



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

**DYJEPREDHU asbl**

Dynamics of Young Leaders for Peace and Respect for Humans Rights

**CHANGE**MENT | **TRANS**FORMATION | **IMPACT**

## Fight DR Congo Epidemics: Ebola, Cholera, Mpox

May 2026

Siège : Goma-RD Congo  
Email: [dyjepredhuasbl@gmail.com](mailto:dyjepredhuasbl@gmail.com)  
Téléphone : +243 (0) 991 707 324, +243 (0) 829 050 632  
Facebook : [dyjepredhu asbl](https://www.facebook.com/dyjepredhuasbl)



## PROJECT TECHNICAL PROPOSALS

### I. Project Summary

---

#### 1. Title of the project: **Fight DR Congo Epidemics: Ebola, Cholera, Mpox**

#### 2. Contact details:

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

Address: Avenue Kasindi II, No. 131, Quartier KATOYI, Commune of Karisimbi, City of Goma North Province – Kivu / DRC.

- Telephone: +243 (0) 991707324, 0829050632
- Email: dyjepredhuasbl@gmail.com

- Referees:

Mr Christian AHADI BEN MASONGA (Executif Director)

Such: +243 (0) 991707324

Mr. RIZIKI BARAKA Isaac (Financial Administrator)

Such: +243 (0) 974744434

#### 3. Organization Mission Statement

##### **Our Mission**

Is to safeguard vulnerable communities in the DRC from deadly epidemics through rapid, proactive prevention. We build lasting health security by installing clean water systems, deploying targeted vaccines, and conducting aggressive contact tracing. By partnering with local leaders, we counter misinformation and build community trust, ensuring life-saving health interventions succeed even in active conflict zones.

##### **Project Beneficiaries**

Given the hyper-local nature of the **\$500 micro-budget allocation**, the project targets a highly concentrated, high-risk area (such as a single informal Internally Displaced Persons (IDP) camp or a high-density community school) in an epidemic hotspot like North or South Kivu.

The target population is split into two distinct categories:

## 1. Direct Beneficiaries

These are individuals who directly receive the physical inputs (clean water, hygiene products) and targeted training from the project.

- **200 Schoolchildren and Displaced Youth:** Children under 19 who will have daily access to the newly installed handwashing stations and soap, protecting them directly from **Mpox (Clade Ib)** transmission.
- **150 Vulnerable Households (approx. 900 individuals):** Families living in the immediate vicinity of the water points who will receive the *Aquatabs* water purification tablets to protect them against **Cholera**.
- **5 Local Community Health Volunteers (RECOs):** Local community leaders who receive the communication equipment (megaphones), airtime, transport stipends, and diagnostic training sheets to lead the field response.

## 2. Indirect Beneficiaries

These are individuals who benefit from the wider protection, reduced transmission rates, and increased awareness generated by the project within the broader community.

- **5,000 Camp or Village Residents:** Community members reached by the door-to-door megaphone awareness campaigns, localized posters, and community radio broadcasts regarding **Ebola-Bundibugyo**, Mpox, and Cholera symptom identification.
- **Local Health Centers:** Healthcare workers in nearby clinics who will experience a reduction in emergency admissions due to early containment at the community level.
- **Cross-Border Traders and Transit Users:** Individuals utilizing neighboring markets or transit hubs who benefit from the suppression of a localized epidemic cluster before it can spread regionally.

**Total cost of the project: US \$ 500,000**

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

**Goma Agency -DRC**

**No. 1272-28000-23526760001-87**

**Following code: TRMSCD3L**

## Context and Justification of the Project

### I. Project Context

The Democratic Republic of the Congo (DRC) is facing a critical public health crisis. The simultaneous outbreak of multiple high-consequence pathogens threatens national and regional health security.

- **Unprecedented Epidemic Synergy:** The country is concurrently battling the **17th Ebola outbreak (Bundibugyo strain)** in Ituri, a **surge in Mpox cases (Clade Ib)** heavily impacting children in South Kivu, and a **major cholera resurgence** within displaced persons camps in North Kivu.
- **Weakened Healthcare Infrastructure:** Local health facilities suffer from chronic shortages of equipment, essential medicines, and trained personnel. National access to safe drinking water remains below **25%**.
- **Complex Humanitarian and Security Crisis:** Armed conflicts in eastern DRC have displaced over 7 million people. Families are forced into overcrowded, makeshift camps. These settings lack sanitation, accelerating pathogen transmission.

### II. Project Justification

This emergency intervention is driven by critical health, humanitarian, and strategic imperatives.

#### 1. Zero Medical Defenses for Emerging Strains

The emergence of the **Ebola-Bundibugyo** strain in Ituri changes the response landscape. Unlike the Zaire strain, there is currently **no licensed vaccine or specific therapeutic treatment** available. Therefore, the project is justified by the absolute urgency of deploying non-pharmaceutical interventions, early detection, and strict contact tracing to prevent widespread mortality.

#### 2. Extreme Vulnerability of Children to Mpox

Mpox has expanded beyond remote forested areas. The **Clade Ib** variant spreads rapidly through household and close contact. Children under the age of 19 represent the majority of cases and deaths. Immediate, targeted interventions in schools and communities are required to curb transmission.

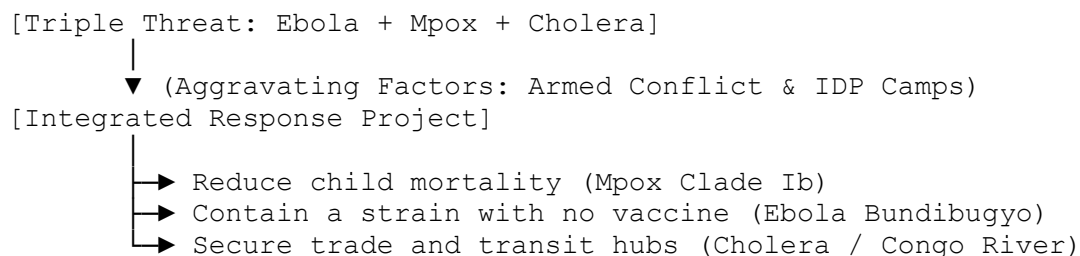
### 3. High Risk of Regional and Global Exportation

The DRC shares borders with nine nations. The cross-border regions of North and South Kivu are major commercial hubs connected to East Africa (Rwanda, Burundi, Uganda). Without strict border health controls and sanitation at transit points like the Congo River, regional spread is a severe threat.

### 4. Breakdown of Community Trust

Recent attacks on treatment centers in Ituri show that classic medical responses are insufficient. This project is justified by the need to embed **medical anthropology and risk communication** into the response. Building trust is essential to counter misinformation and ensure safe, dignified burials.

### Summary of Strategic Impact



## III. Project Objectives

The primary aim of this intervention is to break the transmission chains of Ebola, Mpox, and Cholera simultaneously, while strengthening local health system resilience in the most affected provinces of the DRC.

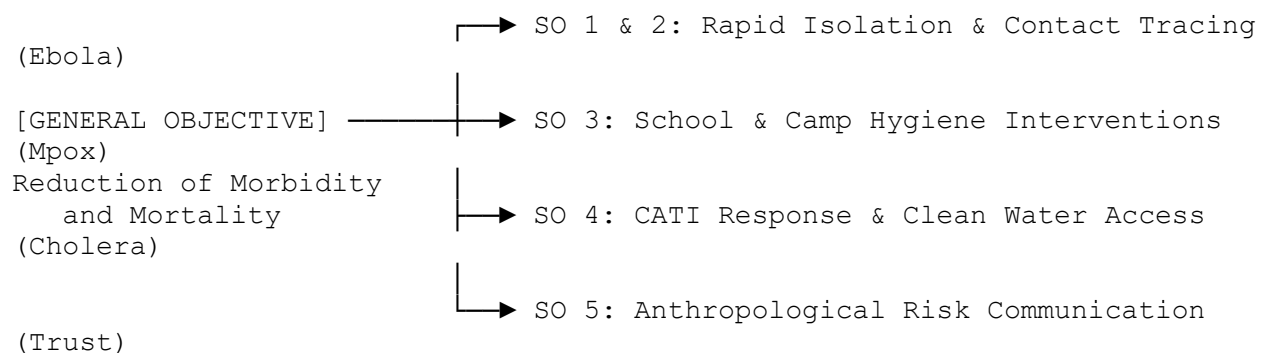
### 1. General Objective

To reduce morbidity and mortality associated with the concurrent outbreaks of Ebola (Bundibugyo strain), Mpox (Clade Ib), and Cholera in the eastern and riverine provinces of the Democratic Republic of the Congo within the next 12 months.

### 2. Specific Objectives (SO)

- **SO 1: Early Detection and Surveillance**  
To establish a community-led early warning system to detect 100% of suspected Ebola, Mpox, and Cholera cases within 24 hours of symptom onset in target health zones.
- **SO 2: Containment of Vaccine-Deficient Pathogens**  
To interrupt Ebola-Bundibugyo transmission by deploying rapid response teams (RRTs), enforcing strict isolation protocols, and achieving 100% contact tracing within 48 hours of index case confirmation.
- **SO 3: Child-Centered Mpox Mitigation**  
To reduce Mpox Clade Ib transmission by 50% among children under 19 through targeted hygiene campaigns in schools, orphanages, and internally displaced persons (IDP) camps.
- **SO 4: Targeted Water, Sanitation, and Hygiene (WASH)**  
To suppress cholera outbreaks in IDP camps and transit hubs by implementing the Case-Area Targeted Intervention (CATI) methodology and securing water chlorination points along the Congo River axis.
- **SO 5: Community Engagement and Trust Building**  
To eliminate resistance against medical teams by integrating local leaders and anthropological insights into risk communication, ensuring 100% adherence to safe and dignified burials (SDB).

### Objectives Matrix



## IV. Project Mission and Core Values

## 1. Project Mission

To safeguard human life and protect vulnerable communities in the Democratic Republic of the Congo by deploying an agile, integrated, and community-driven response to stop the simultaneous spread of Ebola, Mpox, and Cholera. The project bridges the gap between emergency medical containment and long-term health system resilience, ensuring that no population is left isolated in times of health crises.

## 2. Core Project Values

- **Community-First Accountability (Local Ownership)**  
We do not impose solutions; we co-design them. By actively engaging local leaders, youth, and traditional healers, we build trust, respect cultural sensitivities, and turn communities into the first line of defense against epidemics.
- **Equity and Inclusivity**  
We prioritize the most vulnerable, neglected, and hard-to-reach populations. This includes children displaced by armed conflict, women facing high exposure risks, and marginalized rural communities.
- **Scientific Rigor and Adaptability**  
We base our field strategies on real-time epidemiological data, anthropological insights, and proven methodologies (such as the CATI approach for cholera). We adapt rapidly to changing dynamics, especially when tackling vaccine-deficient strains like Ebola-Bundibugyo.
- **Integrity and Operational Transparency**  
We ensure absolute clarity in the management of humanitarian funds, medical supply chains, and field data. Accountability to both our international donors and the Congolese people is non-negotiable.
- **One Health Synergy**  
We recognize that human health is deeply connected to clean water, environmental sanitation, and animal-to-human interactions (particularly for Mpox and Ebola). Our response integrates clinical medicine with environmental hygiene.

<b>Element</b>	<b>Strategic Focus</b>	<b>Expected Field Impact</b>
<b>Mission</b>	Rapid containment and health system strengthening.	Zero unchecked transmission chains.
<b>Values</b>	Local ownership, Equity, and Scientific adaptability.	Sustained community trust and lower mortality.

## V. Project Activity Calendar (12-Month Timeline)

This implementation schedule follows an **integrated approach**, running urgent emergency response tracks alongside systemic trust-building and water infrastructure stabilization.

### 1. Implementation Gantt Chart

<b>Activity Sector</b>	<b>Q1 (M1-M3)</b>	<b>Q2 (M4-M6)</b>	<b>Q3 (M7-M9)</b>	<b>Q4 (M10-M12)</b>
<b>Sector 1: Epidemic Surveillance &amp; Detection</b>				
1.1 Train community health workers (RECOs)	X	X		
1.2 Deploy mobile lab diagnostic kits to field hubs	X			
1.3 Maintain real-time data collection alert system	X	X	X	X
<b>Sector 2: Ebola Bundibugyo Containment</b>				
2.1 Set up isolation units in Ituri/North Kivu	X			
2.2 Deploy Rapid Response Teams (RRTs) for tracing	X	X	X	X
2.3 Provide personal protective equipment (PPE)	X	X	X	X
<b>Sector 3: Mpox Child-Centered Mitigation</b>				
3.1 Install handwashing stations in schools & IDP camps	X	X		
3.2 Distribute kid-friendly hygiene communication tools	X	X	X	
3.3 Conduct ring-vaccination targeting campaigns		X	X	X
<b>Sector 4: Cholera WASH Interventions</b>				

4.1 Launch CATI response teams within 24h of alerts	X	X	X	X
4.2 Set up water chlorination points on Congo River	X	X		
4.3 Rehabilitate water points in high-risk IDP camps		X	X	
<b>Sector 5: Community Engagement &amp; Trust</b>				
5.1 Conduct anthropological baseline assessments	X			
5.2 Train local leaders on Safe & Dignified Burials	X	X		
5.3 Broadcast radio spots to fight misinformation	X	X	X	X

## 2. Detailed Milestone Deliverables

- **Month 1 – 3 (Immediate Setup & Containment):**
  - Establish **3 regional rapid-response coordination hubs** (Bunia, Goma, Bukavu).
  - Distribute initial stocks of PPE and emergency WASH cholera kits to **15 priority IDP camps**.
- **Month 4 – 6 (Scale-Up & Stabilization):**
  - Transition 100% of school handwashing stations to local management committees before school terms start.
  - Achieve a response time of **under 24 hours** for Case-Area Targeted Interventions (CATI) for every new cholera cluster.
- **Month 7 – 9 (Consolidation):**
  - Conduct midterm evaluation of Ebola contact tracing metrics (Target: 100% followed within 48h).
  - Sustain zero-transmission status in stabilized health zones for 42 consecutive days.
- **Month 10 – 12 (Sustainability & Handover):**
  - Hand over community-led surveillance toolkits to the Provincial Health Directorates (DPS).
  - Finalize independent project impact evaluation and donor reporting.

## \$500 Micro-Budget Allocation Breakdown

### 1. Cholera & Mpox Prevention: WASH Kits (\$230)

*Direct impact: Provides clean water and handwashing capabilities to roughly 150 to 200 children.*

- **4 x Heavy-duty Plastic Water Stations (20L buckets with taps):** \$40 (\$10 each)
- **5 x Boxes of Commercial Hand Soap (150 bars total):** \$50 (\$10 per box)
- **30 x Pots of Water Purification Tablets (Aquatabs - treats ~30,000L of water):** \$90 (\$3 per pot)
- **3 x Bottles of Concentrated Liquid Chlorine (for disinfecting public areas):** \$50 (\$16.66 per bottle)

### 2. Risk Communication & Misinformation Fight (\$160)

*Direct impact: Reaches thousands of listeners via community radio and local language megaphones.*

- **2 x Megaphones/Loudspeakers (with rechargeable batteries for community mobilizers):** \$60 (\$30 each)
- **100 x Printed Waterproof Posters (in Swahili/Lingala showing Mpox/Ebola symptoms):** \$50 (\$0.50 per poster)
- **Airtime on local community radio station (5 x short 30-second awareness spots):** \$50 (\$10 per spot)

### 3. Local Volunteer Incentives & Logistics (\$110)

*Direct impact: Empowers local Community Health Workers (RECOs) to do door-to-door tracking.*

- **Transport stipends for 5 volunteers (Motos/local transport for field monitoring):** \$50 (\$10 per volunteer)
- **Mobile airtime/data cards (for volunteers to text alerts and report suspected cases):** \$40 (\$8 per volunteer)
- **Administrative printing (case definition sheets, referral forms, pen kits):** \$20

## Budget Summary Table

Category	Description	Cost (USD)	% of Budget
<b>WASH Infrastructure</b>	Handwashing buckets, soap, and chlorine water treatments.	<b>\$230.00</b>	46%

<b>Sensitization Tools</b>	Megaphones, local language posters, and radio airtime.	<b>\$160.00</b>	32%
<b>Field Logistics</b>	Volunteer travel stipends, data bundles, and alert forms.	<b>\$110.00</b>	22%
<b>TOTAL</b>	<b>Hyper-Local Emergency Response Package</b>	<b>\$500.000</b>	<b>100%</b>

Done in Goma, May 29, 2026

For DYJEPREDHU asbl

Christian AHADI BEN MASONGA  
EXECUTIF DIRECTOR, HUMAN RIGHTS ACTIVISTI