

May 2026 Response Plan to the Ebola Virus Disease (EVD) Outbreak Democratic Republic of the Congo



Target population: 3,704,306 persons



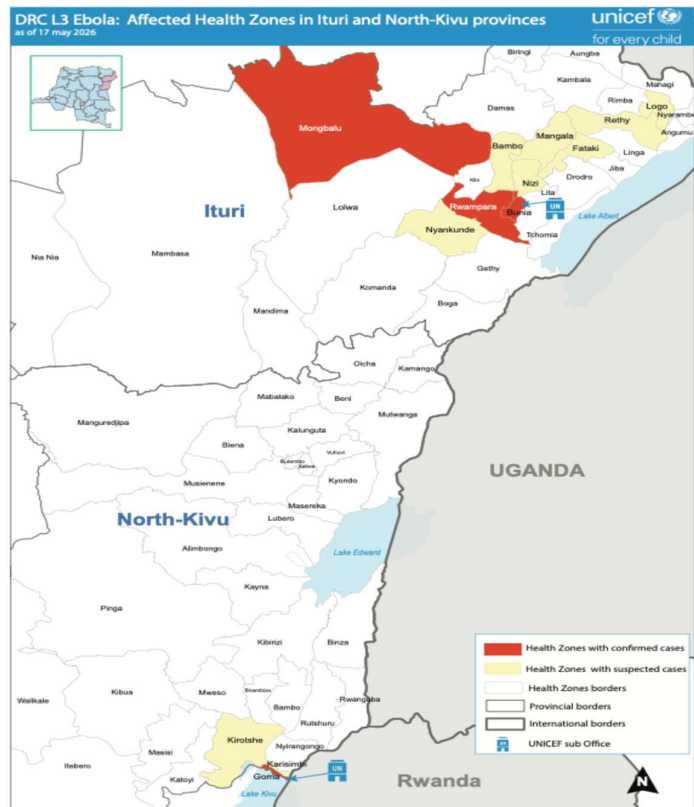
Funding Needs: US\$ 40,500,000

Situation Overview

DRC is currently facing its 17th Ebola Virus Disease (EVD) outbreak, affecting three provinces in the eastern part of the country. The outbreak was initially identified following alerts reported through social media on May 5th 2026 and subsequently verified through investigations conducted by provincial and national RRT. The PHEOC (COUSP) officially transitioned from alert mode to response mode following laboratory confirmation of Ebola non-Zaire virus, specifically Bundibugyo Ebola Virus, in affected health zones.

The epidemiological situation is evolving rapidly with increasing geographical spread and pressure on the health system. As of May 16th 2026, the outbreak had affected at least nine health zones in Ituri Province, including Rwampara, Mongbwalu, Bunia, Nyankunde, Logo, Rethy, Fataki, Nizi, and Mangala, with 410 alerts reported, 393 investigated cases, and 105 probable cases identified. Additional updates as of 20 May 2026 reported 58 confirmed cases across Nyankunde, Bunia, Rwampara, and Mongbwalu.

The outbreak is characterized by intense community transmission, family clusters, unsafe burial practices, and healthcare-associated infections involving frontline health workers. Health facilities are increasingly overwhelmed, with urgent needs for Ebola Treatment Centers (ETCs), triage systems, IPC/WASH reinforcement, laboratory capacity, and emergency logistics support. The situation is further aggravated by insecurity, population displacement, weak health infrastructure, sociocultural beliefs, misinformation, and low trust in health services.



North Kivu Province is now under maximum alert due to intense mobility along the Bunia–Beni–Butembo–Goma corridor and cross-border movements with Uganda, Rwanda. As of May 20th 2026, North Kivu had reported one confirmed case in Goma, 34 suspected cases, and 189 identified contacts, including 38 high-risk contacts. The province presents a particularly complex

operational environment as parts of North Kivu remain under the influence of AFC/M23, while other areas remain under Government control.

The outbreak has now expanded to South Kivu Province following confirmation on May 20th 2026 of a positive Ebola case from a sample collected in Miti-Murhesa Health Zone, Kabare Territory, near Bukavu. The confirmed case involved a 28-year-old individual who had traveled from Kisangani in Tshopo Province and unfortunately died before laboratory confirmation. This notification significantly increases concern regarding regional spread given the high mobility between Bukavu, Goma, and neighboring provinces.

South Kivu is already evolving within a highly fragile humanitarian and epidemiological environment characterized by persistent insecurity, armed groups, massive population displacement, and weak access to essential services. The province faces limited operational health system capacity, with more than 35 per cent of health facilities reported as non-functional or below standards, alongside shortages of health personnel, medicines, equipment, and emergency supplies.

The response is further challenged by significant operational and health system gaps. Most health facilities currently managing suspected Ebola patients are overwhelmed and lack adequate isolation capacity, resulting in suspected patients remaining in corridors while additional suspected cases continue to arrive. There is an urgent need to rapidly establish Ebola Treatment Centers (ETCs/CTEs), reinforce triage and isolation capacities, strengthen Infection Prevention and Control (IPC) measures, and expand laboratory diagnostic capacity. As of May 20th 2026, 102 samples were already pending analysis at the provincial laboratory and sent to Kinshasa for control quality and testing. ,

Another major factor contributing to the alarming nature of the outbreak is the fragility of the relationship between communities and the health system. Years of conflict, recurrent epidemics, weak service delivery, and limited access to quality healthcare have resulted in low utilization of health services and reduced trust in public health institutions. Sociocultural beliefs, misinformation, rumors, and traditional practices continue to influence health-seeking behaviors, including delays in reporting suspected cases, preference for traditional healers, resistance to isolation measures, and unsafe funeral practices. These dynamics significantly complicate surveillance, contact tracing, and community acceptance of Ebola response interventions.

This Ebola outbreak is unfolding within an already fragile humanitarian context, further exacerbating pre-existing vulnerabilities among affected populations. Communities already facing poverty, limited access to essential health services, food insecurity, and displacement are now confronting heightened risks of infection, stigmatization, and disruption of basic social services. The crisis is deepening protection concerns, particularly for children, including increased exposure to neglect, family separation, and psychosocial distress. Without sustained, integrated, and child-sensitive interventions, the compounded effects of the outbreak risk significantly worsening living conditions and undermining coping capacities at both household and community levels.

Building on these lessons and leveraging existing emergency coordination mechanisms, UNICEF will support the Government-led response under the leadership of the Ministry of Health, COUSP, and the national Incident Management System (IMS/SGI). UNICEF's response strategy will prioritize community-centered containment, strengthening surveillance and community-based detection, IPC/WASH reinforcement, RCCE, continuity of essential health, education and nutrition services, psychosocial support, child protection, and operational readiness. Particular attention will be given to vulnerable populations, including children, women, displaced populations, frontline health workers, and communities in insecure and hard-to-reach areas.

UNICEF will also leverage the community-based operational model developed during the Mpox response in South Kivu, Maniema, Sankuru, and Kasai Oriental with Mastercard Foundation's support. Currently, approximately 2,025 operational Community Health Workers (CHWs) are available in affected areas, while an estimated 12,000 CHWs and community actors are needed to ensure adequate coverage across the nine Ebola-affected health zones. Existing community networks including CHWs, RECOs, Community Animation Cells (CACs), youth groups, women's associations, and religious leaders will be rapidly organized, trained, supervised, and operationalized to strengthen active case finding, contact tracing, rumor management, social listening, and community engagement activities.

UNICEF's Ebola Response strategy - 6 months

UNICEF's response strategy over an initial six-month period will support the Government-led Ebola response in affected provinces while reinforcing preparedness and prevention measures in surrounding high-risk health zones and cross-border areas. The response will contribute to the national Ebola response plan under the leadership of the Ministry of Health, the Public Health Emergency Operations Center (COUSP), and the national Incident Management System (IMS/SGI), in close coordination with WHO and operational partners.

The response strategy will prioritize support coordination in IMST, active case finding and contact tracing in the community, strengthening quality DIHS2 tracker implementation and utilization by the CHZ for time-data-driven decision, protection of frontline health workers, reinforcement of triage and isolation systems, and rapid deployment of emergency supplies and operational support. Cross-cutting priorities including Internal coordination mechanism, gender and protection including from sexual exploitation and abuse (PSEA), accountability to affected populations, and child-sensitive programming will be integrated throughout all interventions.

UNICEF's response will pursue three complementary strategic objectives:

1. Ensure rapid lifesaving outbreak response and containment in Ebola-affected health zones;
2. Strengthen prevention, preparedness, and resilience capacities in surrounding high-risk and cross-border areas to prevent further spread of the outbreak.
3. Strengthening support for communities affected by EVD: In collaboration with the humanitarian and development actors present in the region, this pillar aims at strengthening the resilience of the population, fostering community ownership and involvement by the community in the response.

Through this integrated six-month strategy, UNICEF aims to support rapid interruption of Ebola transmission, reduce morbidity and mortality, strengthen community trust and engagement, maintain essential health services for children and women, and reinforce local systems and capacities for sustainable outbreak preparedness and response.

TARGET BENEFICIARIES

- For the immediate and life-saving response, UNICEF will target 100 per cent of the population in affected health zone where cases have been reported over the past 21 days (in red below).¹
- For the prevention and emergency preparedness activities, UNICEF will target at least 50 per cent of the population at-risk in directly neighbouring health zones (in green below).²

Province	Health Zone	Estimated Population 2023 ³	Target				
			Total	Men	Women	Boys	Girls
Ituri	Bunia	229,592	229,592	47,525	48,903	65,434	67,729
	Rwampara	114,800	114,800	23,764	24,452	32,718	33,866
	Mongwalu	114,202	114,202	23,640	24,325	32,547	33,690
	Logo	205,979	102,990	21,319	21,937	29,352	30,382
	Rethy	171,534	85,767	17,754	18,268	24,444	25,301
	Fataki	109,828	54,914	11,367	11,697	15,650	16,200
	Nizi	121,293	60,647	12,554	12,918	17,284	17,891
	Bambu	121,372	60,686	12,562	12,926	17,296	17,902
	Mangala	79,344	39,672	8,212	8,450	11,306	11,703
Nord Kivu	Nyakundé	83,872	41,936	8,681	8,932	11,952	12,371
	Katwa	536,895	536,895	132,613	137,445	132,613	134,224
	Goma	245,545	245,545	60,650	62,860	60,650	61,386
	Nyiragongo	362,000	181,000	44,707	46,336	44,707	45,250
	Karisimbi	641,981	320,991	79,285	82,174	79,285	80,248
	Kirotshe	500,126	250,063	61,766	64,016	61,766	62,516
	Beni	518,212	259,106	63,999	66,331	63,999	64,777
Sud Kivu	Butembo	265,999	133,000	32,851	34,048	32,851	33,250
	Miti-murhesa	285,000	285,000	70,395	72,960	70,395	71,250
	Ibanda	410,000	205,000	50,635	52,480	50,635	51,250
	Kadutu	520,000	260,000	64,220	66,560	64,220	65,000
TOTAL	Bagira	245,000	122,500	30,258	31,360	30,258	30,625
		5,882,574	3,704,306	878,694	909,324	949,362	966,811

¹ These health zones correspond to one categorized in Category A (hotspots) by the Ministry of Public Health. Those high-risk health zones are health zones where intense transmission has been underway for the past 21 days and where the outbreak of the epidemic requires immediate, large-scale action.

² These health zones correspond to one categorized in Category B (at risk) by the Ministry of Public Health. At this stage of the epidemic, UNICEF will prioritize the prevention and preparedness activities in the directly neighbouring health zones.

INTERVENTION STRATEGY

UNICEF will support parallel but harmonized coordination mechanisms:

- In Government-controlled areas, UNICEF will work directly through the Provincial Health Division (DPS), COUSP/IMS structures, and Government-led coordination mechanisms;
- In AFC/M23-controlled or influenced areas, UNICEF will rely on existing local health authorities, community networks, humanitarian partners, and existing operational agencies to maintain humanitarian access and continuity of interventions.

This approach will ensure smooth coordination, continuity of surveillance, RCCE, IPC/WASH, and essential health services across both operational environments



GENDER, GENDER-BASED VIOLENCE (GBV) & PREVENTION OF SEXUAL EXPLOITATION AND ABUSE (PSEA)


UNICEF DRC places protection from sexual exploitation and abuse as a top priority and will continue to enforce a holistic and systematic approach to scaling up PSEA and GBV risk mitigation within all its interventions. Gender, GBV risk mitigation and PSEA cross-cutting activities will be integrated in all interventions throughout the response.





Household decontamination, Beni, October 2021



UNICEF Ebola Response Plan


Area	Objective	Main Activities	Budget
 <p>WASH and IPC</p>	<p>Reduce the risk of Ebola transmission in healthcare facilities, schools and community settings by strengthening integrated WASH and infection prevention and control (IPC) measures, including environmental cleaning and disinfection, safe healthcare waste management, hand hygiene, and access to essential WASH infrastructure and services.</p>	<ul style="list-style-type: none"> • Support national, provincial, and local IPC/WASH coordination mechanisms to strengthen rapid response, information sharing, and operational alignment with surveillance, case management, and safe and dignified burial teams. • Support healthcare facilities to strengthen IPC/WASH measures through the provision of IPC/WASH kits; • Establishment of pre-triage and isolation areas; • Rehabilitation and construction of essential WASH infrastructure, including water supply systems, healthcare waste management infrastructure, handwashing stations, and sanitation facilities; • Implementation of environmental cleaning and disinfection protocols; and training of healthcare workers, cleaners, and IPC focal points. • Support community-based IPC/WASH interventions in communities, public spaces, and child-friendly spaces through the training and equipping of local IPC brigades to safely disinfect households and high-risk public spaces within 24 hours of alert or confirmation, and through the distribution of IPC/WASH kits to households surrounding confirmed cases. • Support safe learning during the outbreak by strengthening IPC/WASH measures in schools through handwashing promotion, provision of IPC/WASH kits, rehabilitation or installation of handwashing facilities, and improvement of hygiene practices among students and school personnel. • Disseminate the Guidance Note on Ebola prevention in schools and strengthen the capacities of students, teachers, school management committees, and parents' associations on Ebola prevention, hygiene promotion, early detection and referral, and prevention of stigma and discrimination, including towards survivors. 	<p>US\$ 10,000,000</p>
 <p>Risk Communication and Community Engagement</p>	<p>Engage communities to improve communities' access to life saving information on safe and preventive healthy behaviours during and after the crisis and ensured accountability for affected population</p>	<p>Risk communication for awareness raising and information on protective and healthy practices</p> <ul style="list-style-type: none"> • Conduct social and behavioural rapid assessment, surveys and studies to inform RCCE interventions design, programmes response and messages • Develop, review and disseminate culturally adapted awareness messages, communication materials and verified information to people via SMS and the U-Report platform • Work with local media to inform communities on good practices and provide them a space to make their voice heard. • Community engagement (leaders, influencers, networks) for the adoption of prevention and protection practices • Engage community leaders, women's groups, religious leaders, School Management Committees (SMCs), Parents Teachers Associations (PTAs), youth associations, and trusted local influencers to build institutional trust, encourage community ownership, and drive the adoption of prevention practices including focus on safe and dignified burials, the most sensitive and highest-risk SBC Challenge • Revitalize and activate Community Animation Cells (CACs) in affected and at-risk health zones and other community groups including churches, schools, women and youth-led associations. • Community engagement and dialogue in support of all response pillars' activities (contact tracing, Surveillance based in the community, local solutions co-creation, etc). 	<p>US\$7,000,000</p>

		<ul style="list-style-type: none"> Community and youth engagement against rumours and fake news (including online), particularly through the engagement of CACs, U-Reporters communities and young web watchers <p>Ensure accountability to affected population for effective response</p> <ul style="list-style-type: none"> Support and scale up social listening and community feedback mechanisms to address communities' views, concerns, complaints and improve service delivery Strengthen AAP in the EVD response to ensure affected communities have access to relevant information and effectively participate to the response Strengthen RCCE coordination at the national, provincial, and health zone levels. Strengthen the capacity of frontline workers to ensure quality RCCE interventions. 	
 <p>Health</p>	<p>1- Community-Based Surveillance, Active Case Finding, and Contact Tracing to interrupt community transmission of Ebola</p> <p>2- Holistic Case Management, Clinical Care for Pediatric Ebola Patients and Maintaining the Continuity of essential healthcare during Ebola Outbreaks</p>	<p><u>Community-based Surveillance for interruption of the Ebola Transmission in the household</u></p> <ul style="list-style-type: none"> Strengthening community-based surveillance systems through mobilization, training, supervision, and deployment of Community Health Workers (CHWs), RECOs, Community Animation Cells (CACs), and community surveillance focal points in affected and high-risk health zones. Conduct active household-based case finding to rapidly identify suspected Ebola cases, deaths, unusual health events, and high-risk contacts within communities. Support rapid alert generation, notification, verification, and investigation of suspected Ebola cases and community deaths within 24–48 hours. Implement systematic contact tracing, daily follow-up, and monitoring of contacts of suspected and confirmed Ebola cases throughout the incubation period. Utilize DHIS2 Tracker and digital surveillance tools for real-time alert reporting, contact tracing, case follow-up, and outbreak monitoring by CHWs and surveillance teams. Strengthen referral mechanisms between communities and health facilities to ensure rapid isolation and management of suspected Ebola cases. Conduct regular supervision, data review meetings, and performance monitoring to improve quality, timeliness, and completeness of surveillance and contact tracing activities. Ensure direct and trackable payment to all frontline workers through UNICEF direct cash payment via mobile money and/or cash-in-hand delivery <p><u>Case Management and Continuity of the essential Healthcare during Ebola Outbreak</u></p> <ul style="list-style-type: none"> Ensure supplies of essentials kits, drugs, etc to maintain continuity of healthcare during Ebola outbreak and contribution to passive surveillance. Ensure availability and prepositioning of essential medicines, medical equipment and PPE , patient care kits, and pediatric case management tools in Ebola Treatment Centers (ETCs), transit centers, and supported health facilities. Strengthen pediatric care services and specialized clinical management for children under five years affected by Ebola. Build capacities of local health teams on Ebola clinical management, pediatric care, patient referral, and integrated case management protocols. Support safe transportation and referral of suspected and confirmed Ebola patients through deployment of ambulances and motorcycles for emergency patient transport and referral. 	<p>US\$ 4,500,000</p> <p>US\$2,500,000</p>

		<ul style="list-style-type: none"> ▪ Strengthen triage, isolation, referral, and patient monitoring systems in health facilities to reduce healthcare-associated transmission and improve quality of care. 	
 <p>Nutrition</p>	<p>Provide appropriate nutritional care for Ebola patients and children under 24 months and promote appropriate IYCF practices in Ebola contexts, including in ETCs and communities</p>	<p><u>1. Coordination, Monitoring and Capacity Strengthening</u></p> <ul style="list-style-type: none"> • Coordinate nutrition interventions at national, provincial, health zone and community levels. • Deploy nutritionists to ETCs, transit centers, nurseries and affected health zones. • Strengthen capacities of health workers, CHWs/RECOs and psychosocial workers on Ebola nutrition care, IMAM, IYCF-E, MAMI, Family MUAC and safe BMS/LNPE management. • Update and disseminate nutrition guidelines, while integrating GBV/PSEA, accountability and anti-fraud measures. • Conduct supervision, monitoring, reporting and End User Monitoring (EUM) of nutrition commodities. <p><u>2. Nutrition Supplies, Food Assistance and Clinical Nutrition Care</u></p> <ul style="list-style-type: none"> • Procure, preposition and transport therapeutic foods, dietetic products, SQ-LNS and BMS/LNPE to ETCs, transit centers, nurseries, health facilities and communities. • Ensure individualized nutrition care for suspected and confirmed Ebola patients, including SAM/MAM cases and patients with feeding difficulties or comorbidities. • Ensure referral of complicated nutrition cases and strengthen stock monitoring and loss prevention systems. • Provide food assistance and hot meals for patients, caregivers, frontline workers and vulnerable households affected by Ebola for a period of two months. <p><u>3. Decentralized Community-Based Management of Acute Malnutrition</u></p> <ul style="list-style-type: none"> • Decentralize treatment of uncomplicated SAM and VAS distribution through OTP/UNTA services and community platforms. • Conduct active screening using MUAC and Family MUAC approaches. • Strengthen referral and follow-up mechanisms between communities, health facilities, transit centers and ETCs. • Implement adapted/simplified SAM protocols where applicable to ensure continuity of care during the outbreak. <p><u>4. Infant and Young Child Feeding and Care for Vulnerable Children</u></p> <ul style="list-style-type: none"> • Protect, promote and support IYCF-E practices, including breastfeeding counseling, relactation support and safe feeding plans for non-breastfed infants. • Provide nutrition care for orphaned, separated and survivor children aged 0–23 months through controlled BMS/LNPE support, nurseries and safe spaces. • Improve complementary feeding through micronutrient supplementation, SQ-LNS and point-of-use fortification. 	<p>US\$ 1,500,000</p>

 <p>Child Protection</p>	<p>5. Continuity of Essential Nutrition Services and Community Engagement</p> <ul style="list-style-type: none"> • Maintain IMAM/CMAM, growth monitoring, MAMI and preventive nutrition services such the VAS distribution in affected health zones. • Continue community screening, referral and follow-up of vulnerable children. • Promote early care-seeking and continuity of health and nutrition services through RECOs, women’s groups and community leaders. • Disseminate GBV/PSEA and accountability messages while strengthening community feedback and engagement mechanisms. <p>Mental Health and Psychosocial Support (MHPSS)</p> <ul style="list-style-type: none"> • Provide individualized, case-by-case psychosocial support through dedicated psychologists or trained psychosocial workers assigned to each affected family. • Deliver MHPSS services to children and families affected by EVD in Ebola Treatment Centres (ETCs), Transit Centres (TCs), and communities, including survivors, contacts, and frontline health workers. • Strengthen the capacities of teachers on PSS and provide MHPSS support to teachers and students. • Ensure integration of Protection/MHPSS within the overall EVD response, including surveillance, care provision, decontamination processes, and safe and dignified burials, through the deployment of trained social workers/psychosocial agents. • Provide psychosocial support to frontline response personnel, recognizing the stress and trauma associated with outbreak response operations. <p>Care and Protection for Vulnerable Children</p> <ul style="list-style-type: none"> • Establish temporary care arrangements (e.g. nurseries) for children separated from caregivers, particularly those whose mothers are admitted to ETCs. • Deliver targeted child protection interventions for the most vulnerable children, particularly orphans, including material support and socio-economic strengthening of foster and extended families. • Support the safe reintegration and resilience of EVD survivors and affected children, including efforts to reduce stigma and discrimination through community-based psychoeducation activities. <p>Strengthening Protection Systems and coordination</p> <ul style="list-style-type: none"> • Strengthen social work systems and community-based protection networks for safe identification and referral of children and families in need of CP, GBV, and MHPSS services. • Scale up case management and specialized protection services, ensuring continued access to essential services through partners and the social workforce. • Expand mobile and fixed child-friendly spaces to deliver structured psychosocial support in affected communities and around health facilities. • Establish and reinforce community alert and referral mechanisms, while building the capacity of social workers and frontline actors on protection, MHPSS, and safe response protocols. • Lead and coordinate the MHPSS Working Group, ensuring harmonized, quality, and timely MHPSS interventions across partners. <p>Provide mental health, psychosocial, and material support to families and children affected by EVD, health workers to mitigate the effects of stress</p>	<p>US \$6,000,000</p>

<p>Strengthening support for communities affected by EVD</p>	<p>Strengthening support for communities affected by EVD: In collaboration with the humanitarian and development actors present in the region, this pillar aims at strengthening the resilience of the population, fostering community ownership and involvement by the community in the response</p>	<p>Material Assistance</p> <ul style="list-style-type: none"> • Provide context-specific non-food items (NFIs), material, and/or direct cash assistance to affected children and families, based on assessed needs and coordinated with partners. <p>Quick Impact Project</p> <ul style="list-style-type: none"> • Implement response activities that are adapted and prioritized based on recommendations arising from community dialogues and social science research. • Strengthen community structures and systems so they can play a more active role in implementing response activities. • Propose sustainable solutions to the social and humanitarian needs expressed by communities and based on identified vulnerabilities, in order to facilitate the implementation of response activities and help create an enabling environment for local ownership of the response. <p>Finally, in the longer term, lay the foundations for sustainable local development through the activities carried out.</p>	<p>US\$2,000,000</p>
 <p>Integrated Outbreak Analytics</p>	<p>Support the response with Integrated Outbreak Analytics (IOA) to better understand Ebola outbreak dynamics (drivers and barriers) and Utilisation of DHIS2 Traker by CHW for raising alert and contact tracing</p>	<ul style="list-style-type: none"> • Produce integrated epidemiological, operational, behavioral, and risk analyses to support evidence-based decision-making and outbreak response planning. • Support deployment and utilization of DHIS2 Tracker by Community Health Workers (CHWs) for real-time alert generation, contact tracing, case follow-up, and outbreak monitoring. • Analyze transmission dynamics, chains of transmission, and risk factors through case investigations, contact analysis, and community transmission. • Conduct Integrated Outbreak Analytics (IOA) activities to identify drivers, barriers, community perceptions, mobility patterns, and operational gaps affecting Ebola response interventions. • Organize co-development and data review sessions with Government authorities, COUSP/IMS, partners, and operational pillars to jointly interpret findings and adapt response strategies. • Monitor and evaluate the impact of implemented interventions through operational dashboards, analytical products, trend analysis, and regular feedback mechanisms to improve response effectiveness and accountability. • Strengthen data management, data quality assurance, information sharing, and interoperability between surveillance, RCCE, health, IPC, and operational response systems. 	<p>US\$ 500,000</p>
 <p>Gender, GBV risk mitigation and Prevention of Sexual Exploitation and Abuse</p>	<p>Prevent and mitigate gender-based violence (GBV) and sexual exploitation and abuse (SEA) risks affecting women, adolescent girls, and other vulnerable groups in EVD-affected areas; ensure safe, confidential, and survivor-centered access to quality response services, with</p>	<ul style="list-style-type: none"> • Carry out a gender assessment, addressing GBV and PSEA risks identification and analysis; identifying specific needs, vulnerabilities, and contributions of women and adolescent girls. • Establish and strengthen safe, confidential, and accessible community-based complaint mechanisms, ensuring female leadership and survivor-centered approaches. • Ensure systematic engagement and consultation with women and adolescent girls, and women and youth-led organizations to identify risks and related mitigation measures. • Support the strengthening of holistic GBV services and management in affected areas including referral mechanisms in locations with limited services. 	<p>US\$1,000,000</p>

	<p>meaningful leadership and participation of women and girls.</p>	<ul style="list-style-type: none"> • Undertake community mobilization and awareness-raising activities on sexual exploitation and abuse, including the development and dissemination of context-appropriate communication materials. • Deliver refresher training on PSEA and ensure the signing of the Code of Conduct by all UNICEF personnel (staff, consultants, volunteers), and partners involved in the response. 	
 <p>Coordination, Governance and Technical Support</p>	<p>Support IMST coordination at National, Provincial and Health zone level to strengthen Ebola response</p>	<ul style="list-style-type: none"> • Support the operational functioning of the Incident Management System (IMS/SGI), including coordination meetings, reporting, communication, operational planning, information management, and partner alignment at national, provincial, and health-zone levels. • Support deployment and operationalization of surge personnel, including national, provincial, and zonal Rapid Response Teams (RRTs/EIRs), technical experts, and emergency coordination staff. • Conduct regular field supervision, monitoring missions, rapid assessments, and supportive supervision across response pillars and affected health zones. • Procure, deploy, manage, and support mobility assets required for outbreak response operations, including vehicles, ambulances, motorcycles, boats, generators, and rental transport solutions where necessary. • Ensure maintenance, fuel supply, communications support, and operational readiness of transport and logistical equipment to guarantee uninterrupted response activities and rapid field deployment. • Ensure effective risk management of the response, efficient control systems, and agility of the response through the implementation of UNICEF L3 simplified emergency procedures. 	<p>US\$ 1,000,000</p>

Funding Requirements

UNICEF DRC needs **US\$ 40.5 millions** for a first immediate six-month critical response to the EVD epidemic in affected provinces considering the scenario of a likely increase in the number of EVD cases. This response plan is part of UNICEF DRC's 2026 Humanitarian Action for Children and funding requested for this specific response is included in it.

These funds will enable UNICEF to quickly scale up its response, promote integrated life-saving interventions and use a community-based approach to provide more timely, effective, and efficient support to affected communities and children.

UNICEF has already allocated US\$ 6.525 millions of its core resources to meet critical needs until additional funding is secured. More than ever, UNICEF needs flexible and timely funding to respond to the greatest need, as the epidemic evolves.

The funding requirement for education may evolve according to the response strategy. As schools remain open, the response for education rests on 3 key dimensions: i) integrated WASH and infection prevention and control (IPC) measures, ii)

Areas of intervention	Requirements (US\$)
Wash and Infection and Prevention Control measures	\$10,000,000
Risk Communication and Community Engagement	\$7,000,000
Community base surveillance/Case finding & contact Tracing in community	\$4,500,000
Holistic Case Management, Clinical Care for Pediatric Ebola Patients	\$2,500,000
Nutrition	\$2,000,000
Child Protection	\$6,000,000
Strengthening support for communities affected by EVD	\$2,000,000
Integrated Outbreak Analytics	\$500,000
Gender, GBV risk mitigation and Prevention of Sexual Exploitation and Abuse	\$1,000,000
Coordination, Governance and Technical Support	\$1,000,000
Operational support costs /Internal Coordination /Cross sectoral	\$4,000,000
Total	\$40,500,000

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