United Nations Development Programme

PROJECT DOCUMENT
Democratic Republic of Congo

Project Title: Strengthening Resilience and Socioeconomic Stabilisation in Response to the Ebola Virus Disease Epidemic in the Eastern Provinces of the Democratic Republic of the Congo
Project Number:
Implementing Partner: UNDP
Start Date: June 2026
End Date: December 2026

Brief Description
The 17th Ebola Virus Disease (EVD) outbreak in the Democratic Republic of the Congo, driven by the Bundibugyo strain, has rapidly evolved into a multifaceted emergency. As of late May 2026, 126 confirmed cases and over 900 suspected cases have been recorded, with 223 suspected deaths. The provinces of Ituri, North Kivu and South Kivu, already shaped by decades of armed conflict, displacement and institutional fragility, now face severe health, socioeconomic and governance shocks. Border closures, market disruptions and widespread misinformation compound the crisis, deepening mistrust between communities and public authorities. This project addresses the non-medical dimensions of the epidemic, anchoring UNDP's contribution firmly within its development mandate. It focuses on strengthening coordination, re-establishing trust through inclusive community engagement, supporting local economic stabilisation, and laying the groundwork for recovery and long-term resilience. A central principle is that the Ebola response must not become a source of future conflict: all actions will be conflict sensitive, transparently managed, and inclusive, preventing the grievances that have historically turned health emergencies into protracted instability. The project also reinforces community-level prevention, preparedness and response capacities, in line with national health security plans. In direct response to a request from the Governor of Ituri, UNDP will embed an international stakeholder engagement and local governance expert within the Governorate to help coordinate non-medical actors, facilitate dialogue with religious and customary leaders, and ensure that the response is owned by local institutions. This initiative is part of the broader UN system's effort and complements the Government's $240 million National Ebola Response Plan.

Contributing Outcome (UNSDCF, CPD, RPD): Access to quality basic social services, inclusive social protection, and capacity building for all, especially the most vulnerable, to address their resilience needs, provide sustainable solutions, and foster development Indicative Output(s) with gender marker: GEN 2

Total resources required:	**$US 300,000**	
Total resources allocated:		
	UNDP TRAC3:	300,000
	Donor:	
	Government:	
	In-Kind:	
Unfunded:		

Agreed by UNDP

Printed Name and signature: **Damien Mama,** Resident Representative

Date: 05 juin 2026

PROGRAMME DES NATIONS UNIES POUR LE DÉVELOPPEMENT
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I. BACKGROUND AND SITUATION ANALYSIS

The eastern Democratic Republic of the Congo is facing a rapidly expanding outbreak of Ebola Virus Disease caused by the Bundibugyo strain. First detected in Ituri Province in April 2026, the outbreak has spread to North Kivu and South Kivu, with confirmed cases in urban centres such as Goma and Butembo. On 17 May, the World Health Organisation declared a Public Health Emergency of International Concern, followed by a continental emergency declaration by the Africa CDC. As of 28 May, national surveillance reports 126 confirmed cases, 906 suspected cases, 223 suspected deaths and 1 recovery. The absence of a licensed vaccine or specific treatment for this strain leaves containment entirely reliant on traditional public health measures: surveillance, contact tracing, infection prevention and control, safe burials and community mobilisation.

The operational context is exceptionally difficult. The affected zones are marked by active armed groups, high levels of displacement, porous borders and intense cross-border mobility linking DRC, Uganda, Rwanda, South Sudan and Burundi. Several health zones overlap with territories under the influence of non-state armed actors, complicating access and heightening risks for responders and communities alike. Border closures and restrictions on movement, while intended to limit transmission, are severely disrupting supply chains, commercial flows and the livelihoods of millions of people, with a particularly harsh impact on women engaged in cross-border trade.

- **The shadow of the previous epidemic: lessons that must guide today's response**

The current outbreak cannot be understood without reference to the previous epidemic of 2018 2020. That crisis, concentrated in and around Butembo and Beni, demonstrated that a purely biomedical response, disconnected from local socio-political realities, can provoke violent resistance, entrench mistrust and prolong the epidemic. Communities perceived the response as an external, opaque and sometimes predatory operation, fuelling rumours of an "Ebola business". Militarised interventions, weak engagement of customary and religious authorities, and an absence of transparent communication eroded the social contract and cost lives. These lessons are now well documented, and this project is deliberately designed to avoid repeating those mistakes.

- **Gender, vulnerability and the spread of the epidemic**

Gender dynamics are central to both vulnerability and response effectiveness. Women serve as primary caregivers at home and in health facilities; their small-scale trading activities have been devastated by market closures and border restrictions. Displacement and quarantine conditions increase the risk of gender based violence, while women's groups and women leaders remain among the most trusted sources of health information at the household level. Any communication and engagement strategy that does not intentionally reach and empower women will fail. This project, therefore, places gender equality at the core of its outreach and accountability mechanisms.

- **Misinformation, community hostility and the imperative of trust**

Rising community hostility has already led to threats against health workers and damage to response vehicles in Rwampara and Mongbwalu. Misinformation, including the idea that Ebola is being used to harm or exploit populations, spreads rapidly in an environment where memories of past broken promises are vivid. Rebuilding trust, therefore, requires more than standard risk communication. It demands visible transparency, accountability for resources, and the active involvement of those whom communities already trust: religious leaders, customary chiefs, women's networks and local media.

- **Government-led response and the request for UNDP support**

The Government has activated a structured $240 million National Ebola Response Plan, coordinated through the Public Health Emergency Operations Centre (COUSP) and the Incident Management System. The plan covers surveillance, clinical care, logistics, infection prevention, safe burials and community engagement. Recognising that the non-medical dimensions of the crisis risk undermining the entire effort, the Governor of Ituri has officially requested UNDP's support to strengthen local governance of the response, enhance dialogue with religious and customary leaders, civil society and the private sector, and ensure that community engagement is genuinely participatory.UN System and regional response

Within DRC, the WHO and the government lead the response framework, supported by agencies such as UNICEF, MSF, MONUSCO, Africa CDC, and OCHA. International actors are reinforcing surveillance, laboratory services, treatment, IPC, contingency planning, and coordination. Regional preparedness is intensifying in neighboring countries; Uganda has launched a three-month response plan worth $22 million, while surveillance mechanisms are being strengthened in

Rwanda, Burundi, and South Sudan. The Emergency Directors Group is convening to assess inter-agency support requirements, focusing on operational aspects like logistics, risk communication, and humanitarian access. WHO may activate the IASC Scale-Up Protocol for Infectious Disease Outbreaks if the situation worsens.

- **Operational and security challenges**

The outbreak operates in areas of insecurity, displacement, and mistrust, heightening risks for responders. UNDSS has implemented strict operational measures to limit program activities, enforce security clearances, and reinforce staff safety protocols. Prolonged border closures could disrupt humanitarian supply chains and evacuation systems, worsening operational constraints.

Rising community hostility toward Ebola interventions has led to incidents such as vehicle damage and threats against health personnel in Rwampara and Mongbwalu. Misinformation and fears about "killing people in the name of Ebola" have fueled demonstrations and violence targeting health facilities and intervention teams. UN entities and MONUSCO are ramping up community engagement to counter misinformation, rebuild trust, and secure humanitarian access.

II. JUSTIFICATION FOR URGENT UNDP SUPPORT

The immediate priorities for the Government and its health partners are to scale up surveillance, contact tracing, isolation and clinical care. Yet these essential medical interventions will not succeed if communities refuse to cooperate, if rumours go unaddressed, or if the response is perceived as an external, self-serving operation. UNDP's mandate in governance, crisis coordination, social cohesion and local economic recovery positions it to address precisely these non-medical challenges, in full complementarity with WHO and other health actors.

- **Preventing the 18th outbreak by investing in systems**

The international community is directing significant resources towards the current emergency, but largely through channels that are incompatible with long-term system strengthening. UNDP will use its development lens to ensure that today's investments also build foundations for tomorrow. By supporting local crisis coordination structures, strengthening transparent resource management and empowering community institutions, the project will help DRC move from a cycle of emergency response to one of preparedness and resilience. This approach directly contributes to the global call to "invest in prevention" and to the National Action Plan for Health Security.

- **Mobilising community and religious leaders as co-owners of the response**

Experience from previous EVD outbreaks in eastern DRC demonstrates that chiefs, pastors, imams and heads of women's and youth groups are the decisive factor in overcoming mistrust and resistance. They are the only actors able to reshape attitudes towards safe burials, contact tracing and isolation. This project will systematically map these influential actors, engage them as co-owners, and amplify their voices through community radios and other local media. This ensures that the response is perceived not as an external imposition but as a collective effort led by trusted local figures.

- **A clear, two-way communication strategy that rebuilds confidence**

The project will deploy a multi-channel communication strategy based on the simple principle that communities have a right to transparent, understandable and culturally adapted information. Using mass media and interpersonal channels, it will reach women in markets, displaced families, youth in mining areas, and remote rural populations. Crucially, a systematic feedback mechanism — through radio talk shows, SMS hotlines and suggestion boxes — will allow communities to voice concerns and receive rapid responses, transforming communication from a one-way broadcast into a genuine dialogue.

- **Embedding an international expert to reinforce local governance**

At the Governorate's request, UNDP will place an international stakeholder engagement and local governance expert (IPSA 11) within the provincial administration in Bunia. This expert will serve as a technical advisor to the Governor, facilitating the daily interface between health authorities, customary and religious leaders, the private sector, civil society and UN partners. This placement ensures that the non-medical response is coordinated, conflict-sensitive and anchored in local leadership — exactly the model that was missing in earlier epidemics.

- **A response that does not fuel future conflict**

Every activity under this project will be screened for conflict sensitivity. Transparent management of funds, inclusive employment of local outreach workers, and careful attention to land-related tensions and other local grievances will prevent the perception of "Ebola business" and the dynamics that have previously transformed health crises into drivers of violence. By strengthening community-level dispute resolution and accountability mechanisms, the project actively helps prevent future health-related conflicts.

III. MANAGEMENT

The project will be executed by UNDP in close partnership with the Ministry of Health, the Governorate of Ituri, and the UN system (WHO, UNICEF, etc.). Implementation will combine direct execution by UNDP with partnerships with vetted local civil society organisations, including women-led and youth-led groups, as well as with religious and customary institutions. A fast-track approach will be applied to contracting and procurement to ensure delivery within a maximum of three months, while maintaining full transparency in partner selection and resource allocation.

An international stakeholder engagement and local governance expert (IPSA 11) will be deployed to Bunia, embedded within the Governorate, to support the coordination of non-medical response dimensions. Regular coordination meetings with health and humanitarian partners will guarantee complementarity, and a simple community feedback mechanism will allow real-time adjustments.

IV. BUDGET

EXPECTED OUTPUTS	PLANNED ACTIVITIES	Amount ($US)
Output 1: Enhanced coordination and integration of crisis management through multi-sectoral and gender responsive interventions and support systems **Gender Marekr: GEN2**	1.1 Support the development of evidence-based non-health response plans, integrating conflict sensitivity and scenario planning through workshops.	25,000
	1.2 Capacity building for responders: training on resource mobilisation, rapid response protocols, and conflict-sensitive programming.	10,000
	1.3 Strengthen M&E systems: establish data tracking and integrate cross-sectoral monitoring, including community perception indicators.	5,000
	SUB-TOTAL Output 1	**40,000**
Output 2: Strengthened communication strategies and community engagement initiatives that foster inclusive participation, build trust, and amplify gender sensitive and localised solutions	2.1 Multi-channel community awareness campaigns using radio, SMS, public posters, and interpersonal communication, with dedicated resources for two-way feedback and rumour management.	20,000
	2.2 Community decision forums bringing together health authorities, administrative officials, customary and religious leaders, women and youth representatives, and traders for participatory planning.	20,000
	2.3 Training and deployment of local outreach teams composed of community members, including women and, where appropriate, Ebola survivors, for active listening, awareness and rapid referral of grievances.	20,000
	SUB-TOTAL Output 2	**60,000**
Output 3: Provincial governance and local authorities strengthened to coordinate the non-medical dimensions of the Ebola response and engage communities in a gender responsive manner **Gender Marker: GEN2**	3.1 Deployment of an International Stakeholder Engagement and Local Governance Expert (IPSA-11) embedded in the Governorate of Ituri to support coordination, facilitate dialogue with religious and customary leaders, women's groups, private sector and community media, and advise on transparent resource allocation and accountability.	80,000
	3.2 Organisation of regular governorate-community dialogue sessions to maintain trust, share accurate information and collect community feedback for adaptive management.	5,000
	3.3 Support to the operationalisation of local crisis cells in affected health zones, including training on conflict sensitivity,gender equality, coordination protocols and integration of non-medical early warning.	5,000
	SUB-TOTAL Output 3	**90,000**
Output 4: Women-led organisations and women's networks strengthen gender-responsive community engagement, feedback and recovery planning in the Ebola response.	**4.1 Conduct a rapid gender impact assessment of the Ebola outbreak** to document the differentiated impacts on women and girls, including livelihoods, unpaid care, access to information and services, mobility, stigma, safety, participation in community decision-making, and barriers faced by women-led organisations.	**10,000**

Gender Marker: GEN3 **Budget: US$45,000** **Rationale:** The Ebola outbreak is affecting women in specific ways, including through increased unpaid care responsibilities, disruption of markets and cross-border trade, reduced mobility, stigma, safety risks, and limited participation in response decision-making. Women-led organisations and women's networks are also trusted community actors and can play a critical role in strengthening prevention messages, rumour management, feedback collection and recovery planning. **Targets:** 1 rapid gender impact assessment completed. At least 10 women-led organisations/women's networks mapped. At least 4 women-led organisations are supported. At least 2,000 women reached through targeted outreach and feedback mechanisms. 1 action plan and 1 lesson learned note produced.	**4.2 Map and engage women-led organisations, women's networks and women community leaders** in affected and high-risk health zones to support trusted outreach, rumour tracking, feedback collection, prevention messaging and referral to available services	7,000
	4.3 Provide small grants and technical support to women-led organisations to lead targeted community engagement, two-way communication, feedback collection and localised prevention messaging with women in markets, displacement settings, border areas and affected communities.	20,000
	4.4 Develop a short action plan and operational recommendations to ensure that women's priorities and the role of women-led organisations inform non-medical response coordination, community engagement, recovery planning and future preparedness	5,000
	4.5 Document lessons learned on the role of women-led organisations in strengthening trust, rumour management, community feedback and recovery in the Ebola response.	3,000
	SUB-TOTAL Output 4	45,000
General Management (including deployment of Surge Capacity, coordination, monitoring, operational support and visibility)		65,000
TOTAL		300,000