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Emergency Plan of Action Operation Update Burundi: Ebola Preparedness

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRBI015	Glide n° XX
DREF; Date of issue: 02 October 2018	Expected timeframe: 5 months
Operation start date: 02 October 2018	Expected end date: 28 February 2019
Category allocated to the of the disaster or crisis: Yellow	
Overall Operational Budget: CHF 105,358	DREF amount initially allocated: CHF 87,679
IFRC focal point: Marshal Mukuvare, DM Delegate for East Africa Cluster, will be project manager and overall responsible for planning, implementation, monitoring, reporting and compliances	NS focal person: Venerand Nzigamasabo, SG Assistant in charge of Disaster preparedness and response operation.
Total number of people exposed: 834,588 people are exposed to EVD in 5 provinces	Number of people to be assisted: 166,588 people (20% of total population at risk)
Host National Society presence (n° of volunteers, staff, branches): BRCS has 650,000 active volunteers, 11 RDRT and 120 NDRT trained staff and 2,908 local units. The DREF operation will target five (04) Provincial Committees and seven (07) Communal Committees and will involve 18 National staff (4 DM, 4 WASH, 2 Health, 2 Logisticians, 2 PMER, 2 CEA and 2 for Coordination) and 224 volunteers (32 per Commune in 7 communes) and 20 at Provincial level (5 per province) who will be directly involved in the Ebola preparedness and prevention activities and supervision on provincial level.	
Movement Partners of the Red Cross and Red Crescent Societies Present in Burundi and supporting this preparedness initiative are: ICRC, Belgian Red Cross (Flemish and French branches); Finnish Red Cross, Luxemburg Red Cross, Netherlands Red Cross, Norwegian Red Cross and Spanish Red Cross Societies.	
Other Partner organisations actively involved in the operation: Ministry of Public Health (MoPH), WHO, UNICEF, MSF	

Summary of major revisions made to emergency plan of action:

Through this operations update Burundi Red Cross requests for a two-month timeframe extension of the operation to enable the NS to complete implementation of outstanding activities. The operation was affected by the delays in procurement and delivery of Safe and Dignified Burials (SDB) Kits which only arrived in Burundi on 29 November (2 months after the start of the operation). These delays affected the ability of the National Society (NS) to conduct SDB trainings.

Through this operations update the operating budget will be increased by **17,679 Swiss francs** to enable the IFRC to extend the SDB surge support by an additional one month. The increase will also enable the IFRC to deploy additional surge support to strengthen Infection Prevention and Control capacity of BRCS and a support missions by the IFRC to assess the preparedness capacity of the national society.

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.

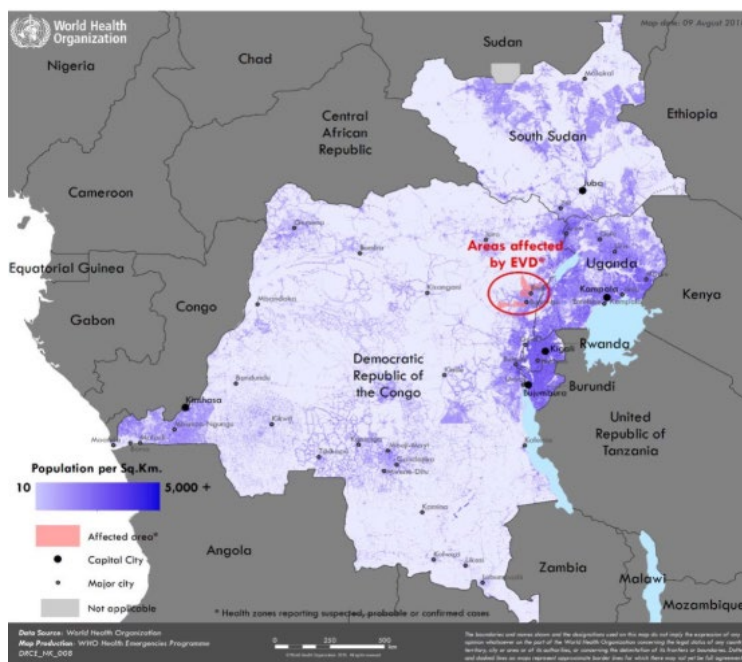
The provinces have been experiencing intense insecurity and a worsening humanitarian crisis with over one million internally displaced people (IDPs) and a continuous efflux of refugees to neighbouring countries, including Uganda, Burundi and Tanzania. Population mobility, including cross-border movements, 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.

Potential risk factors for a further EVD expansion exist 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 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 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.



Key Figures on 15 December 2018 (sources WHO sitrep):

Confirmed cases	Probable cases	Deaths	Total confirmed & Probable cases
483	48	313	531

The RC/RC National Societies 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 and the Burundi Red Cross has reached out to the IFRC for support to develop its Ebola preparedness and prevention strategy. BRCS requested for DREF support late as the government was yet to finalize the National Ebola Contingency Plan which outlined the roles and areas in which BRCS was mandated. The plan was finally approved in September, after which BRCS could request support from the DREF.

The highest risk of a possible EVD outbreak will be through entry points (by road) in the north western provinces of the country, or possibly by maritime transportation on Lake Tanganyika.

Table 1: Overview of Provinces including RCRC capacities for Provinces at Risk

Provinces	Communes	Total Volunteers	Number of Volunteers to be trained at provincial level	Number of Volunteers to be trained at communal level (8 volunteers to be trained on SDB, 12 volunteers to be trained on CEA and 12 volunteers on PSS)	Total Population ¹
Cibitoke	Rugombo	5,371	5	32	112,173
	Buganda	4,589		32	98,551
Bujumbura	Mutimbuzi	1,914	5	32	99,247
	Kabezi	813		32	70,048
Rumonge	Muhuta	2,212	5	32	86,549
	Rumonge	7,668		32	207,077

Makamba	Nyanza-lac	4,261	5	32	160,943
Total		26,828	20	224	834,588

Total Population¹: From the 2017 demographic survey

Overview of the Host National Society

Burundi RC is participating in the National Platform coordinating Ebola preparedness activities. This platform has requested that the Red Cross leads Safe and Dignified Burials (SDB). In addition to SDB activities, the NS is contributing to the response by dispatching 35 tents from its pre-positioned stocks which are being used by the surveillance teams in 17 entry points. The Burundi Red Cross will also install 4 bladders and 34 hand washing facilities at entry points: Ruhwa (in Cibitoke Province), Gatumba (Bujumbura Rural Province), Rumonge and Kabonga in Nyanza-Lac Commune.

The NS has three staff members (PMER, Information Management and CEA) who deployed to the DRC to support the DRC Red Cross EVD response operation in the Equateur Region. The capacity gained while deployed in DRC will enhance the quality of the proposed DREF operation, as the scope of the operation will mainly focus on community engagement and social mobilization.

The NS will engage and deploy 224 volunteers at provincial and communal level and 40 ToT as supervisors and team leaders (20 SDB and 20 PSS) in the four at risk Provinces which are Cibitoke, Bujumbura, Rumonge and Makamba and which will be targeted by the EVD preparedness activities. The implementation will also be 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. At national level, BRCS has three (3) WASH-trained Regional Disaster Response Team (RDRT) members, two of whom are currently deployed as part of the National Society's response to this situation.

The National Society also has emergency stocks available which contains soap, jerry cans, Aqua tabs, tarpaulins and family tents used for temporary shelter. 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. The National Platform is divided in nine (9) sectors, of which the BRCS is lead for two -- relief and dead body management.

Overview of Red Cross Red Crescent Movement in country

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.

The IFRC has a Country Cluster Support Team Office (for Eastern Africa) and a Regional Office for Africa, in Nairobi. BRCS is constantly in contact with the IFRC and has been giving updates as the humanitarian situation unfolds.

The BRCS is supported by ICRC in developing its contingency plan for May – December 2018 period (NS expects other possible natural disasters including floods and epidemics such as malaria and cholera, as well as possible political unrest during that period). This document will help BRCS to better respond to potential natural disasters and conflict situations in Burundi.

Overview of Non-RCRC Actors in Country

The main non-Red Cross Red Crescent actors present and active in the area include UN agencies such as FAO, IOM, UNICEF, UNFPA, WHO and WFP which are involved in the 9 sectorial groups of the National Platform. All sectorial groups are led by the representatives of Technical Ministries in their specific areas. UNICEF is involved in WASH in emergencies and nutrition, IOM in shelter and NFI, UNFPA in Reproductive Sexual Health and distribution of dignity kits, WFP in food distribution and WHO in health. Other humanitarian actors are NGOs like CARITAS, ACTION AID and CARE.

The main areas of focus and agencies responsible are outlined in below table:

Agency	Responsibility
Burundi Red Cross	Safe and Dignified Burial
UNICEF	WASH and CEA
MSF Belgium	Infection and Prevention Control
World Food Programme	Logistics
Ministry of Health and World Health Organisation	Operations Coordination
Ministry of State Security and Immigration Department	Entry Point Surveillance

The Ministry of Health is coordinating the Ebola Response Plan and had 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 had also nominated a National Ebola Preparedness Task Force which meets every Thursday and Burundi Red Cross is represented in six (6) technical commissions: Coordination, Operations (ETC and a Laboratory), PMER, Finance and Logistics, Infection and Prevention Control and CEA.

The authorities are putting in place basic information and entry point screening and surveillance at the Bujumbura international airport and others main entry points.

Needs analysis, targeting, scenario planning and risk assessment

Needs Analysis

The current EVD outbreak is in North Kivu/ DRC, at about 452 kilometres from the Burundi/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 and therapeutics have been developed and successfully tested in previous and current DRC 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 as well safe management of burials of suspected and confirmed cases to prevent and limit spread of the disease is important. 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 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 proximity of DRC to Burundi has created growing fears among the authorities and the National Society and within the general public, particularly in the capital Bujumbura. There is a need in psychosocial support in terms of skills and preparation especially for the volunteers and staff involved as well as the affected families.

There is limited health literacy and low knowledge on EVD which poses a high risk of Ebola spread into the country if urgent preparedness and preventive measures are not adopted. This needs to be countered by intensified prevention training around EVD, social mobilization, with promotion and public awareness campaigns through selected evidence-based social behavioural change communication (SBCC) and CEA strategies and actions. Enhancing national capacity in safe burial protocols is essential in the event of an outbreak.

Some statistics and information on population movement between Burundi and DRC (through the at-risk locations) – indicate 3,388 daily arrivals¹. It should however be noted that there are no official numbers to prove this.

The Burundi government 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 are essential especially for the families of the deceased, staff and volunteers who will potentially respond as part of the SDB teams. BRCS will therefore implement PSS activities for its volunteers. In the event of an outbreak, BRCS will also explore opportunities to support affected families with PSS.

Targeting

Risk communication, social mobilization and community engagement activities will be conducted in 9 communities from 4 provinces bordering DRC as seen in below table;

Provinces	Communities
Cibitoke	Rugombo
	Buganda
Bujumbura Rural & Bujumbura Mairie	Mutimbuzi
	Kabezi
	Ntahangwa
	Mukaza
Rumonge	Muhuta
	Rumonge
Makamba	Nyanza-lac

¹ Burundi Immigration Authority

The NS will target 20% (166,588) of total population in targeted area the following activities;

- 76 people (20 staff and 56 volunteers) trained in SDB,
- Training staff and volunteers in PSS
- Procurement and prepositioning of SDB kits and body bags
- Social mobilization on EVD through mobile cinemas

In addition, BRC will focus the intervention on the travellers at the Rumonge, Nyanza-Lac and Mutimbuzi border points.

Scenario planning

This emergency plan of action is based on the possibility of an Ebola outbreak in Burundi. The preventive approach adopted here relies essentially on the success of social mobilisation and CEA, which if not properly implemented to ensure proper preparedness is in place, the epidemic may not be easily controlled within any short to medium period and could spread to communities within the target Provinces into others with possibility of spreading into neighbouring communities.

Scenario: Best (1), Probable (2) and Worst (3)

Best Scenario 1: A suspected or confirmed case is detected at an entry point

Preparedness : Establishment of a multi-sectoral Ebola crisis committee and its thematic commissions with an activation and coordination mechanism, including all local actors operating on the ground and supporting Ebola preparedness actions; Strengthening surveillance at the level of health facilities, entry points and at the community level; Set up an early detection system (primary and secondary screening), swap/ packaging and transport of samples; Establishment of an isolation mechanism; Prepositioning of a secure transport device of cases, mechanism for taking care of the first cases. Focus on awareness raising sessions/ training of health workers and actors, communities at the entree points of the country. Setting up operational SDB teams (trained teams with supervision, activation and mobilisation mechanisms and materials).

Planning hypothesis: One (1) case detected (at one of the entry points) to be treated with about 30 contacts (or 100 to 150 contacts in the case of a flight) to trace. This case could either die with need to manage the body or heal with need to manage the sequelae. Epidemic located at an entry point.

Most probable Scenario 2 : One to five cases of the EVD are detected at health facility with a contamination of a health staff.

Preparedness : Establishment of a multi-sectoral Ebola crisis committee and its thematic commissions with an activation and coordination mechanism, including all local actors operating on the ground and supporting Ebola preparedness actions ; Strengthening surveillance at the level of health facilities, entry points and at the community level; Set up an early detection system (primary and secondary screening), swap/ packaging and transport of samples; Establishment of an isolation mechanism; Prepositioning of a secure transport device of cases, mechanism for taking care of the first cases. Focus on awareness raising sessions/ training of health workers and actors, risk communication, Infection prevention and control at all levels. Establishment of operational SDB teams in key location (trained teams with adequate supervision, activation and mobilisation mechanisms and materials).

Planning hypothesis: One to five cases detected (in a health facility) with about 30 cases to be traced and one to four dead bodies to be managed (health staff included). Epidemic localized to a community.

Worst Scenario 3 : Groups of cases are detected in rural / urban communities with reports of unexplained deaths or deaths due to haemorrhagic syndrome

Preparedness: Establishment of a multi-sectoral Ebola crisis committee and its thematic commissions with an activation and coordination mechanism including all local actors operating on the ground and supporting Ebola preparedness actions; Strengthening surveillance at the level of health facilities, entry points and at the community level ; Set up an early detection system (primary and secondary screening), swap/ packaging and transport of samples; Establishment of an isolation mechanism; Pre-positioning of a secure transport device of cases, case care mechanism; Focus on Risk Communication and Training of Health Workers, IPC, Effective National Coordination including at decentralized levels. Establishment of operational SDB teams in key locations (trained teams with adequate supervision, activation and mobilisation mechanisms and materials).

Planning hypothesis: A dozen cases reported and detected, possibly in a wider area, with about 50-100 contacts to trace. About three to nine deaths to manage.

Operation Risk Assessment

In the event of a confirmed outbreak in Burundi, this DREF preparedness operation would need to be revised in order to ensure that the NS is properly resourced and supported to cope with larger scale operational prevention, control and response activities which may lead to the launching of an Emergency Appeal and the deployment of technical surge support to be able to respond to the outbreak.

In case there is an outbreak, it is important to note that if the National Society staff and volunteers are not properly prepared and protected, this could lead to huge consequences, with large compensation costs if one of the staff and volunteers are incidentally infected with the virus, as some of them are engaged in the high-risk activities of SDB and IPC. This risk will be mitigated through proper training on SDB by RC experts and experienced RDRT who would be deployed to support the operation in case Ebola reaches Burundi. In addition, the IFRC volunteer insurance scheme (or alternative) would be provided to ensure coverage to volunteers in case of work-related accidents. n. Burundi Red Cross doesn't have skilled persons on PSS activities; as such, an external personnel resource would be very appreciated. Although BRCS had trained several volunteers on CEA through the long-term CEA strengthening project, it will be good to conduct a refresher to emphasize specificities linked to risk communication and community engagement related to Ebola.

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), specifically SDB
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.

Overall Operational 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.

The Preparedness DREF operation will focus on the following to complement other actors' actions to date:

- Mass training for IEC to staff and volunteers involved in the operation on social mobilization (SM) and CEA on basic EVD prevention and training workshops specifically targeting these groups
- Understanding community perceptions and beliefs in relation to Ebola
- Training for community volunteers on how they can engage with communities (CEA) around Ebola
- Training on SOPs on the use of PPE, WASH and Safe and Dignified Burials (SDB)
- Establishment of 7 SDB teams in at risk locations
- Establishing key messages and approaches on EVD, such as addressing what people think and feel now if social mobilization is to work and be accepted by communities
- Engage and work closely with community and opinion leaders, including religious leaders, traditional healers, women's groups, youth, etc.
- Establish a feedback system for tracking, analysing and responding to community rumours – this is a big issue for Ebola and can impact the effectiveness of social mobilization
- Use of innovative approaches to social mobilization, using radio shows and mobile cinemas
- Training of trainers and community educators training on psychosocial support
- Simulation exercises on EVD activities especially on SDB as well as PSS
- Training and equipment of staff and volunteers on mobile data collection
- Procurement of visibility materials for the volunteers, production of prevention posters, SDB kits, body bags, boots and other items as per the SOPs needed for SDB
- Other basic NFIs such as megaphones, batteries, plastic boots, gloves, sprayers (15 litres), chlorine, stretchers, antiseptic soap, pickaxes, bibs, etc.

The procurement of personal protective equipment will be done with the support of IFRC logistics office in Nairobi as well as the skilled persons for training of BRCS staff and volunteers.

Logistics and Procurement

Procurement: Local procurement will be carried out in accordance with the IFRC standard procurement procedures. Procurement and sourcing of SDB kits, Body bags and PPE kits for training and preparedness activities have been completed and are now in Bujumbura. The procurement of SDB kits were facilitated and supported by the LPSCM Africa Unit with support from Geneva Medical procurement team.

These items now prepositioned in Burundi Red Cross Society Headquarters ready to be deployed to the 7 at risk locations targeted by the DREF Operation for utilization in the event of an outbreak:

5 x PPE kits / 3 x SDB kits / 2 x SDB starter Kits / 60 x body bags


For training purposes 3 x PPE kits and 1 x SDB kits will be used for volunteer trainings.

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.

Security

To reduce the risk of RCRC personnel falling victim to crime or violence, active risk mitigation measures must be adopted. This includes situation monitoring and implementation of minimum-security standards. All RCRC personnel actively involved in the operations must have completed the respective IFRC security e-learning courses (i.e. Stay Safe Personal Security, Security Management, or Volunteer Security).

C. Detailed Operational Plan

 <p>Health People reached: Male: Female:</p>		
Outcome 1.1: 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	0
Output 1.2: Epidemic prevention and control measures are carried out.		
Indicators:	Target	Actual
# of volunteers trained in SDB and contact tracing	56	20
# of volunteers trained on risk communication, social mobilization and community engagement	84	0
# of flyers distributed	3,000	0
# of district branches supported in the planning and implementation of EVD prevention activities	11	0
# of contact tracing and community surveillance teams set up	11	0
Output 1.3: Community-based disease prevention and health promotion is provided to the target population		
Indicators:	Target	Actual
# of volunteers trained on CEA (target: 84 volunteers)	84	0
% of 7 targeted communes have a team of 12 volunteers trained on CEA (target:100%)	100%	0
% of targeted population are reached by CEA activities especially door to door visit (target:80%)	80%	0
% of targeted provinces conduct 8 sessions of mobile cinema per month (Target:100%)	100%	0

# of radio shows done (Target: 2 shows per month)	2	0
Health Output 1.5: Psychosocial support provided to the target population		
Indicators:	Target	Actual
# of volunteers and staff trainers trained in psychosocial support (Target: 104; 20 ToT and 84 volunteers)	104	0
Progress towards outcomes		
<p>The SDB TOT training started on 4 December 2018 in Bubanza, with 20 participants (17 males and 3 females) from the provinces of Cibitoke, Bujumbura rural, Makamba, Bubanza and the national headquarters. After the training the 20 will deliver trainings to volunteers in the targeted communities. The deployed surge will monitor and support the implementation of SDB trainings to volunteers.</p> <p>The NS plans for flyer distribution are advanced with plans to distribute the flyers in the 3rd week of December 2018.</p> <p>The MoH in coordination with UNICEF trained 4 staff of Burundi Red Cross on handling calls on the Hotline. This is a training specific to handling Ebola related calls including protocols on how the Red Cross would alert the Ebola Taskforce members. Burundi Red Cross already uses the hotline system, however the training was aimed at building the capacity of NS to manage and implement the Ebola activation protocols.</p> <p>The NS is a member of the Ebola National Taskforce and participates in weekly coordination meetings with other stakeholders implementing other pillars in the Ebola response.</p> <p>The NS is in the process of producing the educational materials to be used in the radio shows and mobile cinemas. The educational materials to be disseminated via radio shows and mobile cinemas are being produced in French and Kirundu (local language).</p>		
Challenges		
<p>Delays in procurement and delivery of the SDB kits affected implementation of the planned SDB activities. Three main challenges have been attributed to the delays in getting the SDB kits:</p> <ol style="list-style-type: none"> 1. Initially identified supplier could only get the kits in Burundi January 2019 – there was therefore a need to look for another supplier 2. At least two weeks delay in getting the shipment transported from Nairobi's Jomo Kenyatta Airport to Bujumbura – this was due to a huge backlog with Kenya Airways (no space on flights) 3. Delays in getting body bags cleared by Burundi authorities – this is linked to the plastic ban and the NS has had to go through extensive negotiations to get this waiver <p>Given that SDB was the key activity and a strategic pillar in the response the NS is requesting a timeframe extension to train and set up SDB teams.</p>		

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
# of reviews done on NS epidemic contingency/preparedness	1	0
Progress towards outcomes		
Activity not started		

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.		
Indicators:	Target	Actual
# of monitoring field monitoring trips conducted	1	0
Progress towards outcomes		
Monitoring and support visit planned in 2019		

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	1
Progress towards outcomes		
IFRC deployed surge support to Burundi to support the SDB training activities. The surge was deployed from 27 November until 15 December 2018. The IFRC is planning to deploy another profile to Burundi to support the NS conduct an IPC training for staff and volunteers. Knowledge on IPC has been identified as essential given the NS role in SDB. In the beginning of 2019 the IFRC will deploy its Regional Health Advisor to assess the BRCS' level of preparedness as well as provide technical support to the NS based on identified gaps.		

D. BUDGET

The overall budget for this operation is CHF 105,358 as detailed in below budget.

DREF OPERATION

19/12/2018

BURUNDI: EBOLA PREPAREDNESS

Budget Group	DREF Grant Budget
530 Water, Sanitation & Hygiene	1,800
540 Medical & First Aid	23,050
550 Teaching Materials	3,400
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	28,250
	-
592 Distribution & Monitoring	4,000
593 Transport & Vehicle Costs	4,950
Total LOGISTICS, TRANSPORT AND STORAGE	8,950
662 National Society Staff	18,492
Total PERSONNEL	18,492
680 Workshops & Training	32,906
Total WORKSHOP & TRAINING	32,906
710 Information & Public Relations	9,160
740 Communications	270
760 Financial Charges	900
Total GENERAL EXPENDITURES	10,330

599	Programme and Services Support Recovery	6,430
	Total INDIRECT COSTS	6,430
	TOTAL BUDGET	105,358

Reference documents



Click here for:

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

For further information, specifically related to this operation please contact: In the Burundi Red Cross Society:

Burundi Red Cross Society:

- Alexi Manirakiza, Secretary General a.i.; email: karerwayohani@gmail.com

IFRC East Africa CCST Office:

- **IFRC Country Cluster Support Team:** Getachew Taa, Head of EAIOI Country Cluster, getachew.taa@ifrc.org, phone: +254 20 283 5000

IFRC Office for Africa Region:

- Alina Atemnkeng Arrah, DREF Delegate Africa Region, Tel +254 (0)731 067 277, email: alina.atemnkeng@ifrc.org

In IFRC Geneva:

- Eszter Matyeka, Senior Officer DREF email: eszter.matyeka@ifrc.org, phone: +41 (0)22 730 4236

For IFRC Resource Mobilization and Pledges support:

- **IFRC Africa Regional Office for resource Mobilization and Pledge:** Kentaro Nagazumi, Head of Partnership and Resource Development, Nairobi, email: kentaro.nagazumi@ifrc.org; phone: +254 202 835 155

For In-Kind donations and Mobilization table support:

- **IFRC Africa Regional Office for Logistics Unit:** Rishi Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

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

- **IFRC Africa Regional Office:** Fiona Gatere, PMER Coordinator, email: fiona.gatere@ifrc.org, phone: +254 780 771 139