

Emergency Plan of Action Final Report

Burundi: Ebola Virus Disease Preparedness

DREF operation	Operation n° MDRBI015
Date of Issue: 16 October 2019	Glide number: --
Date of disaster: --	
Operation start date: 02 October 2018	Operation end date: 14 March 2019
Host National Society: Burundi Red Cross	Operation budget: CHF 138,160
Number of people affected: 834,588 people at risk in 5 provinces	Number of people assisted: 420,000
N° of National Societies involved in the operation: Six (6) including Belgian Red Cross (Flemish and French branches); Finnish Red Cross, Luxemburg Red Cross, Netherlands Red Cross, Norwegian Red Cross and Spanish Red Cross Societies.	
N° of other partner organizations involved in the operation: Eleven (11) including IFRC, ICRC, WHO, Ministry of Health, WFP, IOM, Caritas, UNICEF, UNFPA, Ministry of State Security and Immigration Department, MSF Belgium	

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, and Fortive Corporation and other corporate and private donors. The Netherlands Red Cross (NLRC), ECHO, the Belgian Government and Canadian Government contributed in replenishing the DREF for this operation. On behalf of Burundi Red Cross (BRCS), the IFRC would like to extend gratitude to all for their generous contributions.

A. SITUATION ANALYSIS

Description of the disaster

On 1 August 2018, just one week after the declaration of the end of the Ebola outbreak in Equator province, the 10th Ebola epidemic of the DRC was declared in the provinces of North Kivu and Ituri, which are among the most populated provinces in the DRC that also share borders with Uganda and Rwanda. The provinces had been experiencing intense insecurity and a worsening humanitarian crisis with over one million internally displaced people (IDPs) and a continuous influx of refugees to neighbouring countries, including Uganda Burundi and Tanzania. Population mobility, including cross-border movements, were identified as a significant risk for disease transmission in this outbreak due to the high number of traders and miners, displaced populations and insecurity caused by rebels and militias in the area (Source IOM, 15 August 2018). Potential risk factors that were identified for a further EVD expansion



EVD mobile session in Cibitoke © BRCS

existed not only at national level, but also at regional level, among which:

- Transport links between the affected areas, the rest of the country, and neighbouring countries;
- Internal displacement of populations;
- Low level of knowledge around Ebola modes of transmission, especially among women (according to a KAP survey done in North-Kivu)
- Displacement of Congolese refugees to neighbouring countries, including Uganda.

Since the EVD outbreak in DRC continued to spread, WHO deployed Preparation Support Team (PST) missions to neighbouring countries of DRC to review EVD readiness and support preparedness strategies with government and other stakeholders including RC/RC National Societies. According to their risk profiles, the WHO categorized four countries i.e. Rwanda, Uganda, South Sudan, and Burundi as Priority-1 and remaining five countries – Angola, Congo, Central African Republic, Tanzania, and Zambia are Priority-2. The prioritization was done based on their capacity to manage EVD and viral haemorrhagic fever (VHF) outbreaks, and their connections and proximity to the areas currently reporting EVD cases.

The RC/RC National Societies of countries surrounding the affected area in DRC have been supporting government efforts in updating EVD contingency plans and strategies in the early detection/surveillance of cross border population movement, training of volunteers to undertake typical EVD response activities related to infection, prevention and control (IPC), risk communication, social mobilization and community engagement, Safe and Dignified Burials (SDB), Psychosocial support and National Society capacity building and preparing for future outbreaks.

The Government of Burundi does not have an EVD prevention policy but has established a National Ebola Taskforce which developed an EVD Contingency Plan. Through this taskforce Burundi Red Cross was requested to implement and lead the SDB pillar of the contingency plan as well as supporting dissemination of EVD messages through radio spots and mobile cinemas. The highest risk of a possible EVD outbreak was and still remains through entry points (by road) in the north western provinces of the country, or possibly by maritime transportation on Lake Tanganyika.

In response, the IFRC launched a [DREF Operation](#) on 02 October 2018 for an initial period of three months to enable BRCS to support the government's preparedness plans. The operation was revised and published on 19 December 2018 through [Operation Update 1](#), which allowed for a two-month timeframe extension of the operation to enable the NS to complete implementation of outstanding activities. The operation had been affected by the delays in procurement and delivery of Safe and Dignified Burials (SDB) Kits which only arrived in Burundi on 29 November (two months after the start of the operation). These delays affected the ability of the National Society (NS) to conduct SDB trainings. [Operation Update 2](#) was issued on 25 February 2019 to extend the operation for a supplementary two weeks, until 14 March 2019 and allowed for continuation and transition of activities, with the launch of the [EVD One International Appeal](#) for DRC.

The overall regional risk posed by the outbreak in the Democratic Republic of the Congo remains very high considering the chances of cross border spread. The EVD Appeal countries continue to implement precautionary and preparedness measures to mitigate against the spread of the disease. Figures as of 25 June 2019 indicate a total 2,277 cases of which 2,183 confirmed cases and 94 probable cases. In addition, some 1,531 deaths have been reported with 1,437 of them being confirmed of Ebola and 94 probably linked to the disease.

As at now, this DREF operation is ended. However, Red Cross preparedness actions for Burundi are carrying on under the [EVD One International Appeal for DRC](#). This Appeal outlines the response and containment strategy and focuses on response activities in the DRC as well as preparedness plans in the four priority countries (Burundi, Rwanda, Uganda and South Sudan). To note, the World Health organization (WHO) declared the EVD outbreak in DRC a [public health emergency of international concern \(PHIEC\)](#) on 17 July 2019.

Summary of response

Overview of Host National Society

BRCS is an active member of the National Platform in charge of the coordination of humanitarian actors, which is managed under the Ministry of Security and Disaster Management. The National Platform is divided in nine (9) sectors, of which the BRCS is lead for two - relief and rescue and dead body management. This platform requested the Red Cross to lead in Safe and Dignified Burials (SDB). In addition to SDB activities, the NS contributed to the response by dispatching 35 tents from its pre-positioned stocks which are still being used by the surveillance teams in 17 entry points. The Burundi Red Cross also installed four bladders and 34 hand washing facilities at entry points: Ruhwa (in Cibitoke Province), Gatumba (Bujumbura Rural Province), Rumonge and Kabonga in Nyanza-Lac Commune – Province MAKAMBA.

To note, this preparedness operation was aligned with the Regional EVD Strategic Plan and hence focused on the below four key pillars:

1. Risk communication and community engagement
2. Infection, prevention and control (IPC), specifically SDB
3. Psychosocial support (PSS)
4. National Society capacity strengthening

The Regional Strategic Plan complemented EVD preparedness measures in terms of standard IEC materials, prepositioning of personal protective equipment (PPE) and their proper use. In addition, the regional strategy promoted standard training curriculum and materials used in country context. As such, the NS engaged and trained 20 staff and 56 volunteers in SDB, while some 20 people participated at the training of trainers (ToT). The BRCS also established 16 trained SDB teams in the priority Provinces of Cibitoke, Bujumbura, Rumonge and Makamba. These teams include 20 trainers. The implementation was supported by Branch Coordinators, Regional DM Coordinator and Communal Secretaries. Four of the branch staff in Gatumba are trained as National Disaster Response Team members and two others are Regional Disaster Response Team members.

As part of regional support provided by the NS to the containment strategy, BRCS deployed three staff members (PMER, Information Management and CEA) to the DRC to support the [DRC Red Cross response operation to the 9th EVD outbreak in the Equateur Region](#) from June to August 2018. The capacity gained while deployed in DRC enhanced the quality of implementation for this DREF operation, especially as the scope of the operation mainly focused on community engagement and social mobilization to prevent the spread of the deadly virus.

Overview of Red Cross Red Crescent Movement in country

The IFRC Eastern Africa Country Cluster provided technical support to BRCS in the design of the operation and subsequent updates to the strategy. The CCST continued to monitor the situation in the DRC and provided regular updates to Burundi Red Cross. Two surge supports were deployed, one for health and one for SDB – they supported the NS with trainings on health and SDB as well as participated in simulation exercises. The Africa Regional Office also supported through the EVD team who provided technical health advise.

In-country Movement partners of the BRCS include the ICRC and Partner National Societies (PNS) which are the Belgium-Flanders and Francophone, Finnish, Luxemburg, Netherlands, Norwegian and Spanish Red Cross Societies. However, for this operation, only Movement partners involved was IFRC.

Overview of non-RCRC actors in country

WHO is the co-lead in terms of coordination and provided technical support in the EVD contingency planning and assessed the country's preparedness level to face a potential outbreak. WFP is leading on all logistics in terms of prepositioning and provision of ambulances, while UNICEF is involved in communications and trained the NS teams in charge of the hotline. UNICEF also contributed in the construction of latrines at entry points. IOM is coordinating and monitoring all movements at international entry points. UNHCR is supporting vaccinations and Wash facilities in the Cibitoke camps.

The Ministry of Health is still the lead coordinator of the Ebola Response Plan and has provided the national Ebola Treatment Centre and other treatment centres in health districts, medical staff: Doctors, nurses, laboratory technicians, ambulances, etc. The Ministry of Health nominated a National Task Force and Burundi Red Cross is represented in four (4) technical commissions: Operations (ETC and a Laboratory), Logistic, Prevention and Infections Control and CEA. The authorities put in place basic information and prevention measures at the Bujumbura international airport

Needs analysis and scenario planning

North Kivu is one of the most densely populated provinces of the DRC and has a history of active military conflict. Conflict and insecurity have significantly complicated the response in DRC and made tracking and tracing the outbreak difficult. Prediction of where the outbreak will move and tracing of contacts is extremely difficult, making preparedness activities more crucial to the containment of the epidemic. The current EVD outbreak is in North Kivu/ DRC, at about 452 kilometres from the Burundi/DRC borders. The proximity of DRC to Burundi created growing fears among the authorities and the National Society and within the general public, particularly in the capital Bujumbura.

The EVD is a serious, often fatal disease in humans, with average Case Fatality Rate (CFR) being around 50%. There are no proven treatments yet, but experimental vaccines and therapeutics have been developed and successfully tested in previous and current DRC outbreaks.

Initially, awareness on appropriate Ebola prevention measures was low among communities, volunteers and health workers as Ebola is not a disease that has affected Burundi in the past. Continued community sensitization through community meetings and mobile cinema helped to spread awareness on the disease and enable communities to identify signs and symptoms in order to take precautionary measures against the infection.

The Burundi government through the Ministry of Health requested BRCS to lead the SDB activities which are a priority in the National Contingency Plan for EVD, approved in September 2018. Although not highlighted in the National Plan, PSS activities were essential to prepare BRCS staff and volunteers to face EVD deaths and provide necessary support to potential affected families of the respond as part of the SDB teams. BRCS therefore implemented PSS activities for its volunteers.

In addition, the NS still needs technical support according to the two scenarios of the National Ebola Contingency Plan. The simulation exercise on SDB is yet to be conducted and the NS needs to have its own plan which encompass CEA, PMER and other technical departments to come up with sustainable ways of handling the situation on the ground. With the wider containment Appeal, these are the priorities that will be narrowed down.

Risk Analysis

The law on plastic bags in Burundi affected the entrance of the material destined for the preparation and response to the EVD. Sixty body bags were held at Burundian customs offices until May 2019 but have now been released to NS. The solution was to refer the matter to the EBOLA taskforce and to the Ministry of Public Health in charge of monitoring, after which the body bags were released almost immediately, and the NS only paid the storage fee. As a lesson, it is always important to involve the ministries in all the procurements for faster results.

The late arrival of the PPE material for the trainings caused the delay on the SDB trainings which pushed the NS to request for the various extensions which were granted through publishing of the operation updates.

B. OPERATIONAL STRATEGY

Overall objective

To strengthen the existing BRCS EVD response structures and mechanisms, allowing timely and effective implementation of risk mitigation, detection and response measures in the event of suspected EVD cases in the five (5) provinces (Cibitoke, Bujumbura Rural, Bujumbura Mairie, Rumonge and Makamba) in Burundi.

Proposed strategy

The Preparedness DREF operation successfully implemented the following activities, as planned in its strategy and to complement other actors:

- Some 12 sessions were held to help understand community perceptions and beliefs in relation to Ebola;
- 420,000 people were reached with community based epidemic prevention and control activities;
- Eighty-four (84) community volunteers were trained on how to engage with communities (CEA) around Ebola, received training/refreshers on SOPs on the use of PPE (nose cones and gloves), and training on WASH (at PoEs: bladders and handwashing facilities) and Safe and Dignified Burials (SDB);
- Contributed to designing key messages and approaches on EVD together with MoH, which addressed what people think about the disease;
- Engaged and worked with community and opinion leaders, including religious leaders, traditional healers, women and youth groups, etc, to promote social mobilization;
- Innovative approaches to social mobilization such as radio spots and mobile cinemas were adopted with 54 radio spots broadcast and 16 mobile cinema sessions conducted;
- 20 volunteers and 84 community educators received training on psychosocial support;

- Two (02) simulation exercises on PSS related to EVD were conducted, however, simulation of SDB activities is yet to be conducted due to the government ban on plastic items which has led to the body bags being held at the airport. This activity, however, is planned as part of the wider containment Appeal.
- Training on feedback mechanism analysis and responding to rumours took place but establishing of the feedback mechanism is one of the activity planned in the wider Appeal.
- Staff and volunteers have been trained on mobile data collection using Kobo collect.
- IEC materials were not produced because there was no approval from the Ministry of Health on the content of the messages. This however is being followed and once approved the IEC materials will be produced and distributed under the wider containment Appeal.

C. DETAILED OPERATIONAL PLAN

 HEALTH People reached: 420,000 Male: 252,000 Female: 168,000		
Health Outcome 1: The immediate risks to the health of affected populations are reduced		
Indicators	Target	Actual
# of people reached with community-based epidemic prevention and control activities	166,588	420,000
Health Output 1.2: Epidemic prevention and control measures are carried out		
Indicators	Target	Actual
# of volunteers trained in SDB and contact tracing	56 volunteers	76 people (56 volunteers and 20 BRCS staff)
# of volunteers trained on risk communication, social mobilization and community engagement	84	84
# of flyers distributed	3,000	0
# of district branches supported in the planning and implementation of EVD prevention activities	11	4
# of contact tracing and community surveillance teams set up	11	0
Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population		
# of volunteers trained on CEA	84	84
% of 7 targeted communes have a team of 12 volunteers trained on CEA	100%	100%
% of targeted population are reached by CEA activities especially door to door visits	80%	40%
% of targeted provinces conduct 8 sessions of mobile cinema per month	100%	80%
# of radio shows done	6	54
Health Output 1.5: Psychosocial support provided to the target population		
# of volunteers and staff trainers trained in psychosocial support	104	104

Narrative description of achievements

- The plan initially planned to reach 166,588 people with community based epidemic prevention and control activities. The trained group of volunteers managed to reach 420,000 people with the minimal resources and in some cases with the support from other ongoing activities especially in CEA. Indeed, the volunteers and community members who were trained went an extra mile to mobilize the community thereby exceeding the target.
- The Safe and Dignified Burial Training of Trainers started on 4 December 2018 in Bubanza, with 20 BRCS staff participating (17 males and 3 females) from the provinces of Cibitoke, Bujumbura rural, Makamba, Bubanza and the headquarters. The training was supported by a Health profile deployed as IFRC surge support to Burundi RC. Following the ToT training on SDB and burial protocols BRCS staff cascaded the training to the priority four (4) branches reaching 56 volunteers from Cibitoke, Bujumbura rural, Rumonge and Makamba. BRCS maintained oversight on the trained SDB volunteers to ensure they were available and ready to deploy. Four (4) SDB teams were trained but not fully equipped in Rugombo, Buganda, Mutimbuzi, Rumonge and Nyanza-Lac.
- Eighty-four (84) volunteers were trained in CEA, the focus of the training was on the Ebola Virus Disease, importance of social mobilization and community involvement in the response to EVD. 21 people (7 communal leaders, 7 BRC communal leaders, 7 communal community health leaders) were trained in rumour tracking and feedback mechanisms. BRCS is currently working on establishing a rumour and feedback tracking mechanism. The target for CEA activities was not met due to minimal resources, which did not allow completion of this activity. However, plans are underway to include them in the wider Appeal.
- Four BRCS staff were trained by UNICEF to manage the hotline number and handle calls related to EVD. The hotline handlers are well trained on the protocols of handling calls and updating the Coordinator of the Ebola Taskforce on all calls received.
- The flyers were not distributed as planned since the NS was waiting for approvals from the Ministry of Health on the key messages to be included, once this approval is done the distribution will be done under the containment Appeal.
- As member of the Ebola National Taskforce, Burundi Red Cross is attending all weekly meeting organised each Wednesday. BRC organises meetings just to keep all partners informed about activities.
- Eighty (80) T-shirts and other visibility materials were procured and used by staff and volunteers in the response.
- Sixteen (16) mobile cinema sessions were conducted in January 2019. The mobile cinemas messaging was in Kirundi the local language.
- BRCS partnered with three radio stations (the National station and two communitarian radio stations) for dissemination of EVD related information. Each of the stations broadcasted 18 spots, leading to a total of 54 spots broadcast. Funds from other partners were used; this justifies the overachievement.
- A ToT for staff in psychosocial support (PSS) was done reaching 20 NS staff. The training was further provided to 70 BRCS community-based volunteers (48 women and 22 men).
- BRCS has developed a PSS implementation plan which was completed by February 2019. The implementation plan also included multiplication of PSS communication tools and a refresher training

Challenges

- The distribution of flyers and posters with Ebola messages to the targeted communities, is still outstanding as BRCS is waiting for the validation of the drafts by the MoH. There are plans to distribute the flyers once the validation is done under the wider containment Appeal.
- The PPPE procurement delayed hence affecting the trainings which necessitated the extension of the DREF.
- Difficulties in clearing body bags through customs after the decision of the Government to ban plastic bags in Burundi. The body bags spent more than 6 months in SOBUGE's stocks at the airport. This resulted in increased customs clearance costs.
- The lack of resources did not make it possible to cover all training requirements on PSS.
- The training concentrated on the yellow phase hence there is no team prepositioned in case the emergency turns into red and there are active cases.

Lessons Learned

The surge deployment for the SDB was well thought through; the training was sufficient and there is retention of knowledge.

Before a major international procurement is conducted, laws of the country should be acquainted with both existing and impending. If the NS had known about the law on banning plastic bag it wouldn't have imported the SDB bags which took along tie to clear.

Strengthen National Society

S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and p

Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened

Indicators:	Target	Actual
# reviews done on NS epidemic contingency/preparedness	1	3

Narrative description of achievements

The first contingency plan was drafted in Equiater when the first Ebola case was confirmed. This was updated in September when Ebola was declared in North Kivu and Ituri and the last version was updated in July when Ebola was confirmed in South Kivu Bukavu town.

Challenges

Only the experts from the WHO were involved, no representative from the NS.

Lessons Learned

N/A

International Disaster Response

Outcome S2.1: Effective and coordinated international disaster response is ensured

Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained

Indicators:	Target	Actual
# of trainings supported by IFRC	2	3

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

# of monitoring field monitoring trips conducted	1	1
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Narrative description of achievements

Through the DREF several trainings were conducted which included SDB trainings, PSS trainings and Contact tracing. Volunteers and staff benefited from these trainings and has aided in terms of NS capacity building.

The CEA focal person conducted field monitoring visit to ascertain progress on how the mobile sessions were progressing.

Challenges

Some of the trainings such as PSS were not conducted conclusively due to inadequate funds.

Lessons Learned

Trainings should be budgeted for adequately to cater for all components.

D. THE BUDGET

The overall budget for this operation was CHF 138,160 of which, CHF 87,850 (63.58%) were spent. A balance of CHF 50,310 will be returned to the DREF pot.

Explanation of variances

- **Medical and First Aid:** An under expenditure of CHF 47,459 (88%) was due to overbudgeting cost of the PPE and SDB kits.

- **Teaching materials:** The budget line was underspent because the expenses under teaching materials were overbudgeted and booked in different lines.
- **Distribution and Monitoring:** Overspent by CHF 2,048 (51%) due to underbudgeting.
- **Transport and Vehicle Costs:** Under expenditure of 4,950 which was booked under logistics services line which indicates expense on an unbudgeted line.
- **International Staff:** Spent by CHF 584 although not planned in budget.
- **National Society Staff-** Under expenditure of CHF 18,492 as NS staff per diems were omitted when budgeting.
- **Workshops & Training-** Under expenditure of CHF 32,906 is a coding issue due to actual costs incurred during the trainings such as volunteer allowances, transport reimbursements as well as fuel costs
- **Travel-** Over expenditure of CHF 11,906 because of omission in budgeting and information and public relations expenses were booked under this line thus creating an unspent of 9,160 in the latter's line.
- **Communications-** under expenditure of CHF 198 as this was overbudgeted.
- **Financial Charges-** Under expenditure of CHF 517 due to overbudgeting.

Contact information

Reference documents



Click here for:

- [Operation Update 2](#)
- [Operation Update 1](#)
- [Emergency Plan of Action \(EPoA\)](#)

For further information, specifically related to this operation please contact:

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For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

- **IFRC Africa Regional Office:** Illah Ouma, acting PMER Coordinator; email: illah.ouma@ifrc.org, phone: +254 780 771 139

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/10-2019/08	Operation	MDRBI015
Budget Timeframe	2018/10-2019/3	Budget	APPROVED

Prepared on 16/Oct/2019

All figures are in Swiss Francs (CHF)

MDRBI015 - Burundi - Ebola Virus Preparedness

Operating Timeframe: 02 Oct 2018 to 14 Mar 2019

I. Summary

Opening Balance	0
Funds & Other Income	138,160
DREF Allocations	138,160
Expenditure	-87,850
Closing Balance	50,310

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	1,065		1,065
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	114,206	74,686	39,520
AOF5 - Water, sanitation and hygiene			0
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	115,271	74,686	40,585
SFI1 - Strengthen National Societies	524		524
SFI2 - Effective international disaster management	22,365	11,387	10,978
SFI3 - Influence others as leading strategic partners		1,777	-1,777
SFI4 - Ensure a strong IFRC			0
Strategy for implementation Total	22,889	13,164	9,725
Grand Total	138,160	87,850	50,310

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/10-2019/08	Operation	MDRBI015
Budget Timeframe	2018/10-2019/3	Budget	APPROVED

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III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	59,050	7,761	51,289
Water, Sanitation & Hygiene	1,800	1,370	430
Medical & First Aid	53,850	6,391	47,459
Teaching Materials	3,400		3,400
Logistics, Transport & Storage	8,950	11,048	-2,098
Distribution & Monitoring	4,000	6,048	-2,048
Transport & Vehicles Costs	4,950		4,950
Logistics Services		5,000	-5,000
Personnel	18,492	584	17,908
International Staff		584	-584
National Society Staff	18,492		18,492
Workshops & Training	32,906		32,906
Workshops & Training	32,906		32,906
General Expenditure	10,330	12,360	-2,030
Travel		11,906	-11,906
Information & Public Relations	9,160		9,160
Communications	270	72	198
Financial Charges	900	383	517
Contributions & Transfers		50,735	-50,735
Cash Transfers National Societies		50,735	-50,735
Indirect Costs	8,432	5,362	3,071
Programme & Services Support Recover	8,432	5,362	3,071
Grand Total	138,160	87,850	50,310