Vianney Dong, DRC Country Director, during DRC response meeting. Credit: WfWI.

WOMEN FOR WOMEN
INTERNATIONAL

Beyond the Ebola Outbreak:
Conflict, Trust and Women's Leadership in the Democratic Republic of Congo (DRC)

Program participants in the DRC. Credit: WfWI.

Context: Crisis Compounded

The Democratic Republic of Congo (DRC) faces a highly complex operating environment shaped by overlapping health, security, economic, and humanitarian crises, placing immense pressure on communities and response systems. On 17th May 2026, the World Health Organization (WHO) declared the outbreak of Ebola identified in the DRC as a "Public Health Emergency of International Concern." The absence of an effective vaccine for the Bundibugyo virus continues to hamper Ebola containment efforts. As of the end of July 2026, the outbreak had become one of the fastest-growing and largest Ebola outbreaks in Africa's history, with more than 3,605 confirmed cases and 1,587 deaths reported across Ituri, North Kivu, and South Kivu. In response to the escalating situation, national authorities and partners are strengthening coordination mechanisms, including developing a regional response plan and appointing a WHO regional coordinator to support ongoing efforts.

The health emergency is being further exacerbated by persistent insecurity in eastern DRC. Renewed clashes between March 23 Movement (M23) armed elements and the Armed Forces of the DRC (FARDC) continue to restrict access to affected communities, disrupt epidemiological surveillance, and hinder the delivery of lifesaving health services. Population displacement caused by the conflict increases the risk of virus transmission across new areas, complicates contact tracing, and undermines community engagement efforts. The combination of active conflict and a rapidly expanding disease outbreak has created a particularly challenging environment in which both crises reinforce one another, weakening prevention, detection, and response capacities.

Program participants in the DRC. Credit: WfWI.

Women for Women International: What we are hearing and how we are responding

A. What we are hearing

Women for Women International has worked with women affected by conflict across eastern DRC, including in South Kivu, since 2004. Through our community networks, consultations, and frontline engagement with women leaders, healthcare workers, faith leaders, and local authorities, we are hearing how the Ebola outbreak is unfolding within a context already marked by conflict, displacement, economic insecurity, gender inequality, and shrinking humanitarian assistance. These overlapping crises are increasing protection risks for women and girls, while placing additional pressure on already strained community support systems and local responders. As of the end of July 2026, more than 3,605 confirmed cases and 1,587 deaths had been reported across Ituri, North Kivu, and South Kivu with no signs of slowing, reinforcing the urgency of a response grounded in trust, protection, and women's leadership.

1. Inadequate support services, supplies, and infrastructure

Women continue to identify service gaps that will make Ebola prevention and response harder to sustain. In Women for Women International's 2024 global consultation on Women, Peace and Security (WPS), "From Asking to Action", 59% of Congolese women surveyed reported that they had neither received nor provided any relief and recovery assistance, and only 21% had received such support despite extensive need. These findings already pointed to alarming gaps in access to essential support services in 2024. Given the current Ebola context, there is a real risk that these challenges have become even more severe, further limiting the ability of women and communities to prevent, respond to, and recover from health crises.

Aid cuts and humanitarian access:
The abrupt cuts to overseas development assistance mean the 2026 humanitarian response will focus on fewer than half of those in need of life-saving assistance and protection. Providers have been forced to scale back or suspend operations amid ongoing fighting, targeted attacks, disrupted supply routes, bureaucratic and administrative impediments, and severe funding cuts. Services for survivors, including sexual and reproductive health (SRH) care, are similarly restricted, including due to a shortage of post-exposure prophylaxis (PEP) kits and other essential drugs.

Economy:
The economic situation remains equally challenging. Continued inflationary pressures, rising food and transportation costs, currency volatility, and reduced household purchasing power are increasing the vulnerability of already crisis-affected populations. The conflict has also had a severe impact on the financial sector in areas currently under de facto control of armed groups. All commercial banks have suspended operations, creating major challenges for individuals, businesses, and humanitarian organizations seeking access to cash and banking services. The resulting liquidity shortages have constrained economic transactions, disrupted supply chains, delayed salary payments, increased operational risks, and affected the delivery of humanitarian assistance. Limited access to formal financial services has further exacerbated the vulnerability of affected populations and complicated response efforts.

Food and water scarcity:
Food insecurity and water scarcity are urgent barriers to Ebola prevention. These pressures, together with inflation, rising food and transportation costs, currency volatility, reduced purchasing power, and liquidity shortages in areas under de facto armed group control, can increase movement in search of food, water, or income and make hygiene, safe isolation, early care-seeking, and infection prevention harder to sustain. In Women for Women International's 2023 consultation on climate change and environmental degradation, 100% of women surveyed in the DRC reported experiencing food insecurity in the past 10 years, and 99% of Congolese women surveyed had been affected by water scarcity in the past 10 years. The situation has only gotten worse since then due to increased conflict, economic pressure, and the Ebola outbreak.

Food insecurity and water scarcity are especially urgent barriers to Ebola prevention. In Women for Women International's environmental consultation, 100% of women surveyed in the DRC reported experiencing food insecurity in the past 10 years, with 52% reporting that this was "sometimes" the case and 46% reporting that it was "always" the case. Seventy percent of women surveyed said there were not enough efforts to address the lack of available food, and 46% reported being forced to relocate as food insecurity worsened.

Women specifically identified flooding and drought as climate shocks that damage farming, reduce harvests, and undermine their ability to feed themselves or earn income. In an Ebola outbreak, these pressures can increase movement in search of food, water, or livelihood opportunities, making safe isolation, contact tracing, quarantine support, and early referral more difficult.

Water access is equally central to prevention. The same consultation found that 99% of Congolese women surveyed had been affected by water scarcity in the past 10 years, with 53% affected sometimes and 42% affected all the time. Women linked water scarcity not only to drought and unpredictable weather, but also to conflict-related damage to water infrastructure that has yet to be rebuilt. In focus group discussions, women repeatedly highlighted the lack of clean drinking water as a long-standing challenge, with one woman stating, "(t)he women get their water from Lake Kivu. It's a long walk (4 hours) to get to the mill." Without reliable access to clean water, households cannot consistently practice handwashing, cleaning, safe caregiving, or infection-prevention measures, while women's responsibility for collecting water can increase time burdens and heighten exposure to protection risks.

Climate and environment:
Climate-related pressures, including the high temperatures recorded in Bukavu, are exacerbating already fragile living conditions and food and water scarcity. People who are homeless or living in inadequate housing are especially vulnerable. Overcrowding combined with extreme heat increases the risk of fires, leading to property loss, additional displacement, and deeper economic insecurity. These conditions also make it harder for affected households to access essential services such as health care, water, and shelter. These pressures matter for Ebola prevention because food insecurity, loss of livelihoods, and displacement can increase movement in search of food, water, or income, while overcrowded or inadequate housing and limited access to clean water make hygiene, safe isolation, early care-seeking, and infection prevention harder to sustain.

The risk is likely to grow as the rainy season begins next month: in parts of South Kivu, including Kabare, Walungu, Kalehe, Idjwi and Bukavu, the rainy season typically runs from September/October to May, bringing a higher likelihood of flooding, damaged roads and homes, disrupted access to health facilities, and further contamination of water sources. These climate-related disruptions could further complicate surveillance, referrals, community outreach, and safe delivery of Ebola response services unless preparedness and prevention efforts are scaled up now.

In Women for Women International's 2024 "From Asking to Action" WPS Consultations, women surveyed in the DRC identified food scarcity or insecurity (77%), loss of economic opportunities (65%), war, conflict and insecurity (55%), and health concerns (55%) as key obstacles to their improved quality of life, reinforcing that Ebola containment will depend not only on biomedical measures, but also on addressing the insecurity and deprivation that shape whether people can safely seek care and comply with prevention guidance.

Program participants in the DRC. Credit: WfWI.

2. Gendered impacts of Ebola

Our teams have shared that, as primary caretakers for their families and communities, women are most exposed to Ebola infection and indirect harms from the health emergency. Early data from the WHO suggested that women and girls accounted for over 53% of laboratory-confirmed Ebola cases in the current outbreak in the DRC and Uganda, with girls accounting for over 61% of confirmed cases among adolescents. Interestingly, mortality was reportedly higher among men, which may be indicative of delayed healthcare-seeking or other exposure and access factors. This preliminary data underscores the need for gender-responsive and sex-disaggregated analysis to improve outcomes for men and women alike.

Pregnancy and sexual and reproductive health (SRH):

Pregnant women with Ebola are at increased risk of adverse pregnancy outcomes, including fetal loss and pregnancy-associated hemorrhage, while the outbreak severely threatens SRH outcomes. This is consistent with what Congolese women told us before the outbreak: 55% of women surveyed in our 2024 "From Asking to Action" WPS Consultations shared that health-related issues were already a top challenge preventing near-term improvement in their quality of life.

Heightened protection risks:

Ongoing conflict and the latest Ebola outbreak have compounded the already acute risks of sexual and gender-based violence (SGBV) for women and girls, including widespread conflict-related sexual violence perpetrated by both state and non-state armed groups, with displaced women and girls particularly at risk. These risks are intensified by the collapse of protection services, exacerbated food insecurity, and reliance on high-risk coping mechanisms such as transactional sex.

- Protection risks within the home: Within the home, rates of exploitation and domestic abuse can rise during disease outbreaks when mobility is restricted, and economic pressures increase. Our 2024 “From Asking to Action” consultations similarly show that women were already facing violence within the home before the outbreak, with 74% of women surveyed identifying intimate partner violence as the form of violence most affecting women in their communities, followed by child marriage (54%) and harassment (44%). Intimate partner violence and child marriage are likely to worsen due to the increased economic pressure or isolation resulting from the current Ebola outbreak.
- Protection risks outside the home: Women for Women DRC reports that women and girls are usually responsible for obtaining supplies and water—critical for cleaning and preventing the spread of the virus—and often travel long distances alone to do so. With increased need for water and supplies to contain and prevent the virus, the increase in travel likewise increases their exposure to rape, harassment, and other forms of gender-based violence.

When asked about the most important actions or measures that should be taken to ensure protection and safety of women in your community, women identified a mixed approach that includes increasing public awareness and education on women’s rights (78% of women surveyed), creating economic empowerment opportunities for women (67%), encouraging community-based protection initiatives (50%), increasing women’s participation in decision-making processes (43%), and establishing more support institutions and services for women (39%). These activities should be integrated into Ebola response and prevention efforts to ensure a do-no-harm approach and to continue addressing the serious protection challenges facing Congolese women.

3. Trust and misinformation amid conflict

“Ebola breeds distrust. It breaks down the connections that make communities resilient. Within the context of conflict, a distrust of outsiders and authority grows into a distrust of health workers who hope to help, and doubts about whether the outbreak is even real. Outsiders receive blame for bringing the disease, and health responders are attacked. This blossoms into distrust of anyone who could be touched by the disease, eroding social and economic structures.

“We already meet regularly with women to teach them about health and hygiene, and so we are well-positioned to help our sisters invest in preparedness by sharing knowledge about the devastating effects of Ebola, how to prevent its spread, and how to contain it.”

Women for Women International, DRC, July 2026

Our teams report that misinformation and distrust of outsiders, authorities, and security forces can translate to distrust of health workers and remain significant obstacles to containment efforts. This aligns with broader reports that rumors about how Ebola spreads, doubts about the legitimacy of the outbreak, and mistrust of institutions and responders—especially in the wake of sexual exploitation and abuse perpetrated by Ebola responders during the 2018–2020 outbreak—can discourage families from seeking care and reporting symptoms.
At the same time, civic space continues to shrink across the DRC, while the government-imposed "state of siege" remains in effect in North Kivu and Ituri. Human rights defenders (HRDs), journalists, activists and members of civil society, including women and LGBTIQ people, face serious protection risks, particularly in areas controlled by M23 and the Congo River Alliance (AFC).

Our experiences from responding to previous Ebola outbreaks and COVID-19 demonstrate that trusted local messengers, including women leaders, faith leaders, and community health workers, are often the most effective actors in addressing misinformation and encouraging behavior change.

4. Local women's leadership and under-resourced response

Women's rights organizations (WROs), community health workers, and local civil society organizations are often the first responders during health emergencies. Their relationships, trust, and local knowledge are essential for identifying emerging risks, countering misinformation, and ensuring services reach those most vulnerable. Yet, consistent with broader humanitarian trends, local organizations, including WROs, continue to receive only a small proportion of already insufficient response funding, despite their central role in reaching affected communities.

Women for Women International observes this trend firsthand through our work in eastern DRC. In Bukavu and Uvira, we reach affected communities by working alongside traditional leaders, faith leaders, healthcare professionals, and local authorities to support awareness and prevention efforts. Through our networks of women participants and community partners, we are helping share trusted information, challenge misinformation, and promote behaviors that reduce transmission risks.

5. Security, access, and conflict-sensitive response

Repeated security incidents—some targeting Ebola response and others linked to broader armed group conflict—continue to challenge operations in affected areas. Reports describe attacks against health personnel and facilities, a June attack on a safe and dignified burial team in Katana, South Kivu Province, and armed group activity disrupting surveillance, referral, burial activities, and patient access to treatment facilities.

Role of security forces in response:
Ebola has also been detected in a part of South Kivu Province that is currently under the control of the M23 militia. Although M23 does not control the whole of South Kivu Province and Uvira remains under government control, the risk of encountering militant groups while traveling to one of the few functioning health centers has deterred some patients from seeking care and complicated humanitarian efforts to reach remote locations. In Women for Women International's 2024 "From Asking to Action" consultations, Congolese women identified conflict and violence as the primary reason for displacement in their communities (77%), followed by lack of economic opportunities (60%) and lack of basic services (33%). They also described war and conflict as producing separation from family members (76%), loss of property or livelihoods (70%), physical violence and abuse (60%), limited access to food or water (57%), and psychological trauma and stress (56%). These experiences directly affect Ebola prevention: displacement, disrupted livelihoods, and fear of violence make contact tracing, safe isolation, referrals, and sustained engagement with health services harder to maintain.

At the same time, women's reported use of security institutions was mixed—only 7% said women always seek help from them, while 40% said often, 26% sometimes, 16% rarely, and 11% never—suggesting that security actors may be necessary for limited protection and access functions in some areas, but should not be positioned as the face of the Ebola response. A heavily securitized response risks deepening fear or mistrust among communities already affected by armed violence. Instead, security arrangements should be carefully bounded, protection-focused, and subordinate to civilian, health-led, and community-trusted response efforts.

B. How we are responding

These insights from our team, program participants, and partners in the DRC underscore an important lesson from previous health emergencies: Ebola response cannot be treated solely as a public health intervention. Effective response requires investment in protection, community trust, women's leadership, and locally embedded systems that can adapt to the challenges of the local context and reach those most affected by ongoing conflict and displacement.

Our Holistic Approach:

1. Maintain core programming for women: We have been able to continue our core programs supporting women and adolescent girls in building their resiliency through social and economic empowerment skills-building, vocational training, and savings groups. To safeguard women participating in our programs, Women for Women International has implemented enhanced infection prevention messages and practices across our training centers, including health screening, hygiene protocols, and community awareness activities. These measures help protect participants while ensuring women can continue accessing critical support services during the outbreak by strengthening risk communication, reinforcing internal prevention

messages and practices across our training centers, including health screening, hygiene protocols, and community awareness activities. These measures help protect participants while ensuring women can continue accessing critical support services during the outbreak by strengthening risk communication, reinforcing internal prevention measures, improving community buy-in, adapting intervention strategies in hard-to-reach areas, and contributing to advocacy for increased resource mobilization.

2. Integrated Ebola Prevention and Response for Women & Families: We have expanded our core work to include Ebola response and prevention, including providing hygiene kits to 2,700 women in our programs with masks, gloves, soap, chlorine, spray bottles, and pedal-operated buckets.

3. Strengthen Frontline Response and Women Community Liaisons: We have sensitized frontline health personnel, community leaders, and women delegates around Ebola response and prevention strategies so that they may cascade information to others through their leadership positions or integrate the guidance into their existing community roles.

   In partnership with the Health Division, which leads and supports training for healthcare personnel, we held a two-day training session for health and community workers, covering risk communication and community engagement to ensure understanding of modes of transmission, signs and symptoms, referral procedures, early warning, and combating rumors. Infection prevention and control covered hygiene practices, proper handwashing, use of preventive devices, and management of suspected cases.

   We also held dedicated sessions that brought together 101 women participants from our core Stronger Women, Stronger Nations program to train them in similar content so that they could become representatives and relay Ebola prevention messages within their training groups, households, and communities.

4. Expand Community Protection: Supply personal protective equipment (PPE) and install community-wide hygiene stations in Uvira and Bukavu.

5. Strengthen Ebola Prevention in the Community through Dissemination of Accurate Information: Conduct community awareness campaigns via radio broadcasts, posters, theater groups, public meetings, and more. We also used our usual home visits with program participants to raise awareness about Ebola and measles prevention while reinforcing household-level support for gender-sensitive approaches. At the conclusion of our frontline response trainings for health and community personnel, the Mwami (traditional chief in eastern DRC) of the Bavira committed to conducting an awareness-raising tour in the health zones of Kabindula, Kalundu, Kigongo, Katala, and Kitundu.

Under the Mwami's leadership, a radio spot was also broadcast on several local stations to relay messages focused on signs and symptoms, modes of transmission, preventive measures, rapid reporting of suspected cases, and the role of the community. Media outlets, including a local radio station, Journal Africa, and Agence Congolaise de Presse, also covered our initiative.

6. Sensitization of women to Preventing Sexual Exploitation and Abuse (PSEA) – We sensitized over 300 women to PSEA, strengthening prevention and reporting mechanisms. Several of the referred gender-based violence (GBV) cases highlight an increased need for GBV survivor care services, particularly PEP kits, and community feedback reporting systems.

7. Coordination and Partnerships: At the national level, we actively participate in the Localization Thematic Group and other relevant coordination forums, including the INGO forum. At the subnational level, we participate in the provincial GBV/Protection Cluster Working Group. This engagement ensures we are abreast of and informing evolving priorities, strengthening collaboration with local partners, and aligning organizational strategies with localization commitments and best practices. Globally, we have leveraged our consultation evidence and experience with disease prevention efforts with international partners through this Learning Brief and in subsequent engagement with key accountability mechanisms, including briefing the UK International Development Committee.

Key Policy Recommendations

Women for Women International's experience in eastern DRC illustrates that Ebola response efforts are most effective when they combine public health interventions with protection, community engagement, and women's leadership. The outbreak is unfolding in a conflict-affected environment where trust, access, and local ownership are as important as medical capacity. Response efforts that overlook these dimensions risk missing the communities most vulnerable to both Ebola and violence, while failing to harness the expertise of women leaders who understand their contexts, communities, and the solutions needed to drive long-term stability and peace.

1. **Ensure the Ebola Response is Gender-Responsive, Conflict-Sensitive and Protection-Focused:**

   A. Disaggregated data: Expand collection, use, and dissemination of real-time versus cumulative sex-disaggregated data to support analysis and response to gender determinants of health outcomes related to Ebola exposure, confirmed cases, fatalities, and related impacts. Engage locally based, women-led partners in data collection, including supplementary qualitative and consultative data, and in designing policy responses based on data collected.

B. Holistic Response: Response efforts should integrate protection, gender-based violence prevention and response, psychosocial support, SRH services, and women's participation in decision-making.

C. Women's Participation: Recognize women not only as affected populations, but also as essential leaders and partners in the response (See Recommendation 2).

D. Conflict-sensitivity: In conflict-affected communities, consider and reduce the role of security forces in emergency public health or humanitarian response.

E. Gender-sensitive: Consider gender trends in labor markets, public health warning systems and communications, and mobility and protection risks when developing and implementing public health and security measures.

2. **Invest Directly in Local and Women-Led Responders:**

A. Urge donors to provide increased, sustainable, rapid, direct, and flexible funding to local women-led and women's rights organizations, and organizations providing SRH care and interventions against GBV.

B. Support the meaningful participation and leadership of local women-led and women's rights organizations in humanitarian coordination and response, including Ebola prevention and response. These actors are often the first responders and are essential for reaching communities that formal systems cannot easily access.

3. **Center Community Trust and Engagement in Response:**

A. Support sustained community engagement efforts that address misinformation, build trust, and encourage early care-seeking behaviors. This should include partnerships with women leaders, community health workers, and other trusted local actors who are best placed to communicate effectively with affected communities.

B. Protect civic space: Condemn threats and attacks against HRDs, journalists and civil society. Call for the protection and promotion of civic space and condemn the spread of mis- and disinformation.

4. **Sustain Essential Services and Community Resilience:** Previous outbreaks have shown that disruptions to essential services can deepen vulnerability, increase protection risks and undermine containment efforts.

A. Ensure Ebola funding complements, rather than replaces, investment in food security, water and sanitation, education, protection, and primary healthcare services.

B. Maintain access to existing health programs, especially SRH care.

C. Food assistance is critical to containment: it helps reduce movement of people in search of food, supports safe isolation, lowers the risk of harmful coping strategies and creates social conditions for health actors to operate safely and effectively.

D. Demand that all actors allow and facilitate full, safe, unhindered and immediate humanitarian access to all affected populations and restore basic services in line with UN Security Council Resolution 2773 (2025).

5. **Inclusive Peace Process:** Continue to pressure all parties to the conflict in the DRC to cease hostilities and implement an inclusive peace process aligned with the WPS Agenda.

A. Support Regional and Locally Led Solutions to Address Root Causes: The Ebola outbreak is unfolding within a broader context of conflict, displacement and insecurity. Governments, donors and multilateral institutions should support African-led and locally owned efforts – including civil society efforts - that strengthen peacebuilding, social cohesion and community resilience, while ensuring meaningful participation of civil society and women's organizations.

B. Cease hostilities and ensure protection of civilians: The UN Security Council and all mediators and facilitators of the peace agreement should demand all parties immediately cease hostilities and ensure protection of civilians and issue clear orders to refrain from violence against civilians, including SGBV, and to ensure accountability for such actions. Call on the DRC and Rwanda to cease support to their respective allied militias and proxies to immediately withdraw from the DRC without preconditions.

C. Women's participation in peace efforts: Call for the full, equal, meaningful and safe participation of diverse women in all efforts to build peace. Any peace process or ceasefire negotiation should center human rights and accountability for all abuses against civilians, including SGBV.

D. Peace, Security and Cooperation Framework: As implementation of the Peace, Security and Cooperation (PSC) Framework is reviewed, greater attention should be paid to how health shocks, insecurity and funding cuts are affecting communities' resilience and prospects for lasting peace.

E. United Nations Organization Stabilization Mission in the DRC (MONUSCO) and localized approaches: As the UN Security Council reviews the MONUSCO mandate ahead of its expiration and possible renewal on December 20, 2026, there is a critical opportunity to restructure civil-military coordination to better integrate the WPS framework, strengthen protection for health workers responding to Ebola amid ongoing armed conflict, and ensure that any mandate renewal, drawdown, or transition plan safeguards locally led protection and peacebuilding capacities.

F. Gender-sensitive approaches: Ensure MONUSCO and the UN Country Team retain and adequately resource Women Protection Advisers and Gender Advisers, and require gender considerations to be treated as a cross-cutting priority across protection of civilians, health response, peacebuilding, and transition planning. Support the Government of the DRC and relevant stakeholders in creating the legal, political, and socio-economic conditions for the full, equal, meaningful, and safe participation of women and survivors of SGBV in peace and security decision-making.

G. Justice and accountability: Center justice and accountability and the WPS agenda in any new peace frameworks and in the implementation of the PSC Framework, recent peace agreements, and the MONUSCO mandate and transition plan. Continue condemning attacks against civilians, health workers, humanitarian personnel, and critical infrastructure, including SGBV and conflict-related sexual violence. Urge the DRC, countries in the region, and concerned UN Member States to bring perpetrators to justice, including those within the security sector; support survivor-centered accountability pathways; and ensure continued cooperation with the International Criminal Court, OHCHR fact-finding mechanisms, MONUSCO, and other international monitors and investigators.

H. Women, Peace and Security (WPS) and women's participation: Require MONUSCO, the UN Country Team, and international partners to support the full, equal, meaningful, and safe participation of women in peace and security processes, including peace negotiations, implementation of peace agreements and frameworks, intercommunal dialogue, electoral processes, Ebola response planning, and protection decision-making. WPS should remain in the MONUSCO mandate (Res 2808), and the Mission should continue its initiatives to support women mediators and women's leadership and participation in peace dialogues. Any MONUSCO drawdown or withdrawal plan should specify how WPS commitments will be carried forward, resourced, and monitored after MONUSCO's departure and how civil society will be meaningfully included in new or existing WPS implementation structures.

I.Civil society and community protection: Enhance sustained engagement with civilians and build on the capacities of local communities, including women's groups and networks, to support a protective environment, strengthen unarmed protection of civilians, reinforce early warning mechanisms, and ensure local women-led actors are central to Ebola prevention, community trust-building, and peacebuilding efforts.