;
- the purchase of fuel for transporting teams to the intervention sites.

These inputs helped to ensure the safety of the teams while improving the visibility of activities in the field.

7.6 Conduct of awareness sessions

Each session followed a standardized methodology to ensure consistent dissemination of messages.

Activities typically included:

- a presentation of the awareness team;
- an introduction on the current situation of the epidemic;
- an explanation of the modes of transmission of the Ebola virus;
- a presentation of the signs and symptoms of the disease;
- practical advice on prevention measures;
- demonstrations of good hygiene practices where possible;

- an interactive question and answer session allowing participants to express their concerns.

This participatory approach made it possible to correct misconceptions about the origin of the disease and the confusion between traditional beliefs and scientific information and to adapt the explanations to the specific concerns of the participants.

7.7 Collection of field observations

Beyond awareness-raising activities, AIP teams documented the main observations made by the communities.

The awareness-raisers collected information on, among other things:

- rumors circulating among the population;
- the main questions asked by the beneficiaries;
- the difficulties encountered by the communities;
- perceptions of the disease;
- the needs expressed by the structures visited.

These observations constitute an important source of information for adapting future risk communication activities and strengthening the effectiveness of interventions.

7.8 Activity Monitoring

Throughout the implementation, those responsible for the intervention ensured regular monitoring of activities to guarantee their quality.

The monitoring included, in particular:

- supervision of teams in the field;
- verifying the quality of the messages broadcast;
- the collection of data relating to beneficiaries;
- documentation of activities carried out;
- the compilation of information intended for the narrative report.

This approach has made it possible to ensure better coordination between teams, to document the results obtained and to identify the lessons learned that guided the second phase of the intervention.

7.9 A proximity-based approach

One of the main lessons from this first phase is that proximity to communities is a determining factor in the fight against Ebola virus disease.

The awareness sessions showed that direct exchanges, open discussions and the opportunity given to beneficiaries to ask questions promote a better understanding of prevention messages and strengthen trust in the actors of the response.

This community-based approach guided the interventions of the Africa Initiative Programme throughout the first phase.

8. ACTIVITIES CARRIED OUT

During the period from 22 May to 22 June 2026, Africa Initiative Programme (AIP) conducted a first phase of risk communication and community engagement activities in the city of Bunia to contribute to Ebola virus disease (EVD) prevention efforts.
The interventions were organized progressively, starting with operational preparation, followed by coordination with the local administrative authorities, and then the implementation of awareness-raising activities at the Central Prison of Bunia, in the women's and minors' quarters and in the three partner churches.
The approach adopted was based on close contact with communities, participatory dialogue and the dissemination of messages adapted to the local context.

8.1 Organization of the intervention

The first step was to set up the operational organization of the mission.
A local team of 12 awareness-raisers, including 8 women and 4 men, was mobilized to ensure the preparation and implementation of the activities.
The team members were directed to:

- the objectives of the intervention;
- the main characteristics of Ebola virus disease;
- messages validated by health authorities;
- community communication techniques;
- safety rules during field activities;
- the collection of community observations.

This step helped ensure a common understanding of the mission's objectives and a harmonization of the messages disseminated to the population.

8.2 Coordination with stakeholders

Before the start of activities, coordination meetings were held with six groups of stakeholders in order to facilitate access to intervention sites and to strengthen collaboration with local structures.
Exchanges took place with:

- those in charge of health facilities;
- the administration of the Central Prison of Bunia;
- those in charge of the women's and minors' quarters;
- school administrators;
- the leaders of the targeted churches;
- the local administrative authorities.

This coordination made it possible to obtain the necessary authorizations, to identify priority needs and to adapt activities to the context of each site.

8.3 Logistics preparation

To ensure the smooth running of activities, six logistical arrangements were made.
The resources mobilized made it possible to:

- the purchase of hand sanitizer;
- the acquisition of protective gloves;
- the purchase of protective masks;
- printing T-shirts intended for awareness-raisers;
- the production of stickers for handwashing devices;
- the acquisition of fuel to ensure the team's travel to the different sites.

This equipment facilitated the deployment of teams while ensuring their protection during activities.



Handwashing devices with the AIP and Ebola stickers


T-shirts and stickers prepared for the awareness sessions

8.4 Awareness raising at the Bunia Central Prison

Bunia Central Prison was one of the first sites chosen due to the high concentration of people living in a closed environment where the risks of spreading an infectious disease are particularly high.
The awareness sessions focused on:

- the modes of transmission of the virus;
- the main signs and symptoms;
- preventive measures;
- the appropriate actions to take when faced with a suspected case;
- the importance of early reporting.

The discussions were particularly interactive and helped to address the concerns expressed by the detainees.
Results obtained

- **More than 120 adult prisoners were made aware of the issue.**



AIP team addressing detainees at Bunia Central Prison



The AIP team with prison staff and the handwashing devices

8.5 Raising awareness among minors

A specific session was organized for minors in conflict with the law.
The messages have been adapted to their age to make them easier to understand.
The discussions focused in particular on:

- preventative measures;
- hand hygiene;
- the protection of family members;
- behaviors to avoid.

Results obtained

- **43 minors aged 13 to 17 years were made aware of the issue.**

8.6 Raising awareness among female prisoners

Women in detention constitute a particularly vulnerable group in the context of an epidemic.
A specific session was dedicated to them in order to address:

- the risks of transmission;
- hygiene measures;
- the protection of loved ones;
- The importance of seeking medical help quickly if symptoms appear.

Following the discussions, protective equipment was distributed.

Results obtained

- **67 women and girls sensitized.**
- Distribution of protective gloves.
- Distribution of protective masks.

8.7 Activities planned in schools

Schools were among the priorities of the intervention.
An initial coordination effort had made it possible to select a sample of 157 students from the fifth and sixth grades of primary school.

However, the implementation period coincided with the national primary school leaving examinations.
In consultation with school officials, this activity has been postponed so as not to disrupt the assessment process.
AIP planned to integrate these establishments into the second phase of the intervention.

8.8 Raising awareness among religious communities

Religious leaders play an important role in disseminating public health messages.
Three churches had been identified.
All three hosted the awareness teams.
The sessions provided an opportunity to present:

- the modes of transmission of the disease;
- preventive measures;
- The attitudes to adopt when dealing with a sick person.

Each meeting ended with a question and answer session which was particularly appreciated by the participants.



Congregation in one of the partner churches

8.9 Main concerns expressed by communities

Field activities have allowed us to gather six recurring concerns.
The most frequently asked questions concerned:

- the origin of the disease;
- the possibilities for healing;
- modes of contamination;
- the risks associated with funerals;

- the protection of families;
- the security of processing centers.

The teams also noted the persistence of rumors regarding the causes of the disease, confirming the need to continue risk communication activities.

8.10 An intervention based on dialogue

In contrast to a top-down approach consisting solely of disseminating messages, the AIP teams favoured a participatory method.

Each session allowed ample time for exchanges with the beneficiaries.

This approach has enabled:

- to identify the main misunderstandings;
- to correct false information about the origin of the disease, its modes of contamination and funeral risks;
- to strengthen community trust;
- to encourage participants to become awareness-raising ambassadors themselves.

Participants in the sessions expressed their willingness to share the knowledge gained with their families, neighbors, and communities, thus helping to broaden the impact of the activities beyond the direct beneficiaries.

8.11 Summary of achievements

At the end of this first phase, AIP recorded the following achievements:

Activity	Result
Raising awareness among adult prisoners	More than 120 people
Raising awareness among minors	43 beneficiaries
Raising awareness among female prisoners	67 beneficiaries
Churches visited	3 out of 3
Worshippers reached (estimated)	180 (60 per church)
Total direct beneficiaries	Approximately 410
Indirect Beneficiaries	2,800
Students identified for activities	157
Awareness-raisers mobilized	12
Women on the team	8
Men on the team	4
IEC product supports	T-shirts and stickers
Inputs acquired	Hand sanitizer, gloves, masks, fuel

9. RESULTS OBTAINED

The first phase established an operational foundation for AIP's community-level contribution to the EVD response in Bunia. With limited resources and a short implementation window, AIP prioritized targeted access, community dialogue, and the identification of information gaps among groups and locations that were not consistently reached through broader communication efforts.

The reporting period indicates the value of locally anchored organizations in extending RCCE activities, facilitating access to detainees, women and minors in detention and church congregations, and relaying community concerns to inform subsequent communication efforts. These contributions are intended to complement, rather than substitute for, the leadership and technical interventions of health authorities.

9.1 Quantitative Results

At the end of this first phase, the main results are as follows:

Mobilization of human resources

- 12 community outreach workers mobilized and deployed.
- 8 women and 4 men involved in field activities.
- Coordination ensured with community leaders, church leaders, school administrators and the officials of the Central Prison of Bunia.

Community awareness

- More than 120 adult inmates received awareness training at Bunia Central Prison.
- 43 minors aged 13 to 17 years old were made aware of the issue.
- 67 women and girls in detention received awareness training.
- 157 students identified for upcoming activities in schools.
- **All 3 initially targeted churches have been made aware of the issue.**

In total, approximately 410 direct participants (including an estimated 180 worshippers in churches) took part in the activities organized during this first phase, and an estimated 2,800 people were reached indirectly.

Basis of the indirect estimate. No register was kept for the people reached indirectly, so the figure was estimated from the activity data with three assumptions. (1) Households: an average household of 5 people, so that each of the 410 people reached directly passed the messages on to the 4 other members of the household, about 1,640 people. (2) Congregations: an assumed average Sunday attendance of 300 people in each of the 3 partner churches; the 60 worshippers per church reached directly relayed the messages to the other 240, about 720 people. (3) Prison visitors: an assumed average of 30 visitors a day at Bunia Central Prison over the month of activities, of whom half, about 450 people, received the messages from detainees or from the posters. The total is about 2,810 people, rounded to approximately 2,800.

Logistics support

The resources mobilized enabled the acquisition of six essential inputs:

- hand sanitizer;
- protective gloves;
- protective masks;
- Awareness T-shirts;
- stickers for handwashing stations;
- fuel for team travel.

9.2 Qualitative Results

Qualitative observations from the reporting period provide additional insight into how communities received and engaged with prevention messages.
The awareness sessions fostered open dialogue between AIP teams and communities. Beneficiaries were able to express their concerns, ask questions, and share their experiences regarding the epidemic.
This participatory approach has enabled:

- to improve understanding of the modes of transmission of the disease;
- to strengthen knowledge about prevention measures;
- to correct widespread misconceptions about the origin of the disease and traditional beliefs;
- to encourage early recourse to health facilities in case of symptoms;
- to strengthen trust in the messages disseminated by health authorities.

The discussions also highlighted a strong willingness among participants to relay the information received to their families, neighbors and communities, thus helping to broaden the reach of the activities beyond the direct beneficiaries.

9.3 Main field observations

Awareness-raising activities have enabled AIP teams to better understand community perceptions of the epidemic.
Among the most notable observations are:

- the persistence of rumors concerning the origin of the disease;
- a confusion between traditional beliefs and scientific information;
- concerns about treatment centers;
- a significant need for practical information on protective measures;
- a strong demand to continue awareness-raising activities in the neighborhoods.

These observations underscore the operational importance of sustained, two-way risk communication as part of a broader EVD response, particularly where rumors, fear, and information gaps may affect care-seeking and adherence to recommended prevention measures.

9.4 Added value of the intervention

This first phase confirmed three key elements.
Firstly, it demonstrated that a community organization with a permanent local presence is able to intervene quickly as soon as a health crisis emerges.
Secondly, the intervention showed that communities are willing to actively participate in prevention efforts when they have clear, appropriate information disseminated in a climate of trust.
Finally, the activities confirmed that motorcycle taxi drivers, market traders, pupils and the inhabitants of outlying neighborhoods remain insufficiently covered by traditional awareness campaigns and require specific approaches.
These lessons directly guided the design of the second phase of the project.

10. ANALYSIS OF RESULTS AND IMPACT OF THE INTERVENTION

Given the short implementation period and the absence of a formal outcome evaluation, the results presented here should be interpreted primarily as early implementation findings rather than evidence of population-level impact. Nevertheless, field observations and participant feedback point to five encouraging changes among groups directly engaged by the intervention.
In June 2026, AIP's monitoring and evaluation (M&E) staff held an internal review of the findings with the field team and a few beneficiaries. This was not a formal evaluation.
Exchanges with beneficiaries show a better understanding of the risks associated with Ebola virus disease as well as greater confidence in the prevention measures recommended by health authorities.
The awareness sessions created a space for dialogue where participants could express their concerns without fear of judgment. This approach fostered greater acceptance of public health messages.
The intervention also demonstrated the importance of working with groups often overlooked by communication campaigns. Activities carried out in prisons made it possible to reach populations living in overcrowded environments where a potential spread of the disease could have significant consequences.
Similarly, activities organized in churches have confirmed the central role that religious leaders can play in disseminating prevention messages and strengthening confidence in health interventions.
Field observations have finally revealed that people are looking for reliable, practical, and accessible information. Participants particularly appreciated the interactive discussions, which allowed them to obtain precise answers to their questions.

10.1 Observed Changes

The principal changes reported or observed during direct engagement included:

- improved understanding of the modes of Ebola transmission;
- better understanding of the signs and symptoms;
- gradual adoption of preventive measures;
- reduction of misconceptions within sensitized groups;
- increased involvement of community leaders in disseminating messages;
- strengthening collaboration between communities and health actors.

10.2 Limitations of the first phase

Despite the encouraging results obtained, three limitations were identified.
The relatively short duration of this first phase did not allow for coverage of all targeted neighborhoods.
The activities planned in schools had to be postponed because of the end-of-primary-school exams.
The available resources also did not allow for the organization of mass campaigns through local radio stations or motorized caravans, although these were identified as particularly relevant approaches in the context of Bunia.
These limitations directly informed the design of a second phase of the intervention.

10.3 Perspectives

The lessons learned from this first phase show that future interventions will need to give even more importance to local communication.

11. CHALLENGES ENCOUNTERED

The implementation of this first phase of intervention took place in a particularly complex context, marked by health, logistical, social, and operational challenges. Despite the commitment of the Africa Initiative Programme (AIP) team and the support of partners, five constraints influenced the progress of activities.
Documenting these constraints is essential for adaptive management. The issues identified during this phase have informed the design and prioritization of the second phase, particularly the need for repeated communication, expanded geographic coverage, and more flexible operational resources.

11.1 Persistence of rumors and misinformation

One of the main challenges observed has been the persistent circulation of rumors and popular beliefs regarding the origin of Ebola virus disease.
In Bunia and Mungwalu, teams observed that people still attributed the deaths to mystical or supernatural causes rather than infectious disease. These beliefs contribute to fueling fear, delaying the seeking of care, and reducing adherence to preventive measures.
The outreach workers devoted a significant portion of the sessions to addressing these concerns, restoring the scientific facts, and encouraging communities to rely on information disseminated by health authorities.

11.2 Limited access to certain population groups

Although the prison, the women's and minors' quarters and the churches were reached, pupils, motorcycle taxi drivers, market traders and the inhabitants of outlying neighborhoods remained difficult to access during this first phase.
Schools, identified as strategic locations for raising awareness, were unable to host the planned activities due to the end-of-primary-school exams.
Similarly, time constraints and limited resources did not allow for immediate coverage of all peripheral neighborhoods, markets, universities and motorcycle taxi parking areas, which were considered priority areas.

11.3 Limited financial resources

The initial activities were implemented thanks to contributions from individual donors and the Congolese diaspora organization, mobilized in a very short time.
While this solidarity enabled the intervention to be launched quickly, the available resources remained insufficient to cover all the needs identified on the ground.

Four high-impact activities (motorized caravans, interactive radio broadcasts, daily radio spots and expanded support for peripheral health centers) could not be integrated in this first phase because the necessary funding had not yet been secured.
The experience highlights the operational value of timely and flexible funding for locally based organizations, particularly during the early stages of a health emergency when rapid deployment and adaptation are critical.

11.4 Logistical Challenges

The movement of teams to the different sites required significant organization due to the distances, the condition of the roads and the transport costs.
The acquisition of protective equipment, communication materials and other inputs also required rigorous planning to ensure business continuity.

11.5 Challenges related to behavior change

Changing behaviors during an epidemic requires time and a regular presence within communities.
A single awareness session is generally not enough to bring about lasting change in practices. The teams observed that communities needed ongoing support, regular reminders, and the opportunity to ask questions as the health situation evolved.
This observation fully justifies the choice to integrate, in the second phase, weekly interactive radio programs as well as repeated campaigns in the neighborhoods.

12. LESSONS LEARNED

This first phase allowed the Africa Initiative Programme to draw five lessons that guided the continuation of its intervention.

12.1 Trust is the primary tool for prevention

Communities are more willing to adopt preventative measures when they trust the people who convey the messages to them.
The proximity of the awareness-raisers to the populations, their knowledge of the local context and their availability to respond to the concerns of the beneficiaries have fostered a better acceptance of the health recommendations.

12.2 Dialogue is more effective than top-down awareness campaigns

The most appreciated sessions were those that allowed ample room for discussion.
The participants wanted to understand the reasons for the proposed measures rather than simply receive instructions.

12.3 Community leaders are essential intermediaries

Religious leaders, the local administrative authorities and those in charge of the facilities visited play a crucial role in disseminating prevention messages.
Their involvement facilitates access to communities, strengthens the credibility of activities and promotes the dissemination of good practices far beyond the direct beneficiaries.

12.4 Communication must be continuous

The evolution of an epidemic is accompanied by new questions, new concerns, and sometimes new rumors.
Awareness-raising activities must therefore be repeated and adapted to the changing context in order to maintain a high level of vigilance within communities.

12.5 Local organizations play a strategic role

This first phase has demonstrated that a national organization with strong community roots can react quickly to a health emergency.
Thanks to its presence on the ground, AIP was able to identify priority needs, adapt its intervention to the local context and mobilize communities in addition to the efforts of health authorities.
This experience confirms that local organizations are essential actors in preparing for and responding to public health emergencies.

13. FOLLOW-UP: THE SECOND PHASE

The results obtained during this first phase constituted a solid basis for the continuation of activities.
Building on the results of this first phase, AIP designed a second phase aimed at strengthening risk communication and expanding the geographical coverage of activities in the city of Bunia. This second phase is described in a separate narrative report.
Building on the lessons learned from the first phase, 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.

14. MONITORING, ACCOUNTABILITY AND RESOURCE MANAGEMENT

AIP applies transparency, accountability, and responsible resource management as core implementation principles. During the first phase, technical, operational, and financial monitoring arrangements were used to track delivery, document expenditures, and support implementation against the stated objectives. These controls also provide the basis for partner reporting and for follow-up on implementation issues identified during the reporting period.

14.1 Activity Monitoring

Throughout the first phase, activities were regularly monitored by the AIP coordination team.

The monitoring included, in particular:

- weekly activity planning ;
- Supervision of field teams;
- the verification of the quality of awareness sessions;
- the collection of data relating to beneficiaries;
- photographic documentation of activities;
- the drafting of mission reports;
- the compilation of information intended for this report.

These mechanisms made it possible to ensure continuous monitoring of the progress of activities and to quickly identify the necessary adjustments.

14.2 Financial Management

The financial report for phase 1 is issued as a separate document.
The resources mobilized from individual donors and the Congolese diaspora organization were used in accordance with the objectives of the intervention.
The expenses incurred mainly concerned:

- the mobilization of field teams;
- travel to intervention sites ;
- the purchase of personal protective equipment;
- the production of awareness-raising materials;
- the logistical costs necessary for the implementation of the activities.

Each expense was documented in accordance with the organization's internal financial management procedures. Supporting documents are retained by AIP and may be made available to partners for accountability purposes or potential audits.

14.3 Accountability to partners

AIP treats accountability as a core obligation to funding partners, public authorities, and participating communities. This includes timely communication on implementation progress, transparent documentation of results and constraints, responsible stewardship of resources, and incorporation of relevant partner feedback into subsequent implementation.
In this context, the organization commits to:

- communicate regularly on the progress of activities;
- share the results obtained with partners;
- ensure transparent resource management ;
- document the achievements as well as the difficulties encountered;
- to integrate the recommendations made by the partners into the later phases of the intervention.

This approach helps to strengthen trust between AIP, its partners and the communities it supports.

14.4 Accountability to communities

Beyond institutional accountability, AIP also ensures that its actions are reported to the beneficiary communities.

The awareness-raising activities were designed as spaces for exchange, promoting the active participation of the population. Beneficiaries were encouraged to ask questions, share concerns, and express their expectations.
The observations gathered during the sessions were taken into consideration in order to adapt the prevention messages and better meet the needs identified in the field.
This approach helps to strengthen community ownership of the intervention and to improve the quality of the actions implemented.

15. CONCLUSION

The reporting period demonstrates the importance of pairing the technical EVD response with sustained community engagement, reliable information, and locally credible communication. In Bunia, AIP's first phase focused on extending prevention messaging and dialogue to people deprived of their liberty, women and minors in detention and church congregations, where information gaps and misinformation were evident.
Through this first phase, AIP used its local presence and community relationships to support risk communication, facilitate dialogue, and identify concerns that may affect acceptance of public health guidance. The intervention also generated practical lessons on access, message adaptation, and the importance of repeated engagement.
Activities conducted between May 22 and June 22, 2026, raised awareness among four vulnerable groups: people deprived of their liberty, women in detention, minors and religious communities. They also helped identify the main challenges that these populations continue to face, including persistent rumors, a lack of reliable information, and the need to intensify awareness-raising activities in busy public spaces.
The lessons learned from this first phase directly guided the design of a second phase of the intervention, aimed at extending the geographical coverage of activities and strengthening community communication approaches (described in a separate report).
The Africa Initiative Programme remains convinced that communities are the first line of defense against epidemics. By strengthening their knowledge, promoting their participation, and developing strong partnerships with health authorities, church leaders and the prison administration, it is possible to make a lasting contribution to reducing the risks of transmission and protecting populations.
AIP remains committed to implementing subsequent activities with professionalism, transparency, and accountability, in coordination with the Ministry of Health, the provincial health authorities and its funding partners and with continued attention to community feedback and responsible stewardship of resources.

16. ACKNOWLEDGMENTS

Africa Initiative Programme expresses its deep gratitude to all the people and institutions that made the implementation of this first phase of community response to the Ebola virus disease possible.

Our sincere thanks go first and foremost to the individual donors, whose generosity enabled us to mobilize the initial resources essential for the rapid launch of field operations. Their solidarity demonstrated the importance of civic engagement in the face of health emergencies.
We also thank the Congolese diaspora organization, which responded favorably to our call and helped support this community initiative, and Friends of Congo, which introduced us to the Basandja Foundation, the funder of the second phase. Their trust has strengthened AIP's capacity to intervene in a particularly challenging context.
Our thanks also go to the Ministry of Health, the provincial health authorities, the heads of health zones, the teams of health facilities, the administrative and penitentiary authorities, as well as the heads of religious and educational establishments who facilitated the organization of the activities.
Finally, we commend the professionalism and dedication of the outreach workers, volunteers, community liaisons, and the entire Africa Initiative Programme team. Their commitment, often under difficult conditions, was crucial to the success of this first phase.
Finally, we warmly thank the communities of Bunia for their welcome, their active participation, and their trust. Their involvement forms the very foundation of this intervention and remains an essential element in the fight against Ebola virus disease.

17. ANNEXES

The following annexes accompany this report:

- **Appendix 1:** List of intervention sites.
- **Appendix 2:** Participation data by activity.
- **Appendix 3:** Awareness-raising materials used.
- **Appendix 4:** Use of contributions.
- **Appendix 5:** Mapping of intervention areas.
- **Appendix 6:** List of partners and key contributors.
- **Appendix 7:** List of projects implemented by AIP since 2003.

APPENDIX 1: INTERVENTION SITES

Sites covered during the first phase
City of Bunia
Penitentiary establishments

- Bunia Central Prison
- Women's Quarter (women and girls)
- Minors' Quarter (boys)

Religious communities

- Three partner churches hosted the awareness sessions

Schools

- Primary schools selected for the second phase (157 students identified)

APPENDIX 2: PARTICIPATION DATA BY ACTIVITY

Activity	Men	Women	Total
Raising awareness among adult prisoners	-	-	120+
Raising awareness among female prisoners	0	67	67
Raising awareness among minors	43	0 (girls are held in the women's quarter)	43
Raising awareness in churches	Not recorded	Not recorded	180 (estimated)
Identified students	-	-	157

Implementation Team

- Awareness raisers: 12
- Men: 4
- Women: 8

APPENDIX 3: COMMUNICATION MEDIA USED

Awareness-raising activities relied on nine communication tools and materials designed to promote understanding of prevention messages.

Media used

- AIP awareness T-shirts
- Stickers for handwashing stations
- Community awareness messages
- Interactive presentations
- Question and answer sessions
- Practical demonstrations of barrier gestures
- Hand sanitizer
- Gloves
- Protective masks

APPENDIX 4: USE OF CONTRIBUTIONS

The initial activities were made possible thanks to the rapid mobilization of resources from:

- of individual donors;
- of the Congolese diaspora organization.

These contributions helped to fund:

- the mobilization of teams;
- travel;

- protective equipment;
- communication media;
- awareness-raising activities.

The financial report is issued as a separate document.

APPENDIX 5: MAPPING OF INTERVENTION AREAS

The main area of intervention covers the city of Bunia, capital of the Ituri province.
The activities were implemented in:

First phase

- Bunia Central Prison
- Women's Quarter (women and girls)
- Minors' Quarter (boys)
- Partner churches
- Targeted schools

APPENDIX 6: PARTNERS AND CONTRIBUTORS

Public authorities

- Ministry of Health
- Ituri Provincial Health Division
- Bunia Health Zone
- Administration of the Central Prison of Bunia

Community structures

- Community leaders
- Religious leaders
- School officials
- Community relays

Technical staff

- Local team of the Africa Initiative Programme
- Community awareness-raisers
- Volunteers
- Partner healthcare professionals

Financial support

- Individual donors
- Friends of Congo (introduction to the Basandja Foundation)
- The Congolese diaspora organization

Experts who contributed to the activities

- **Dr WASSO BASUBI Jean Claude, MD, MPH** – Medical Coordinator, Public Health Specialist, with experience in preparing for, preventing and responding to Ebola, Mpox, Measles and Plague epidemics.

- **Pacifique Musaghi** – Community Mobilizer for Africa Initiative Programme, involved in field activities since the organization's inception and heavily involved in raising awareness among the communities of Bunia.

APPENDIX 7: 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	UNDP Field	Mambasa	USD 20,722

	development support ("CLD") in Mambasa territory	Office		
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.