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Emergency Plan of Action (EPoA)

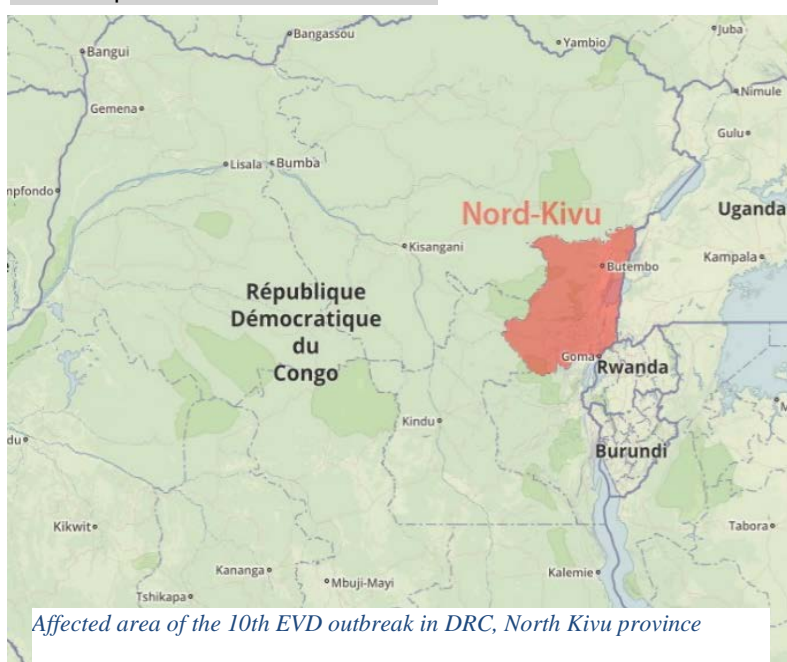
Rwanda: Ebola Preparedness

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRRW017	Glide n° XX
For DREF; Date of issue: 12 September 2018 Operation start date: 11 September 2018	Expected timeframe: 3 months, Expected end date: 11 December 2018.
Category allocated to the of the disaster or crisis: Yellow	
DREF allocated: CHF 93,625	
IFRC Project Manager: Patricia Kibui, Emergency Operations Officer, overall responsible for planning, implementation, monitoring and compliances	National Society Focal Point: Dr Alain Zimulinda, Head of Health Department, Rwanda Red Cross Society (RRCS)
Total number of people at risk: 4,948,731 (total population of 11 target districts)	Number of people to be assisted: 1,250,000 people (approximately 250,000 households)
Host National Society presence (n° of volunteers, staff, branches): RRCS has mobilized 605 volunteers, 13 staff members from 13 branches (10 branches bordering DRC and Uganda, and 3 branches of Kigali).	
Red Cross Red Crescent Movement partners actively involved in the operation: Belgian -FI, - Belgian -Fr, Danish, Austrian, and Spanish Red Cross, ICRC, and IFRC	
Other partner organizations actively involved in the operation: Ministry of Health (MoH), Rwanda Bio-Medical Centre, World Health Organization (WHO), Centre for Disease Control and Prevention (CDC), United Nations Children's Fund (UNICEF), Food and Agricultural Organization (FAO), National Reference Laboratory (NRL)	

A. Situation analysis

Description of the disaster



Following the declaration of the 9th Ebola Disease Outbreak (EVD) on 8th May 2018 by the Democratic Republic of Congo (DRC) Ministry of Health, the WHO has raised the alert for neighbouring countries of the Democratic Republic of the Congo (DRC) which share extensive borders, hosting DRC refugees and are used as corridors for DRC population movement. 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 have been experiencing intense insecurity and a worsening humanitarian crisis, with over one million internally displaced people (IDPs) and a continuous efflux of refugees to neighbouring countries, including Uganda, Burundi and Tanzania. Population mobility, including cross-border movements, were identified as a significant

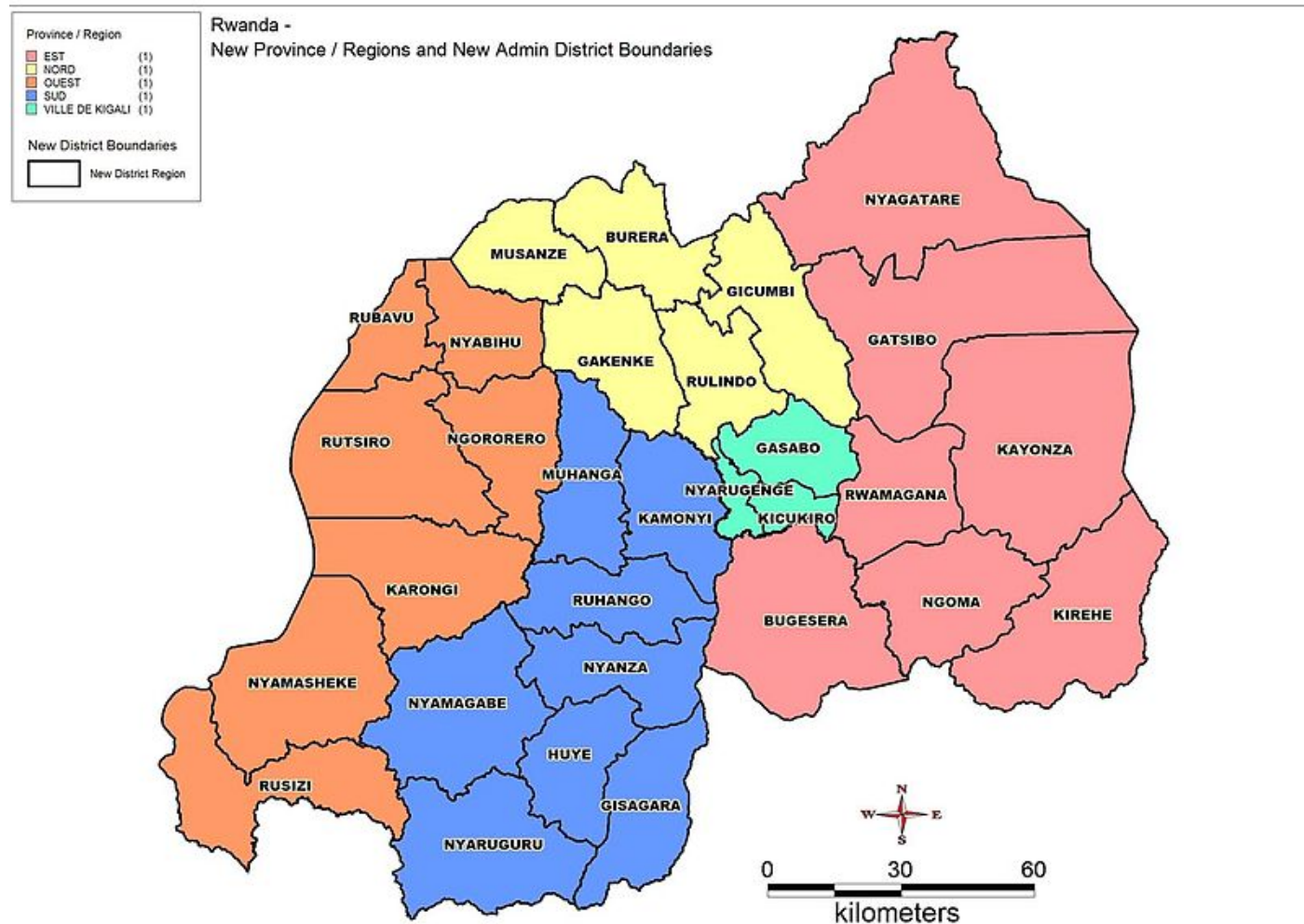
risk for disease transmission in this outbreak due to the high number of traders and miners, displaced populations and insecurity caused by rebels and militias in the area (Source IOM, 15 August 2018). Additionally, the security situation in North Kivu may hinder the implementation of response activities. Based on this context, the public health risk is considered high at the national and regional levels.

Since EVD outbreak in DRC continues to spread, WHO has been sending 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 has categorized four countries i.e. Rwanda, Uganda, South Sudan, and Burundi as Priority-1 and remaining five other 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 have been supporting the government's 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.

North Kivu (Beni), the affected area in DRC, is just 370 kms from Rubavu in Rwanda, which borders DRC through the town of Goma. Population movement is remarkable in that border specific area with approximately 45,000 to 60,000 people reported to cross daily for trading and private business. Rwanda is a highly populated country with a population of around 12 million and this population density is at threat to a possible Ebola outbreak from across the border in DRC. Indeed, as per WHO risk profile, four countries have been categorized as Priority 1 – this includes Rwanda, Uganda, South Sudan, and Burundi.

Figure 1: Administrative map of Rwanda



Eleven districts are considered most at risk of the outbreak. These are Rusizi, Nyamasheke, Karongi, Rutsiro, Rubavu (bordering DRC), Nyabihu, Musanze, Burera, Gicumbi and Nyagatare (bordering Uganda) and Kigali city (comprised of 3 localities). Kigali is also at risk because of the Kigali international airport and high population density of the city.

Table 1: The target districts population size

District Name	Population	Border With
Rusizi	400,858	DRC
Nyamasheke	381,804	DRC
Karongi	331,808	DRC
Rutsiro	324,654	DRC
Rubavu	403,662	DRC
Nyabihu	294,740	DRC
Musanze	349,218	Uganda-DRC
Burera	336,582	Uganda
Gicumbi	572,000	Uganda
Nyagatare	466,944	Uganda
Kigali-Kicukiro	318,564	
Kigali-Gasabo	530,907	
Kigali-Nyarugenge	236,990	
TOTAL	4,948,731	

As such, the emergency preparedness operation focuses on community-based surveillance and contact tracing, safe and dignified burials (SDB), risk communication, social mobilization and community engagement, disinfection of households and psychosocial support. The planned response reflects the current situation and information available at this time and will be revised based on further developments and more detailed assessments.

Considering Rwanda Red Cross's experience and skill in EVD preparedness, the government has identified a key partner risk communication, social mobilization and community engagement and PSS. Therefore, the proposed DREF operation seeks CHF 93,625 to support 1,250,000 people in preventing an EVD outbreak for 3 months.

Summary of the current response

Overview of Host National Society

- Rwanda Red Cross Society (RRCS) is part of the National Rapid Response Team (NRRT). The NRRT is the national level coordination team and is composed of the Ministry of Health (MoH)/Rwanda Bio-Medical Centre, the Centre for Disease Control (CDC), WHO, RRCS, UNICEF, National Reference Laboratory (NRL), FAO, Epidemiologists and other partners. Weekly meetings are being held to update and coordinate the response strategies.
- RRCS was tasked with community surveillance/contact tracing, risk communication, social mobilization and community engagement, Safe and Dignified Burials (SDB) as well as Psychosocial Support (PSS).
- Fifty volunteers from each of the 10 districts branches and Kigali city have been identified to be trained on contact tracing and SDB. The 550 volunteers (ToTs) that are identified to be trained will ensure the continuation of the response activities.
- Fifty-five volunteers (5 per district) have also been identified for psychosocial support. These volunteers will be working in teams with those trained in SDB and contact tracing in the event of an outbreak. Each district team is comprised of 10 SDB/Contact tracing volunteers and 5 PSS volunteers.
- Ebola prevention messages from Rwanda MoH have been shared with all local branches to inform the volunteers and community. RRCS have started mobile cinema sessions in districts with existing projects supported by in-country partners (Rusizi, Rubavu, Musanze) to strengthen community sensitization. The RRCS has committed staff and volunteers in 7 out of 11 targeted districts where they have existing projects. The staff are supporting community sensitization sessions through mobile cinema.
- Fifty RC volunteers were trained on EVD preparedness and response actions back in 2015, and these resources are being mobilized to assist the current EVD preparedness activities. They will be working hand in hand with the selected 605 volunteers (550 for contact tracing and SDB, with 55 volunteers for PSS) and the 13 RRCS field staffs (1 NDRT in each of the 10 border districts and 3 in Kigali district).

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) is assisting through the Eastern Africa country cluster office as well as through the Africa Regional Office based in Nairobi, Kenya. Since the report of the outbreak in North Kivu, there has been regular contact with IFRC Nairobi Operations and Health teams and RRCS has been updating on coordination meetings and preparedness action plans. The EA cluster continues to closely monitor the situation. RC partners in-country include the Belgian- FI, Belgian Fr, Spanish, Danish and Austrian Red Cross.

The partner National Societies (PNSs) in-country are supporting the preparedness plan by assisting with preparing the DREF request, as well as technical and financial support as seen below:

- Belgian Red Cross-FI is supporting with mobile cinema video translation and provision of some PPEs

- Belgian RC- Fr, will support community sensitization through mobile cinema in two districts bordering DRC (Karongi, Rutsiro)
- Danish RC will support community sensitization in 3 districts bordering Uganda (Musanze, Burera, Gicumbi)

Overview of non-RCRC actors in country represented in the NRRT

With support from partners, the MoH has intensified efforts on strengthening preparedness for prevention and control of a possible EVD outbreak following the ongoing outbreak in Eastern DRC. A partner's coordination forum, where pertinent issues in areas of coordination, case management, infection prevention and control, surveillance, laboratory capacities and other relevant issues in EVD preparedness are discussed regularly, has been established.

Training of health workers from Kigali and districts bordering DRC on Emergency Operation Center (EOC), Incident Management system (IMS), laboratory, case management and infection prevention and control are also in progress. The trainings target the different districts:

- Bordering DRC (Rusizi, Nyamasheke, Karongi, Rutsiro, Rubavu),
- Bordering Uganda (Nyabihu, Musanze, Burera, Gicumbi and Nyagatare) and
- Kigali city.

Rapid assessments of the existing facilities and gaps were conducted by joint the MOH and WHO teams. The major key priorities identified include setting up of the Ebola Treatment Unit (ETU), training of health workers on EVD, procurement and prepositioning of infection prevention and control supplies and providing support to the districts identified as being at high risk. Additional technical expertise was deployed by CDC and WHO to support the MoH in its effort of strengthening preparedness for an eventual EVD response.

Ministry of Health/ Rwanda Bio-Medical Centre is in charge of the overall coordination of members of the NRRT.

Area	Implementation status	Responsible
Coordination	<ul style="list-style-type: none"> - The contingency plan was developed; it contains 11 technical areas - Sub-technical working groups are updated and ToRs reviewed - Ebola partners' coordination forum was established to support preparedness activities. - WHO and CDC are supporting in establishment of EOC, training and in developing EOC handbook manual 	MoH/Health centre (CS) ²
Surveillance	<ul style="list-style-type: none"> - The national electronic Early Warning Alert and Response (EWAR) system continues to be used to detect suspected viral haemorrhagic fever (VHF) cases. - Provide sanitizers to fever screening staff at all borders - Train on EVD case definitions, enhanced reporting, EBS and hotline - Train contact tracing teams on contact tracing and data management 	Epidemic Surveillance and Response (ESR) ³ , WHO, RRCS
Rapid Response Teams (RRTs)	<ul style="list-style-type: none"> - The RRTs are in place (at national and district levels) - Plans are being developed for a multidisciplinary rapid response training - Identify at least one national team with clinicians, epidemiologist, lab technicians, social mobilisation, logistics and train them - Deploy multidisciplinary team to assess readiness at Primary Health Facilities in high risk districts 	ESR, WHO, CDC
Points of entry (PoEs)	<ul style="list-style-type: none"> - 16 Points of entry have initiated screening at the borders between Rwanda/DRC and Rwanda/Uganda (Rusizi I, Rusizill, Bugarama, Ruhwa, La corniche, Petite Barrière, Brasserie, Kabuhanga, Cyanika, Gatuna, Kagitumba, Mugonero, Kirambo, Rugari, Ruganda) and Kigali International Airport - Setting up a holding centre at PoEs for EVD suspect cases 	MoH, ESR, WHO
Risk communication, social mobilization and community engagement	<p>Actions carried out:</p> <ul style="list-style-type: none"> - Issue the public statement to inform about the EVD outbreak in North Kivu/ DRC - Run informative radio and TV spots on the disease - Activation of the toll-free number - Press conference with the media - Tweet sent on MoH and RBC handles - Daily media review to ensure there is no rumour on EVD cases in Rwanda 	RHCC ⁴ , UNICEF, WHO, RRCS

³ ESR: Epidemic Surveillance and Response

⁴ RHCC: Rwanda Health Communication Center

	- Increase the community awareness by distributing informative flyers and posters	
Laboratory	- An initial 25 rapid diagnostic tests (RDTs) were sent to Rwanda. A further 50 RDTs and additional resources will be sent to strengthen laboratory capacity Two laboratory experts from CDC arrived to support the NRL in laboratory activities and preparedness.	NRL ⁵ , CDC
Case management and IPC	- Posters on how to identify EVD symptoms are available at health facilities (HFs) - Rugerero HC/ Rubavu district and Gatsata HC/Kigali are identified to be used for the isolation and treatment of suspected cases - Health Facilities in high risk district to identify an isolation room - Identify HFs nearest to PoEs that have capacity to accommodate EVD suspected cases and provide appropriate health care services - Establish waste management system in ETC and avail additional PPEs - Provide support to health facilities in IPC and case management - Identify, equip and train burial teams	CS, ESR, WHO, CDC, RRCS
Logistics	- Establish logistics in IMS, identify stocks, one ambulance, PPE, suppliers	MoH, WHO

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

The current EVD outbreak is taking place in North Kivu/ DRC, just 370 kms to the Rwanda-DRC borders.

The EVD is a serious, often fatal disease in humans, with average Case Fatality Rate (CFR) being around 50%. The virus is transmitted to humans from wild animals and spreads through human-to-human transmission through direct contact with bodily fluids, blood secretions and organs of infected people or with surfaces or clothing contaminated with the fluids of an infected person or deceased body. There are no proven treatments yet, but experimental vaccines have been developed and successfully tested in previous outbreaks.

Vigilance against spread is important due to potential population movement. An emphasis on contact tracing and active case finding at community level for early detection to limit spread of the disease and ensure efficient prevention of the outbreak. This will, in turn, require community understanding and support for Ebola prevention, through risk communication, social mobilization and community engagement. As such, it is extremely important and urgent to prepare very quickly for a potential outbreak at any targeted area/ district of the country, to prevent the disease, and limit its impact. Volunteers are willing to support but have limited means and tools.

The coordination team agreed to train the 550 volunteers on contact tracing and SDB on WHO support, but for PSS and risk communication, social mobilization and community engagement, including mobile cinema, volunteers, funds are not yet available. RRCS has sought support from IFRC to provide trainers on SDB and Contact tracing as they have expertise on EVD.

The RRCS does not have a strategic stock of necessary materials such as body bags, disinfectants, communication media, PPEs, Calcium Hypochlorite (NaOCl), and PSS materials.

The available IFRC video for mobile cinema is not in Kinyarwanda, so RRCS needs to have it translated for the community to understand.

The coordination team suggested that RRCS and Emergency Ambulance Services (SAMU) provide ambulances/ vehicles for transport of suspected cases.

Gaps to the preparedness and response activities are many, but the urgent focus is on social mobilization, volunteers' capacity building and surveillance.

The Western regions of Rwanda border the Eastern regions of DRC, and the Northern regions border Uganda. Those regions are particularly vulnerable for following different factors:

- **Movement of persons crossing borders**

Cross border transmission via trades and exchanges are potential sources of outbreaks. Every day, between 45,000 and 60,000 persons are crossing the Rwanda-DRC border and are participating at trading and private activities. The high frequency of outbreaks in DRC make vulnerable the Rwandese population living on the bank of Lake Kivu.

⁵ NRL: National Reference Laboratory

Poor sensitization and awareness among cross-border communities on Rwandese, DRC and Uganda sides is a challenge for basic hygiene practices, therefore, increasing the risk for poor hygiene related disease transmission.

- **Environmental vulnerabilities**

Water from Lake Kivu is an easy and cheap reservoir to collect water for a major part of the population living along the lake; however, those zones are characterized by polluted waters. Effluent water from hospitals, industries and mines (mostly from the Democratic Republic of Congo) flow into the lake.

- **Poor hygiene habits in the local communities and unappropriated hygiene practices**

Lack of knowledge of hygiene practices are still main challenges in those regions. Indeed, results of a recent survey conducted by the Ministry of Infrastructure (MININFRA) revealed that the practice of hand washing with soap after or before critical moments is low. In fact, only 12% of households interviewed have a hand washing station. Moreover, due to poor awareness and infrastructure, there is no systematic use of adequate water fetching and storage containers. The treatment of water drawn in non-official water points is also not always practiced.

Following an assessment on WATSAN in response to disease outbreaks, awareness on appropriate Ebola prevention measures inside communities is low and needs to be reinforced. Sensitization and education of local communities is crucial to enhance hygiene and sanitation in the community and must be strengthened.

Due to the nature of the EVD disease combined with the risk factors present in the current outbreak context there, is a need to respond effectively and quickly to prevent the infection from entering the country and to limit the impact of a possible outbreak.

The proven needed response strategies for effective EVD preparedness includes:

- Surveillance, active case finding and contact tracing including diagnostic capacity;
- Effective Infection Prevention and Control (IPC);
- Risk communication, social mobilisation and community engagement;
- SDB preparedness and IPC at community level;
- Psychosocial support (PSS)
- Coordination

As such, RRCS needs to:

- Train volunteers on surveillance and contact tracing, disinfection, SDB, PSS and risk communication, social mobilization and community engagement, including how to run mobile cinemas
- Avail PPEs for facilitations of trainings and readiness stock
- Distribute Information, Education and Communication (IEC) materials on Ebola
- Building the capacity of communities to prepare for and prevent potential EVD outbreaks through risk communication, social mobilization and community engagement

Targeting

Risk communication, social mobilization and community engagement activities have to be conducted in the 10 districts bordering DRC and Uganda, and Kigali city for the Kigali International Airport (KIA) presence. Even though screenings are being conducted at the borders, some people might be crossing the unofficial points of entry.

The total estimated population (indirect beneficiaries) of the 11 districts at risk is approximately 5,000,000 people (1,000,000 households). RRCS will conduct activities in 63 sectors across the 11 districts which are considered at greatest risk for the outbreak. The total population in these sectors (direct beneficiaries) is estimated at 1,250,000 people (250,000 households). RRCS, through this DREF operation aims to support at least 1,250,000 people (250,000 households) in surveillance/contact tracing, risk communication, social mobilisation and community engagement, SDB and PSS.

Scenario planning

Movement partners met to discuss the outbreak and RRCS's mandate and capacity in EVD preparedness activities. Thus, as part of the NRRT plan, the RRCS will focus on surveillance/contact tracing, risk communication, social mobilization and community engagement, SDB as well as PSS. Any change in strategy or activities will be informed by findings from the ongoing interagency and RRC's assessment.

The identified 550 RC volunteers will be trained locally at field level, by branch and NDRT staff who would have received the training of trainers. Having received training, these volunteers will be conducting risk communication, social

mobilization and community engagement and surveillance activities. If any case is detected within the community, they will be in charge of contact tracing, assist to PSS, disinfection, SDB and even transportation of patients to identified ETU.

Operation Risk Assessment

- The accessibility of the target areas is difficult as the communities bordering Rwanda-DRC and Rwanda-Uganda are not easily accessible due to poor road infrastructure and topography. In addition, rainy season has made access more difficult.
- There is risk of contamination for health workers and of course, RC volunteers.
- The EVD is not a known disease in Rwanda, so the impact should be worse in case of infection; and also considering the population density.

B. Operational strategy

The proposed operation is aligned with the Regional EVD Strategic Plan and hence focuses on the below four key pillars:

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

The Regional Strategic Plan will complement EVD preparedness measures in terms of standard IEC materials, prepositioning of Personal Protective Equipment (PPE) and their proper use. In addition, the regional strategy will promote standard training curriculum and materials to be used to country context.

The overall objective is to prevent morbidity and mortality resulting from the Ebola haemorrhagic fever outbreak in the 11 identified districts. This response shall thus focus on-

1. Supporting RRCS in immediate EVD prevention interventions in the target areas and at-risk neighbouring areas.
2. Deploying relevant surge capacity to support the RRCS to train on risk communication, social mobilization and community engagement contact tracing, SDB and PSS.
3. Carrying out initial assessments in collaboration with Movement partners to identify clear role of the NS.

The response plan has an initial phase of 3 months and is focused on risk communication, social mobilization and community engagement, contact tracing, SDB and PSS in the identified districts.

The RRCS will assess community perceptions on EVD, specifically the following:

- what are the beliefs and rumours surrounding Ebola? What practices currently put the population at greater risk of Ebola spreading? What are the cultural practices around burial of deceased persons? What are the non-negotiable rites in Rwanda? This will influence uptake of SDB activities if it becomes necessary.
- what are the trusted communication channels?
- what communication structures exist that can be used to disseminate information and educate communities even after RRCS have conducted the mobile cinemas, etc.
- who are the trusted community, religious and opinion leaders who can be trained to support risk communication, social mobilization and community engagement

The community volunteers will be mobilized to support early detection of possible new cases through active case finding and contact tracing (if there is a case in Rwanda) and community mobilization activities as listed in bullet points above. The RRCS ensures readiness to support the government in safe and dignified burial activities, disinfection of houses and PSS to those affected.

This will meet the immediate needs of Ebola risk communication, social mobilization and community engagement in areas at risk, as well as the need for support to the government in psychosocial interventions, safe management of bodies and disinfection of suspected infected houses and areas. All these will be based on local cultures and traditions. The risk communication, social mobilization and community engagement campaign will be conducted by 550 volunteers and 13 supervisors (district coordinators and focal points) through outreach to community leaders, mobile cinema sessions, radio shows in target districts and community meetings.

The volunteers will be selected in the targeted communities based on their status in the community, availability, literacy level, communication skills and willingness to participate according to the Red Cross Movement Principles. These volunteers will work three days a week during the operation, thus ensuring a 7-day per week coverage. A national focal point and one focal point of each affected health district will be mobilized in this operation from the National Society.

All volunteers will be trained on how EVD is transmitted, prevention messages, as well as safety procedures and PSS. RC volunteers undertaking infection prevention and control (IPC) or safe and dignified burial (SDB) work will be provided with additional specialised training and supervision.

RC volunteers supporting contact tracing will also be provided with specialised training in coordination with WHO and MoH/ RBC. The RRCS volunteers in affected areas will also be mobilised and will receive the necessary training to enhance the National Society's capacity in community-based surveillance and risk communication, social mobilization and community engagement. This will go a long way to support early detection and control of the outbreak.

With regards to planning, monitoring, evaluation and reporting (PMER), the IFRC EA cluster will provide technical assistance through its PMER, communications and finance units. Additional technical support is available from the IFRC Africa Regional Office and IFRC headquarters health and care, PMER, communications, finance and administration units.

The head of health and care of RRCS will assume overall responsibility for the implementation, reporting, compliance and finance management of this project.

Procurement: Local procurement will be carried out in accordance with the IFRC standard procurement procedures. Current procurement plans will include the sourcing of SDB kits, Body bags and PPE kits for training and preparedness activities. As these items will not be available locally they shall be procured via LPSCM Africa Unit with support from Geneva Medical procurement team.

These items will be prepositioned in Rwanda ready to be deployed in the event of an outbreak. 3 PPE kits and 1 SDB kit are for use in the volunteer trainings.

Stock item	Quantity	Unit
Visibility material (Plastic boots, t-shirts, rain coats)	550	Pieces
Ebola starter kit	2	Kit
SDB kit	3	Kits
PPE kit	5	Kits
Body bags	60	Pieces
Posters	1,300	Pieces

Warehousing: Warehousing plays a significant role in this operation. The National Society will use their national warehouse to store items in advance of training or response activities.

C. Detailed Operational Plan



Health

People targeted: 1,250,000
Requirements (CHF): 75,003

Needs analysis: The major needs for this sector include facilitating an initial assessment, while carrying out community-based surveillance, contact tracing and risk communication, social mobilization and community engagement to avoid further spread of the disease.

Population to be assisted: RRC is targeting 1,250,000 (250,000 households) to be reached with general messaging.

Programme standards/benchmarks: The activities under this sector will follow strict WHO/ MoH regulations and standards for preventing and controlling the spread of Ebola virus.

P&B Output Code	Health Outcome 1: The immediate risks to the health of affected populations are reduced	# of people reached with community-based epidemic prevention and control activities (Target: 1,250,000)															
	Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines	# of volunteers trained in SDB and contact tracing and risk communication, social mobilization and community engagement (Target: 550)															
		# of volunteers having received refresher training on mobile cinema (Target: 110)															
Activities planned		# of IEC materials produced and distributed (Target: 1,300)															
Week		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Conduct training of 550 volunteers (55 per district) on SDB and contact tracing and risk communication, social mobilization and community engagement	■	■	■	■												
AP021	Refresher training of 110 volunteers on mobile cinema (10 volunteers/ district).		■	■	■												
AP021	Support continuous assessment in communities in high risk districts to undertake EVD prevention measures		■	■	■	■											
AP021	Distribute flyers and posters with Ebola message to the communities in 3 weeks.		■	■	■	■	■	■	■	■							

Budget

Overall budget for this operation is CHF 93,625 as seen in below detailed budget.

DREF OPERATION 12/09/2018 MDRRW017- RWANDA: EBOLA PREPAREDNESS

Budget Group	DREF Grant Budget
540 Medical & First Aid	29,500
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	29,500
590 Storage, Warehousing	117
593 Transport & Vehicle Costs	3,656
Total LOGISTICS, TRANSPORT AND STORAGE	3,773
662 National Society Staff	1,124
667 Volunteers	19,672
Total PERSONNEL	20,795
680 Workshops & Training	13,764
Total WORKSHOP & TRAINING	13,764
700 Travel	10,000
710 Information & Public Relations	6,348
730 Office Costs	674
740 Communications	371
760 Financial Charges	2,685
Total GENERAL EXPENDITURES	20,079
599 Programme and Services Support Recovery	5,714
Total INDIRECT COSTS	5,714
TOTAL BUDGET	93,625

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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