



**RELIEF ACTION**<sup>®</sup>  
INTERNATIONAL

HUMANITY • DIGNITY • SOLIDARITY



# OPERATIONAL IMPLEMENTATION PLAN

## EBOLA EMERGENCY RESPONSE

**NORTH KIVU AND SOUTH KIVU PROVINCES – DEMOCRATIC REPUBLIC OF CONGO**



*Protect. Prevent. Save Lives.*



**TARGET BENEFICIARIES**

**200 000 +  
PEOPLE**



**INTERVENTION AREAS**

**NORTH KIVU:**  
Goma, Nyiragongo, Rutshuru  
**SOUTH KIVU:**  
Bukavu, Walungu, Mwenga



**KEY PRIORITIES**

PREVENTION • CARE  
COMMUNITY • SAFETY  
SURVEILLANCE • WASH  
RISK COMMUNICATION



**PARTNERSHIP**

RAI – JCI SOUTH KIVU  
LOCAL & GLOBAL  
PARTNERS

**A COORDINATED AND COMMUNITY-CENTERED RESPONSE  
TO STOP THE EBOLA OUTBREAK AND SAVE LIVES**



IN PARTNERSHIP WITH



IN ACCORDANCE WITH INTERNATIONAL STANDARDS

✓ WHO GUIDELINES ✓ SPHERE STANDARDS ✓ IFRC PRINCIPLES ✓ CHS ALLIANCE ✓ HUMANITARIAN ACCOUNTABILITY



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**MAY 2026**  
VERSION 1.0

**EMERGENCY  
RESPONSE  
2026**

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# 1. PROJECT OVERVIEW

## ❖ Project Title

Emergency Community-Based Ebola Response in Eastern Democratic Republic of Congo

## ❖ Implementing Organizations

- Relief Action International (RAI-RDC)
- Junior Chamber International (JCI) South Kivu

## ❖ Project Duration

3 Months Emergency Response

## ❖ Geographic Coverage

- North Kivu Province
- South Kivu Province
- High-risk schools and vulnerable communities

## ❖ Target Beneficiaries

- School children
- Teachers and school staff
- Vulnerable households
- Frontline healthcare workers
- Community leaders
- High-risk communities

## ❖ Estimated Direct Beneficiaries

- 500 children receiving hygiene kits
- 40 schools equipped with handwashing stations
- 100 healthcare workers supported with PPE
- 15,000 people reached through awareness campaigns



# 2. PROJECT JUSTIFICATION

Eastern Democratic Republic of Congo continues to face recurrent Ebola outbreaks that threaten vulnerable communities, especially children, schools, and fragile health systems. Following the successful Ebola prevention intervention implemented in 2019 with the support of **Wirtschaftsjunioren** Stuttgart, Relief Action International and JCI South

Kivu are mobilizing an urgent community-based response to prevent further transmission and strengthen local protection mechanisms.

The intervention prioritizes rapid prevention, community awareness, school protection, and frontline health support using local volunteer networks and community structures already present in affected areas.

### 3. OVERALL OBJECTIVE

To reduce the risk of Ebola transmission among vulnerable populations in Eastern DR Congo through rapid community prevention, school protection, awareness campaigns, and frontline health support.



### 4. SPECIFIC OBJECTIVES

#### Objective 1

Strengthen Ebola prevention measures in schools and public spaces.

#### Objective 2

Increase community awareness and behavioral change regarding Ebola prevention.

#### Objective 3

Support frontline healthcare workers with essential protective materials.

#### Objective 4

Enhance community-based surveillance and rapid referral mechanisms.

### 5. IMPLEMENTATION STRATEGY

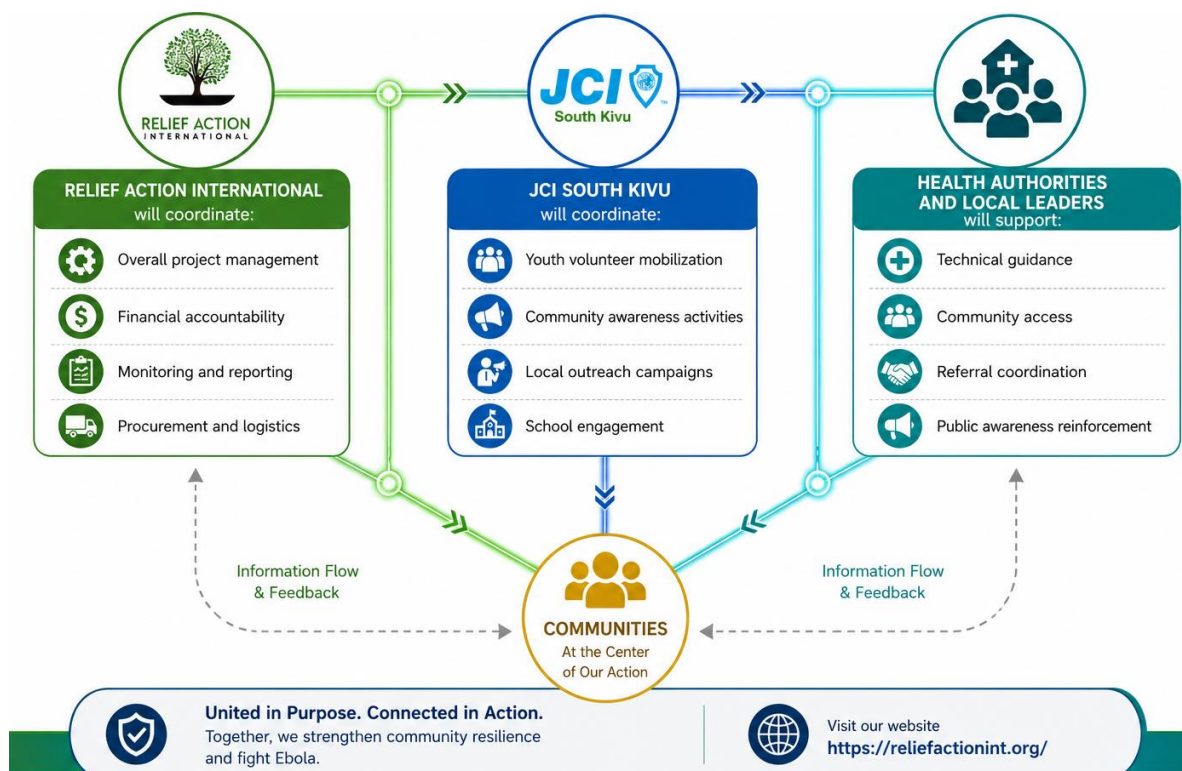
#### 5.1 Community-Based Approach

The project will use a localized emergency response model led by trained community mobilizers, JCI youth volunteers, teachers, local leaders, and healthcare personnel.

This approach ensures:

- Rapid implementation;
- Community trust;
- Cost-effectiveness;
- Cultural acceptance;
- Sustainable awareness.

## 5.2 Coordination Mechanism



## 6. DETAILED IMPLEMENTATION ACTIVITIES

### COMPONENT 1: PROJECT PREPARATION & COORDINATION

#### Activities

##### 1.1 Recruitment and Orientation

- Recruit emergency response staff;
- Identify JCI youth volunteers;
- Conduct orientation sessions;
- Establish coordination structure.

##### 1.2 Stakeholder Coordination Meetings

- Meetings with health authorities;
- Meetings with school administrators;
- Community leader consultations;
- Coordination with local health facilities.



## Expected Outputs

- Functional emergency response team established;
- Stakeholder coordination mechanism operational;
- Volunteer network activated.

## Timeline

Week 1

## COMPONENT 2: SCHOOL PROTECTION INTERVENTION

### Activities

#### 2.1 Identification of High-Risk Schools

- Conduct rapid assessment;
- Select target schools;
- Coordinate with school management.

#### 2.2 Installation of Handwashing Stations

- Procure hygiene materials;
- Install handwashing points;
- Train school focal points on maintenance.

#### 2.3 Distribution of Hygiene Kits

- Procure hygiene kits;
- Organize school distributions;
- Conduct hygiene education sessions.

#### 2.4 School Awareness Campaigns

- Ebola prevention sessions;
- Demonstration of proper handwashing;
- Distribution of awareness materials.

## Expected Outputs

- 40 schools protected;
- Handwashing systems operational;
- 500 children equipped with hygiene kits;
- Increased school awareness on Ebola prevention.

## Timeline

Weeks 2–8



## COMPONENT 3: COMMUNITY AWARENESS & RISK COMMUNICATION

### Activities

#### 3.1 Door-to-Door Sensitization

- Household visits;
- Ebola prevention messaging;
- Early symptom awareness;
- Referral information dissemination.

#### 3.2 Community Meetings

- Awareness sessions in villages and public spaces;
- Engagement with women groups and youth;
- Myth and misinformation reduction

#### 3.3 Radio Awareness Campaigns

- Ebola prevention messages;
- Public service announcements;
- Community call-in sessions.

#### 3.4 Distribution of IEC Materials

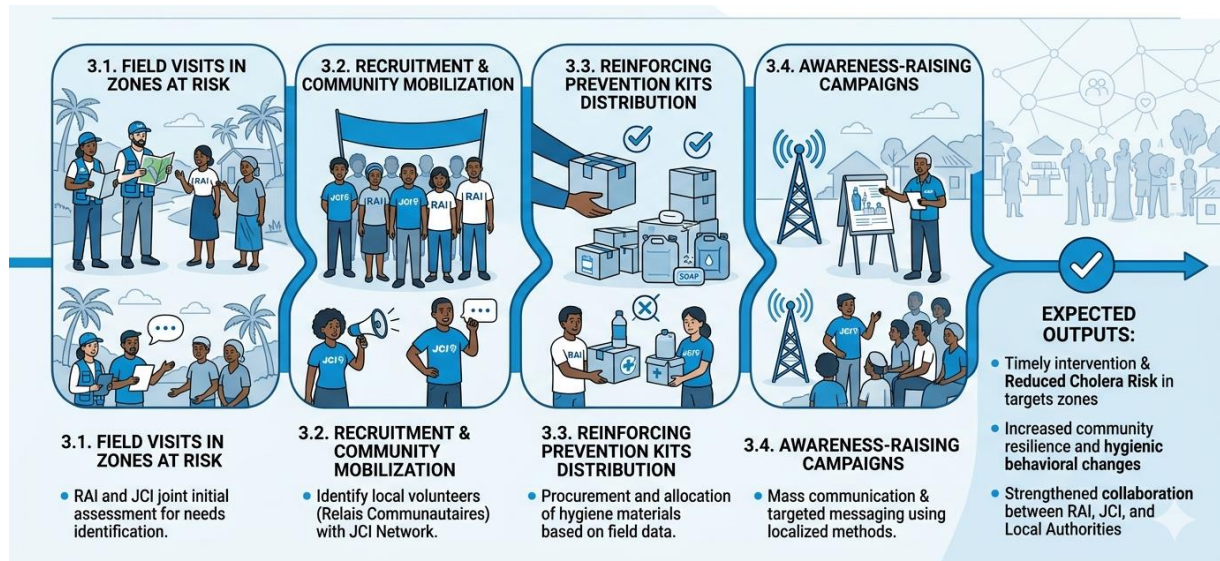
- Posters;
- Flyers;
- Community banners;
- Visual educational materials.

### Expected Outputs

- 15,000 people sensitized;
- Improved community awareness;
- Increased preventive behaviors;
- Reduced misinformation.

### Timeline

Weeks 2–12



## COMPONENT 4: HEALTH FACILITY SUPPORT

### Activities

#### 4.1 Distribution of PPE Kits

- Procure PPE;
- Deliver PPE to health facilities;
- Support frontline staff protection.

#### 4.2 Provision of Screening Equipment

- Infrared thermometers;
- Hygiene and disinfection materials;
- Basic prevention supplies.

#### 4.3 Health Worker Awareness Sessions

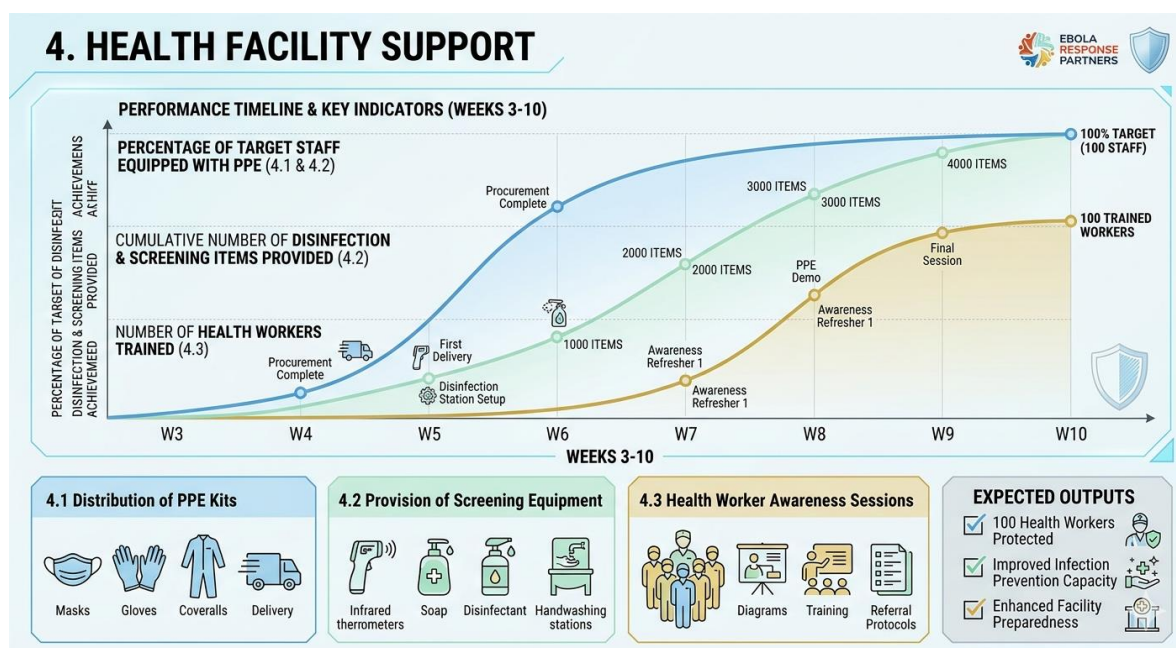
- Infection prevention refresher sessions;
- Proper PPE use demonstrations;
- Referral and alert procedures.

#### Expected Outputs

- 100 health workers protected;
- Improved infection prevention capacity;
- Enhanced health facility preparedness.

#### Timeline

Weeks 3–10



## COMPONENT 5: MONITORING, ACCOUNTABILITY & REPORTING

### Activities

#### 5.1 Field Monitoring Missions

- Site visits;
- Activity verification;
- Beneficiary feedback collection.

#### 5.2 Data Collection & Documentation

- Attendance records;
- Distribution tracking;
- Photo documentation;
- Success stories.

#### 5.3 Financial Accountability

- Budget tracking;
- Expense verification;
- Financial reporting.

#### 5.4 Final Reporting

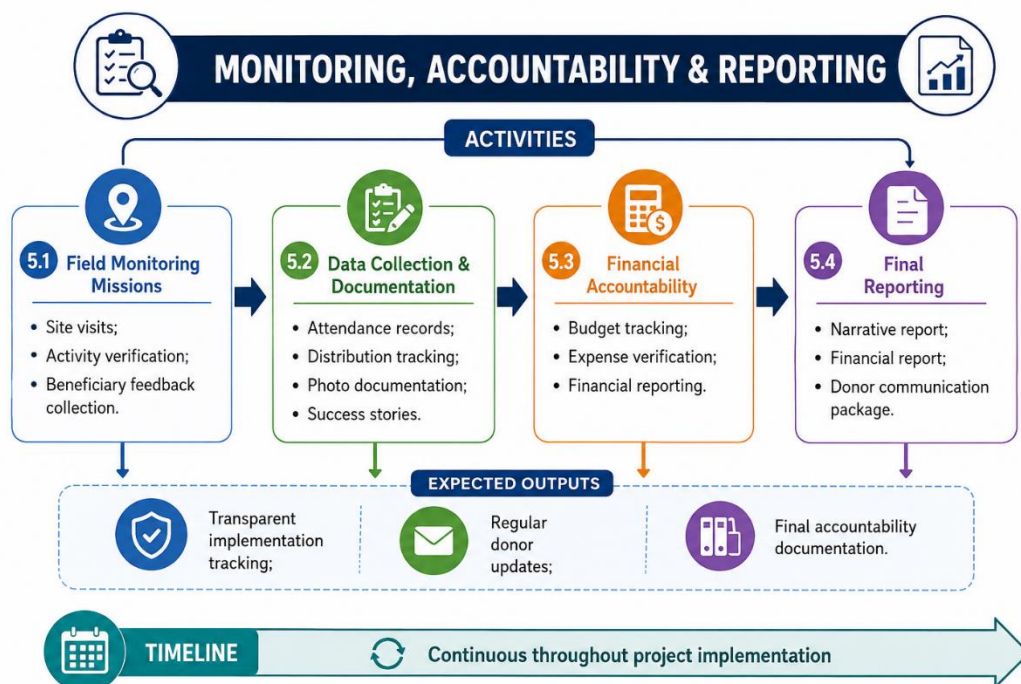
- Narrative report;
- Financial report;
- Donor communication package.

### Expected Outputs

- Transparent implementation tracking;
- Regular donor updates;
- Final accountability documentation.

### Timeline

Continuous throughout project implementation





## 7. IMPLEMENTATION TIMELINE

| Activities                       | Month 1 | Month 2 | Month 3 |
|----------------------------------|---------|---------|---------|
| Recruitment & Coordination       | X       |         |         |
| Stakeholder Meetings             | X       | X       |         |
| School Assessments               | X       |         |         |
| Handwashing Station Installation | X       | X       |         |
| Hygiene Kit Distribution         | X       | X       |         |
| Community Awareness Campaigns    | X       | X       | X       |
| Radio Messaging                  | X       | X       | X       |
| PPE Distribution                 |         | X       | X       |
| Monitoring Missions              | X       | X       | X       |
| Reporting & Documentation        | X       | X       | X       |

## 8. RISK ANALYSIS & MITIGATION

| Risk                                  | Probability | Mitigation Measures                                             |
|---------------------------------------|-------------|-----------------------------------------------------------------|
| <b>Security instability</b>           | Medium      | Coordination with local authorities and flexible field planning |
| <b>Community resistance</b>           | Medium      | Engagement of trusted local leaders and volunteers              |
| <b>Supply chain delays</b>            | Medium      | Local procurement and contingency planning                      |
| <b>Ebola transmission among staff</b> | Medium      | Strict PPE protocols and awareness training                     |
| <b>Funding gaps</b>                   | High        | Diversified donor mobilization and phased implementation        |

## 9. MONITORING & EVALUATION FRAMEWORK

### Key Indicators

| Indicator                                       | Target |
|-------------------------------------------------|--------|
| <b>Number of schools protected</b>              | 40     |
| <b>Number of handwashing stations installed</b> | 40     |
| <b>Number of hygiene kits distributed</b>       | 500    |
| <b>Number of people sensitized</b>              | 45,000 |
| <b>Number of health workers supported</b>       | 100    |
| <b>Number of awareness sessions conducted</b>   | 60     |
| <b>Number of volunteers mobilized</b>           | 30     |

## 10. ACCOUNTABILITY & TRANSPARENCY MEASURES

### 10. ACCOUNTABILITY & TRANSPARENCY MEASURES

Relief Action International commits to:



Relief Action International commits to:

- Transparent financial management;
- Beneficiary-centered implementation;
- Photo and field documentation;
- Regular donor communication;
- Final narrative and financial reporting;
- Community feedback mechanisms.

All expenditures will be documented and verifiable.

## 11. SUSTAINABILITY CONSIDERATIONS

The intervention strengthens:

- Community hygiene practices;
- Local volunteer capacity;
- School preparedness systems;
- Community awareness structures;
- Long-term public health prevention behaviors.

Installed handwashing stations and trained school focal points will continue supporting prevention efforts beyond the emergency phase.

## 12. OPERATIONAL GOVERNANCE STRUCTURE



### 12.1 Strategic Oversight

The project will operate under a joint emergency governance mechanism composed of:

- Relief Action International Executive Management;
- JCI South Kivu Coordination Team;
- Health Zone Representatives;
- Community Leadership Structures;
- School Representatives.

The governance structure will ensure:

- Strategic oversight;
- Financial accountability;
- Operational coordination;
- Community participation;
- Rapid decision-making.

### 12.2 Emergency Coordination Cell

An Emergency Coordination Cell (ECC) will be established to supervise daily implementation.



## Functions

- Daily operational monitoring;
- Incident reporting;
- Security coordination;
- Supply chain management;
- Rapid response activation;

- Stakeholder communication.

## Coordination Meetings

- Daily internal briefings;
- Weekly operational reviews;
- Monthly donor and partner updates.

# 13. COMMUNITY ENGAGEMENT & ACCOUNTABILITY FRAMEWORK

## 13.1 Community Engagement Principles

The intervention will apply internationally recognized Accountability to Affected Populations (AAP) principles:



## 13.2 Community Feedback Mechanisms

The project will establish multiple feedback channels:

- Community feedback committees;
- Suggestion boxes in schools and health facilities;
- Volunteer focal points;
- Telephone feedback line;
- Community dialogue sessions.

All complaints and feedback will be documented and reviewed weekly.

## 13.3 Inclusion Strategy

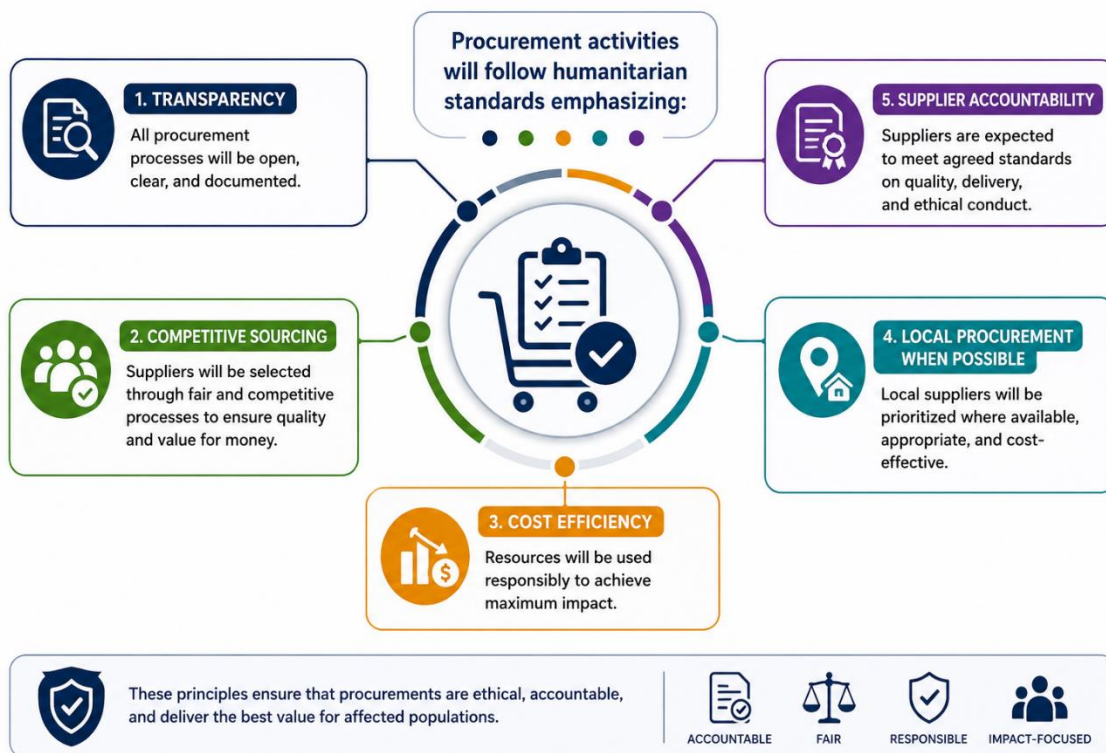
Special attention will be given to:

- Children;
- Women and girls;
- Elderly persons;
- Persons with disabilities;
- Ebola survivors and affected households.

Activities and communication materials will be adapted to local languages and literacy levels.

## 14. SUPPLY CHAIN & PROCUREMENT PLAN

### 14.1 Procurement Principles



### 14.2 Key Procurement Categories

#### Medical & Hygiene Supplies

- PPE kits;
- Soap and chlorine;
- Infrared thermometers;
- Disinfection materials;
- Hygiene kits.

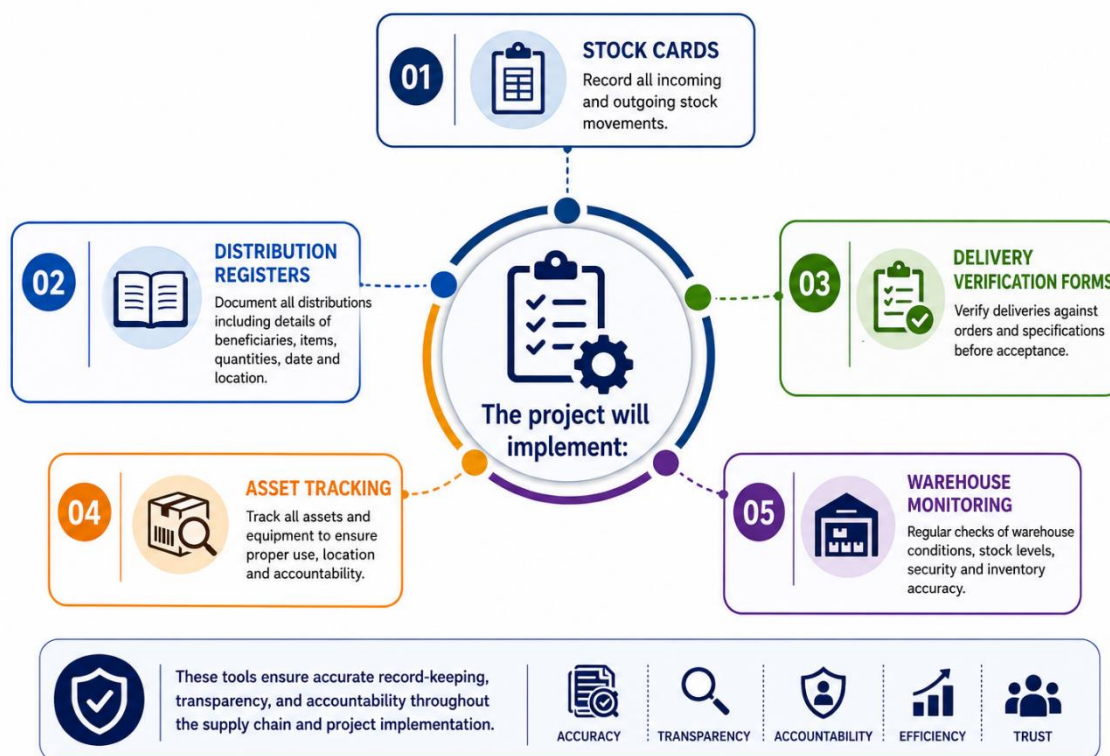
#### Infrastructure Materials

- Handwashing stations;
- Water storage containers;
- Awareness banners;
- Information materials.

#### Operational Support

- Fuel and transport;
- Communication tools;
- Visibility materials.

## 14.3 Inventory Management



## 15. SECURITY & ACCESS MANAGEMENT PLAN

### 15.1 Security Context

Eastern DR Congo remains affected by:

- Armed conflict;
- Population displacement;
- Community tensions;
- Epidemic risks;
- Access constraints.

- Communication protocols;
- Community acceptance strategy;
- Coordination with local authorities.

### 15.2 Security Measures

The project will apply:

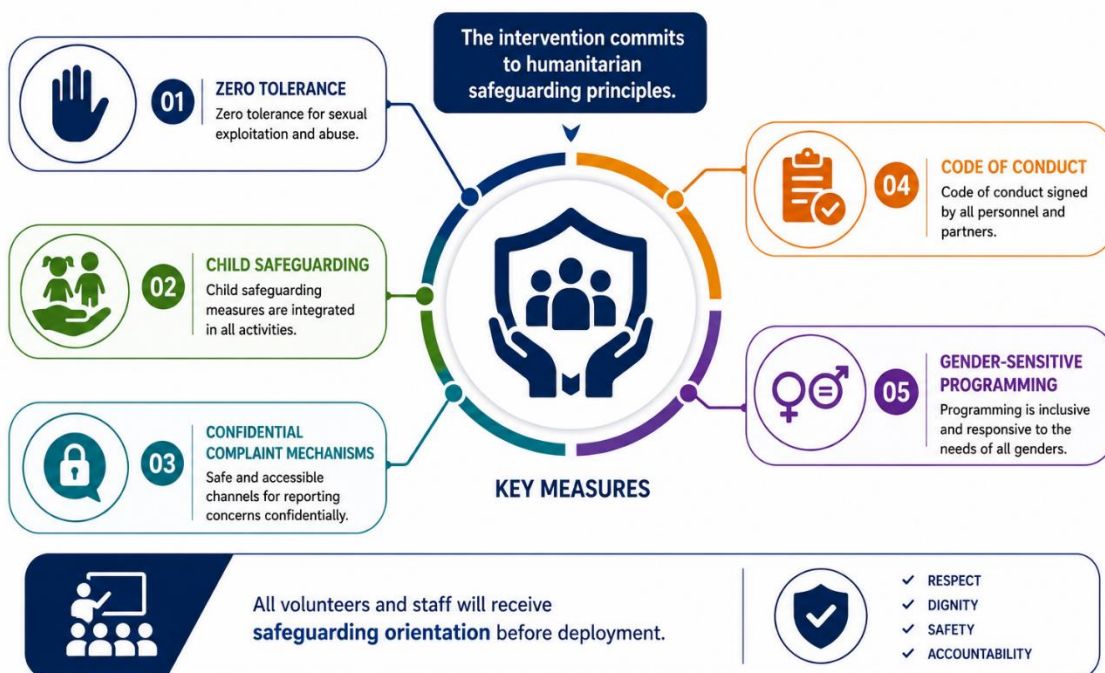
- Daily security monitoring;
- Movement tracking;

### 15.3 Staff Safety Measures

All staff and volunteers will receive:

- PPE equipment;
- Infection prevention training;
- Safety orientation;
- Emergency contact procedures

## 16. SAFEGUARDING & PROTECTION FRAMEWORK



## 17. COMMUNICATION & VISIBILITY STRATEGY

### 17.1 Strategic Communication Objectives

- Increase public awareness;
- Promote preventive behaviors;
- Build donor confidence;
- Highlight local humanitarian leadership;
- Counter misinformation.

### 17.2 Communication Channels

- Local radio stations;

- Social media platforms;
- Community meetings;
- School awareness sessions;
- Printed educational materials.

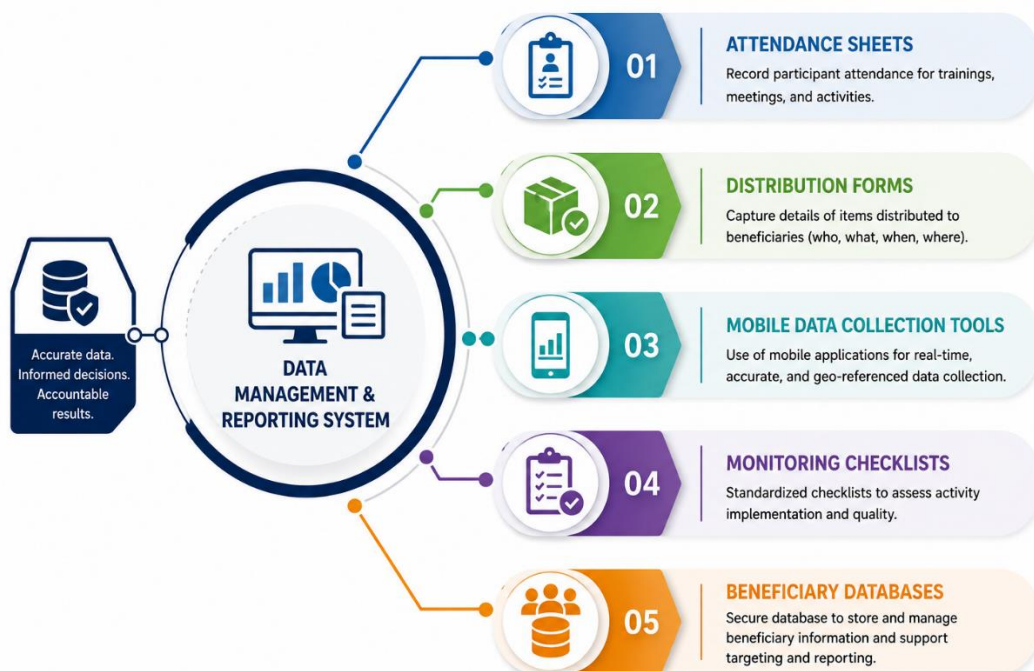
### 17.3 Donor Visibility

Supporting partners will receive:

- Field photos;
- Activity updates;
- Impact stories;
- Branded visibility materials;
- Final impact documentation.

## 18. DATA MANAGEMENT & REPORTING SYSTEM

### 18.1 Data Collection Tools



### 18.2 Reporting Schedule

| Report Type            | Frequency      |
|------------------------|----------------|
| Situation Updates      | Weekly         |
| Operational Reports    | Monthly        |
| Financial Reports      | Monthly        |
| Donor Briefings        | Monthly        |
| Final Narrative Report | End of Project |
| Final Financial Report | End of Project |

## 19. RESULTS FRAMEWORK

| Strategic Objective                    | Expected Result                         | Indicators                              |
|----------------------------------------|-----------------------------------------|-----------------------------------------|
| <b>Reduce Ebola transmission risk</b>  | Increased preventive behaviors          | % of communities practicing handwashing |
| <b>Protect children in schools</b>     | Improved school hygiene infrastructure  | Number of schools equipped              |
| <b>Support health facilities</b>       | Increased frontline protection capacity | Number of PPE kits distributed          |
| <b>Improve public awareness</b>        | Increased knowledge of Ebola prevention | Number of people sensitized             |
| <b>Strengthen community engagement</b> | Improved community participation        | Number of volunteers mobilized          |



## 20. EXIT & TRANSITION STRATEGY

The project will support continuity through:

- Training school hygiene focal points;
- Strengthening local volunteer networks;
- Donating durable hygiene infrastructure;
- Building community prevention ownership;
- Supporting local health coordination systems.

Community structures established during the intervention will continue awareness activities after the emergency phase.



## 21. DETAILED OPERATIONAL IMPLEMENTATION MATRIX

| Component                         | Activities                                                                                 | Responsible Actors                             | Verification Means                                     | Expected Outputs                            | Success Indicators                              |
|-----------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------|---------------------------------------------|-------------------------------------------------|
| <b>Emergency Coordination</b>     | Establish emergency coordination cell, staff deployment, stakeholder coordination meetings | RAI Management, JCI Coordination Team          | Meeting minutes, attendance sheets, deployment records | Functional emergency coordination mechanism | Coordination meetings held weekly               |
| <b>School Protection</b>          | Install handwashing stations, distribute hygiene kits, school sensitization                | Hygiene teams, volunteers, school focal points | Distribution lists, installation reports, photos       | Schools protected and equipped              | 40 schools operational with handwashing systems |
| <b>Community Awareness</b>        | Door-to-door sensitization, radio campaigns, public awareness sessions                     | Community mobilizers, JCI youth volunteers     | Awareness reports, radio logs, attendance sheets       | Communities sensitized                      | 45,000 people reached                           |
| <b>Health Facility Support</b>    | PPE distribution, infection prevention support, screening reinforcement                    | Medical advisor, health facilities             | Delivery notes, PPE tracking forms                     | Health workers protected                    | 100 healthcare workers supported                |
| <b>Monitoring &amp; Reporting</b> | Field monitoring, financial tracking, donor reporting                                      | MEAL and finance teams                         | Monitoring reports, financial reports                  | Transparent implementation                  | Monthly reporting completed                     |



## 22. EVIDENCE-BASED TECHNICAL JUSTIFICATION

### 22.1 Importance of Handwashing Infrastructure

International public health evidence demonstrates that regular handwashing with soap significantly reduces transmission of infectious diseases including Ebola and other viral outbreaks.

Installing handwashing stations in schools and public gathering points directly reduces exposure risks among children and vulnerable populations.

The intervention aligns with internationally recognized infection prevention approaches promoted by global public health institutions.

### 22.2 Community Awareness as a Frontline Prevention Tool

Experience from previous Ebola outbreaks in DR Congo and West Africa demonstrated that:

- Community misinformation increases transmission risks;
- Delayed reporting contributes to outbreak escalation;
- Community engagement improves early prevention behaviors;
- Local volunteer networks significantly improve outreach acceptance.

Door-to-door sensitization and community-led awareness therefore remain among the most effective low-cost prevention interventions.

### 22.3 Importance of Protecting Healthcare Workers

Healthcare workers are among the highest-risk groups during Ebola outbreaks.

Providing PPE and infection prevention materials helps:

- Reduce contamination risks;
- Maintain functioning health services;
- Protect frontline personnel;
- Reduce health facility transmission.

This intervention directly contributes to strengthening local outbreak containment capacity.

### 22.4 Localized Humanitarian Action

Globally, humanitarian response models increasingly recognize that local organizations and community-based actors are often:

- Faster to deploy;
- More trusted by communities;
- More cost-effective;
- Better positioned to access insecure environments.

Relief Action International and JCI South Kivu provide a strong locally led emergency response model rooted in community trust and rapid mobilization capacity.

## 23. QUALITY ASSURANCE FRAMEWORK

### 23.1



### 23.2 Quality Control Measures

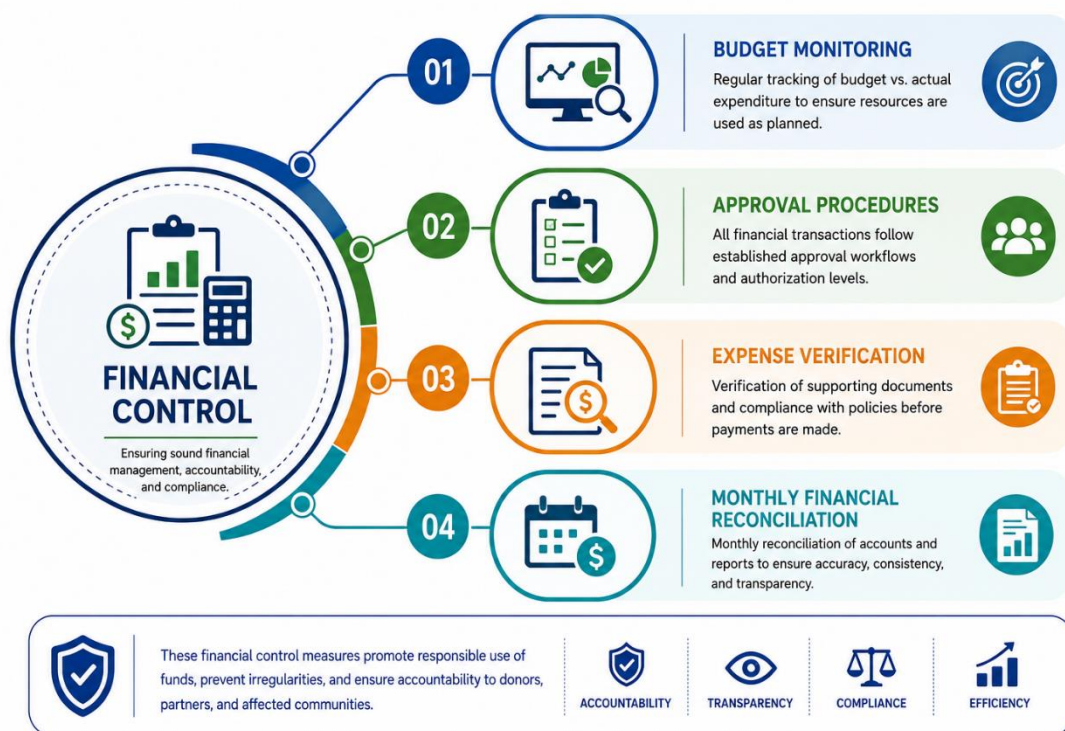
#### Procurement Verification

- Supplier quotations comparison;
- Delivery inspection;
- Stock verification;
- Documentation archiving.

#### Distribution Verification

- Beneficiary registration;
- Signed distribution sheets;
- Random post-distribution monitoring;
- Community validation.

## Financial Control



## Program Monitoring

- Weekly supervision;
- Field observation;
- Beneficiary interviews;
- Monitoring checklists.

## 24. DETAILED HUMAN RESOURCES STRUCTURE

| Position                                    | Key Responsibilities                                                    |
|---------------------------------------------|-------------------------------------------------------------------------|
| <b>Emergency Response Coordinator</b>       | Overall project leadership, donor coordination, operational supervision |
| <b>Finance &amp; Accountability Officer</b> | Financial management, budget tracking, reporting compliance             |
| <b>Medical Technical Advisor</b>            | Technical health guidance, infection prevention oversight               |
| <b>Hygiene Promotion Supervisors</b>        | School and community hygiene intervention supervision                   |
| <b>Community Mobilizers</b>                 | Door-to-door awareness and community engagement                         |
| <b>JCI Youth Volunteers</b>                 | Awareness support, school campaigns, community mobilization             |
| <b>Logistics Assistant</b>                  | Supply chain and transport coordination                                 |
| <b>Monitoring Officer</b>                   | Data collection, reporting, verification                                |



## 25. IMPLEMENTATION PHASES

### Phase 1 : Rapid Emergency Mobilization (Week 1)

#### Activities:

- Emergency coordination activation;
- Staff deployment;
- Volunteer mobilization;
- Initial procurement;
- Stakeholder coordination meetings.

Expected Result: Operational readiness established.

### Phase 2 : Rapid Community Prevention Response (Weeks 2–6)

#### Activities:

- Installation of handwashing stations;
- School awareness campaigns;
- Hygiene kit distribution;
- Community sensitization;
- Radio awareness activities.

Expected Result: Immediate increase in preventive measures and awareness.

### Phase 3 : Reinforcement & Monitoring (Weeks 7–10)

#### Activities:

- Follow-up monitoring;
- Reinforcement sensitization;
- PPE support to health facilities;
- Beneficiary feedback collection.

Expected Result: Improved prevention compliance and strengthened local response capacity.

### Phase 4 : Final Evaluation & Reporting (Weeks 11–12)

#### Activities:

- Final monitoring missions;
- Data consolidation;
- Financial reconciliation;
- Donor reporting;
- Lessons learned documentation.

Expected Result: Documented project accountability and measurable impact evidence.



## 26. DETAILED MONITORING & EVALUATION PLAN

| Indicator                                           | Baseline | Target | Data Source          | Frequency |
|-----------------------------------------------------|----------|--------|----------------------|-----------|
| <b>Schools with functional handwashing stations</b> | 0        | 40     | Monitoring reports   | Weekly    |
| <b>Children receiving hygiene kits</b>              | 0        | 500    | Distribution records | Weekly    |
| <b>Health workers supported with PPE</b>            | 0        | 100    | Delivery forms       | Monthly   |
| <b>Awareness sessions conducted</b>                 | 0        | 60     | Attendance sheets    | Weekly    |
| <b>People reached through awareness campaigns</b>   | 0        | 45,000 | Activity reports     | Monthly   |
| <b>Community volunteers mobilized</b>               | 0        | 30     | Volunteer records    | Monthly   |

## 27. DETAILED DONOR ACCOUNTABILITY COMMITMENTS

Relief Action International commits to maintaining the highest possible standards of accountability and transparency.

### Donor Reporting Package

Supporting partners will receive:

- Monthly operational updates;
- Financial expenditure summaries;
- High-resolution field photographs;
- Beneficiary testimonies;
- Activity success stories;
- Visibility documentation;
- Final narrative report;
- Final financial report.

### Financial Transparency Measures

- All expenditures documented;
- Receipts archived;
- Procurement verification maintained;
- Distribution records secured;
- Budget tracking updated monthly.

### Ethical Commitments

The project commits to:

- Neutrality;
- Impartiality;
- Humanity;
- Community dignity;
- Non-discrimination.



## 28. CONCLUSION

This implementation framework reflects a comprehensive, evidence-based, and internationally aligned emergency response strategy adapted to the realities of Eastern Democratic Republic of Congo.

The intervention combines:

- Rapid humanitarian deployment;
- Strong local leadership;
- Community ownership;
- International accountability standards;
- Cost-efficient implementation;
- Direct life-saving impact.

Relief Action International and JCI South Kivu are positioned to deliver a credible, transparent, and operationally realistic Ebola emergency response capable of protecting vulnerable communities while ensuring measurable humanitarian outcomes and strong donor confidence.

The proposed strategy reflects the operational rigor increasingly expected in modern humanitarian programming while maintaining the flexibility and community trust required for emergency action in fragile environments.

This intervention model combines international humanitarian standards with strong local leadership and rapid community-based action.

Through the partnership between Relief Action International and JCI South Kivu, the project delivers a highly accountable, cost-effective, and operationally realistic Ebola emergency response adapted to the realities of Eastern Democratic Republic of Congo.

The strategy prioritizes children, schools, vulnerable families, and frontline healthcare workers while ensuring transparency, measurable impact, and strong donor confidence.

The intervention reflects the operational philosophy increasingly adopted by leading international humanitarian organizations: locally led action, rapid response capacity, community trust, and direct life-saving impact.

This emergency intervention combines rapid action, strong community engagement, local leadership, and transparent humanitarian implementation to help reduce Ebola transmission risks in Eastern DR Congo.

Building on the successful experience of previous Ebola interventions, Relief Action International and JCI South Kivu are committed to delivering an effective, accountable, and community-centered response that protects children, families, and frontline healthcare workers.