



Burundi - Anticipatory Actions for Ebola Outbreak



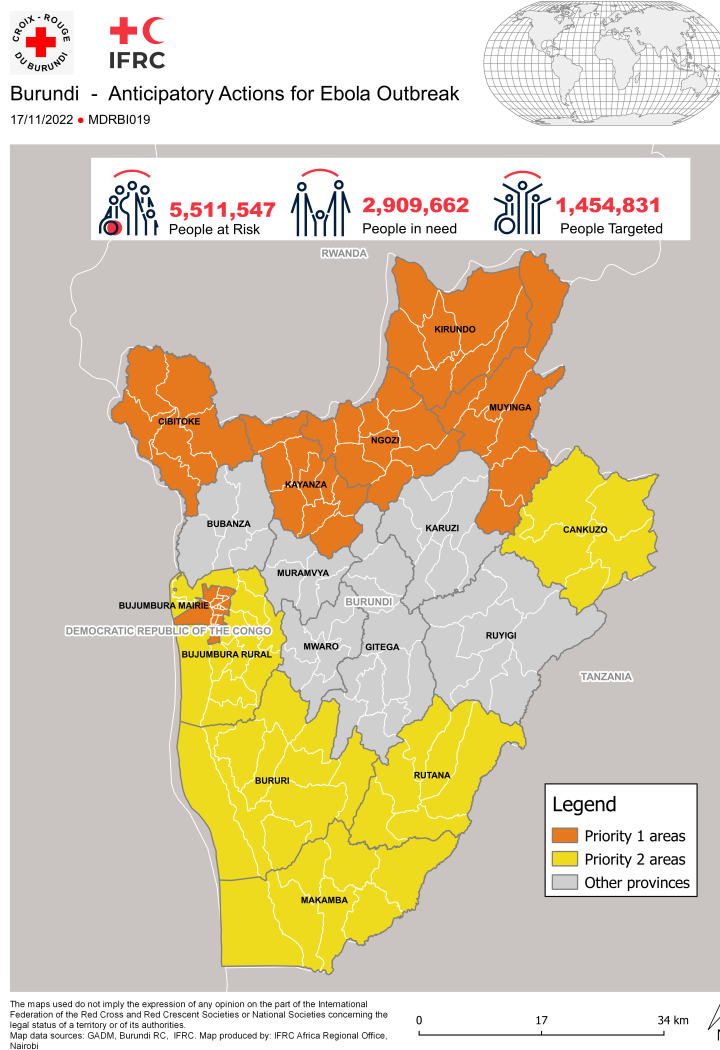
Burundi RC engagement session with a minority group on EVD, conducted during the 2018 - 2022 EVD Preparedness

Appeal: MDRBI019	DREF Allocated: CHF 152,804	Crisis Category: Orange	Hazard: Epidemic
Glide Number: N/A	People at risk: 5,411,547 people	People Targeted: 1,454,831 people	
Event Onset: Imminent	Operation Start Date: 2022-11-16	Operation End Date: 2023-02-28	Operation Timeframe: 3 months
	Targeted Areas:	Bujumbura Mairie, Cibitoke, Kayanza, Kirundo, Muyinga, Ngozi	

Description of the Event

Approximate date of impact

Given that two suspected Ebola cases have already been found in Burundi (declared negative after investigation and lab tests), it is uncertain, when Burundi MoH and its auxiliary, Burundi Red Cross, would need to respond to an active outbreak. The porous borders between Rwanda and Uganda put Burundi at risk due to daily road connections between Uganda and Burundi. This indicates the heightened need to revamp the Ebola readiness activities which ended in 2020.



Map of Burundi showing priority 1 and 2 health areas. This DREF Operation focuses on Priority 1 areas.

What is expected to happen?

On 20th September 2022, Uganda's Ministry of Health declared an outbreak of Sudan Ebola virus (SVD) after a case cared for at Mubende Regional Referral Hospital (MRRH) in Mubende District was confirmed by testing at the Uganda Virus Research Institute UVRI). As of 12 November 2022, the outbreak has spread to 9 districts of Uganda, with 139 cases of which 55 deaths and 69 recoveries were recorded. The case fatality rate (CFR) is at 40%. The situation in Uganda, and Burundi assumes that EVD could spill over through the land borders (priority 1) and through lakes (priority 2).

In addition, based on the Burundi MoH risk assessment, there is a high likelihood that the current outbreak in Uganda could cross over into Rwanda (with which it shares a wide border), from where it could also easily spread into Burundi due to close daily cultural ties and both formal and informal land routes. As such, it is necessary to have well-trained and updated teams in Bujumbura because the entry points identified at the Burundi / DRC / Rwanda border and their communes are only a route, as most people go directly to Bujumbura, the economic capital, once

processed at the border entry point. It is therefore very likely that symptoms not observed at the border could only appear when the traveler arrives in Bujumbura.



Burundi RC SDB simulation session conducted during the 2018-2020 EVD preparedness

Why your National Society is acting now and what criteria is used to launch this operation.

Faced with this situation and to ensure its MoH has the necessary support to deal with this threat, the Burundi Red Cross Society (BRCS) has developed an EVD Contingency plan which is linked to MoH National Contingency Plan released on 25 October.

BRCS's contingency plan will cover a period of one year and includes the 5 pillars of preparedness and response to this disease (Safe and Dignified Burials (SDB), Psychosocial Support (PSS), Community-based Surveillance (CBS), Risk Communication and Community Engagement (RCCE) and Coordination.

This DREF operation, triggered by the WHO revision of the risk levels in the sub-region from low to high on 31 October, will serve as a contribution to ensuring the most urgent elements of the National Society's contingency plan can be actioned, given the risk the country is currently exposed to.

In addition, based on the last assessment of the country's level of preparedness conducted by WHO in 2019, Burundi's level of preparedness was found to be at 46 percent only. This is coupled with the limited capacity of the health system and community-based surveillance in-country, for one of the most densely populated countries in Africa, thus posing a high risk of spread in the event of an outbreak of Ebola in Burundi.

Scope and Scale

Burundi is a landlocked country in East Africa with a low-income economy and 80% of its population working in the agricultural sector. Located in the Great Lakes region, Burundi is bordered by Rwanda to the north, Tanzania to the east, the Democratic Republic of Congo to the west, and Lake Tanganyika to the southwest. With 12,837,745 inhabitants, 50.6% of whom are women and 41.5% of whom are under 15 years of age, it is one of the most densely populated countries in the world, with a density ratio of 442 inhabitants per square kilometre (demographic projection 2022).

Economically, Burundi uses different channels for the import and export of various products, mainly by land (road) with up to 11 entries along its border with Rwanda, Tanzania, and the DRC.

Following the EVD Outbreak in Uganda, Burundi assumes that the EVD outbreak could spread through the land borders (priority 1) and through the lakes (priority 2).

Priority 1 areas include:

- Bujumbura Nord, Bujumbura Sud and Bujumbura Centre districts in Bujumbura Mairie Province
- Muyinga and Giteranyi districts in Muyinga province
- Cibitoke district in Cibitoke province ;
- Busoni district in Kirundo province
- Kayanza district in Kayanza province;
- Ngozi district in Ngozi province.

Priority 2 areas include:

- Isale and Kabezi districts in Bujumbura Rural province;
- Rumonge and Bugarama districts in Rumonge province;
- Gihofi district in Rutana province;
- Nyanza lac and Makamba districts in Makamabe province;
- Gisuru district in Ruyigi province and Murore district in Cankuzo province.

Based on Burundi Government demographic projections for 2022, the overall population at risk to be affected by a potential EVD outbreak is 5,411,547 people, of which 2,909,662 people live in priority 1 areas and 2,501,885 people live in priority 2 areas. This means an EVD outbreak in Burundi would have the potential to rapidly flare up, given the high population density.

In addition, the Batwa community, which is spread out across all prioritized areas, may be at higher risk due to low levels of education, reduced participation in community activities, and their traditional funeral rites which include heightened manipulation of dead bodies. As such, there could be higher risks within this community, which constitutes an increased risk for themselves and others, as they seem to reject formal education, and health care, which may mean they have less access to information on the prevention of EVD.

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population groups?	Yes
Did the National Society respond?	Yes
Did the National Society request funding from DREF for that event(s)?	Yes
If yes, please specify which operations	MDRBI015 - EVD Preparedness and MDRCD026 - EVD Outbreak in DRC

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent

Burundi has never faced an Ebola Virus Disease (EVD) outbreak. However, it is regularly exposed to the disease due to its borders with the DRC and Uganda. With the ongoing outbreak declared in Uganda, there have been two (2) suspected cases were found in-country on 18th October, although investigations and lab tests declared them negative. This is the first time that Burundi has had suspected EVD cases on its territory.

In addition, following the Uganda outbreak, the WHO on 31 October 2022 revised its risk assessment for the sub-region (Burundi, the Democratic Republic of Congo (DRC), Kenya, Rwanda, South Sudan, and Tanzania) from low to high, indicating a need for increased readiness.

In view of the above two elements, it is key for Burundi Red Cross to beef up its readiness actions to support the MoH contingency plan.

To note, through the last EVD preparedness (2018 to 2020), a total of six Burundi RC branches were involved, with the following results:

- A total of 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).
- Key messages and approaches were designed with MoH, which addressed what people think about the disease.
- Burundi RC 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;
- Some 20 volunteers and 84 community educators received training on psychosocial support;
- Two (02) simulation exercises on PSS related to EVD were conducted, however, a simulation of SDB activities was not conducted due to the government ban on plastic items which led to the body bags being held at the airport.

With the Covid 19 Outbreak, EVD preparedness activities were adapted to this new disease, to ensure IPC activities could continue. To date, the systems are still in place in some of the at-risk locations identified in the Ministry of Health's EVD Contingency Plan, which has been revised following the outbreak in Uganda. This will help as a start-up capacity for Burundi RC, especially in the areas of safe and dignified burials (SDB) and risk communication and community engagement (RCCE).

Specify how the lessons learnt from these previous operations are being used to mitigate similar challenges in the current operation

The main lesson learned during the previous EVD preparedness operation is around the difficulty to get SDB material into the country, mainly due to the delayed procurement process, but also because of Government regulations against importation of plastic. This led to no body bags being procured for Burundi in the 2018 -2020 preparedness operations. In this DREF Operation, the National Society is allowing the IFRC provide support with procurement process and the items can be stocked in a neighbouring country to ensure availability if needed, under IFRC custody. In the meantime, the National Society and its Movement partners will engage the MoH to support advocacy with Government on the necessity for the body bags to be allowed in country, given their critical use for trainings and to ensure alignment with MoH National EVD Contingency Plan.

In addition, screening at entry points were also not conducted because this is being done by MoH health care centres at entry points. As such, BRCS will focus on community-based actions and promotion, working in tandem with MoH for alerts within the community.

Regarding the training IEC materials previously produced, the National Society used them after the DREF Operation ended in March 2019, as EVD preparedness actions continued through the Emergency Appeal in DRC and neighbouring countries. For now, the messages mainly remain the same, but there is need to multiply the IEC material, which justifies the budget for 500 flyers and posters.

Current National Society Actions

The National Society continues to participate in the national coordination meeting on EVD and joint monitoring missions to assess preparedness in high-risk provinces. The BRC is an active member of the national platform

<p>Coordination</p>	<p>responsible for the coordination of humanitarian actors, which is led by the Ministry of Security.</p> <ul style="list-style-type: none"> - BRCS is a member of the Infection Prevention and Control (IPC), Risk Communication and Community Engagement (RCCE), Surveillance and Coordination sub-commission, with meetings held by MoH on a weekly basis - BRCS participates in weekly meetings with other humanitarian organizations held at the Public Health Emergency Operation Centre (PHEOC). - BRCS activated its EVD task force made up of all technical leads of the National Society and presided over by the Director of Public Relations and Strategic partnerships.
<p>Health</p>	<ul style="list-style-type: none"> - BRCS has updated its contingency plan which is in line with MoH National Contingency Plan and shared it with the partners; - BRCS has distributed hand sanitizers in all offices at HQ and in Branches to support limiting the spread of the virus and other related diseases within Red Cross Teams; - The National Society has conducted the inventory of available kits and updated the list of response team members. To date, 72 volunteers are available in six branches that previously implemented EVD preparedness activities (Cibitoke, Bubanza, Bujumbura Mairie, Bujumbura Rural, Rumonge, and Makamba). This means for the current preparedness actions, BRCS has the following volunteers by priority areas: <ul style="list-style-type: none"> *Priority 1: 6 volunteers in Cibitoke and 6 volunteers in Bujumbura Mairie *Priority 2: 6 volunteers in Bujumbura Rural, 6 volunteers in Rumonge, and 6 volunteers in Makamba. <p>In terms of stocks, to date, BRCS has the following :</p> <ul style="list-style-type: none"> *20 face protection *20 goggles *20 overall shirts *20 overall trousers *20 pairs of boots *20 pairs of gloves *20 face shields * 2 SDB vehicles purchased and prepositioned during the 2018 to 2020 preparedness at BRCS Headquarters for EVD activities are available to the National Society (a jeep and a hearse to carry mortal remains). Added to strong human resources and a team of volunteers already on standby in some locations.
<p>Community Engagement And Accountability</p>	<p>Risk communication and community engagement (RCCE) activities have started with 06 BRCS staff briefed on key EVD prevention messages. They are now taking calls on the BRCS hotline, which was highlighted to be the only such service provided in-country to help communities access information on EVD. This includes community feedback management with the hotline which is operational 24/24;</p> <p>BRCS participates in the RCCE task force and is collecting messages to be updated and disseminated to at-risk communities.</p>

Movement Partners Actions Related To The Current Event

<p>IFRC</p>	<p>The Kinshasa Cluster Delegation of IFRC Africa covers Congo, DRC, Burundi, and Rwanda. IFRC has a liaison office in the country managed by the humanitarian diplomacy focal point and BRCS works closely with this staff.</p> <p>The Cluster Delegation supported the National Society in developing this DREF application to ensure the implementation of preparedness actions for an eventual EVD outbreak in-country. To note, the IFRC also coordinates the inclusion of EVD preparedness actions in other non-emergency plans and projects. IFRC participates in Movement coordination meetings for partners in the country, held on a quarterly basis.</p>
<p>ICRC</p>	<p>ICRC has a Mission office in the country located in Bujumbura. BRCS has communicated its EVD contingency plan to the ICRC staff but is not yet involved in the EVD preparedness activities.</p>
<p>Participating National Societies</p>	<p>The Belgium RC Flemish and French communities, are represented in country. In addition, the Finnish, Spanish, Luxemburg, and French RC are in country.</p> <p>BRCS shared the contingency plan with all PNSs and they have been briefed on the current situation and approached to support the implementation of the contingency plan.</p> <p>So far, the Finnish Red Cross delegate in-country is providing technical guidance to BRCS on the activities to be implemented in this DREF operation. Finnish RC has provided technical guidance through its country delegate and regional health advisor, in support to BRCS health and DM teams. In addition, the Finnish RC is a member of the BRCS Task Force regarding EVD preparedness.</p>

Other Actors Actions Related To The Current Event

<p>Government has requested international assistance</p>	<p>No</p>
<p>National authorities</p>	<p>The Government (MoH) has developed and shared with all partners a contingency plan for preparedness to the Ebola outbreak. The taskforce led by the MoH has been activated for coordinating preparedness. Screening activities are implemented in all entry points and led by MoH.</p> <p>The Burundian government has set up a National Ebola Task Force, of which the Burundi Red Cross Society (BRCS) is a member. In the first working meeting on EVD preparedness, the Burundi Red Cross was asked to focus on Safe and Dignified Burial (SDB), Risk Communication and Community Engagement (RCCE), Psychosocial Support (PSS), and Community Based Surveillance (CBS).</p> <p>The country's preparedness for the Ebola virus disease (EVD), which began in Burundi in 2018 following the epidemic declared in the DRC in the eastern</p>

provinces, has contributed to strengthening preparedness and response capacities in the event of a public health emergency, in particular by modernizing the national laboratory (National Public Health Institute), setting up a mobile laboratory and a Public Health Emergency Operations Centre (COUSP), the establishment of rapid response teams available at the national level and in certain health districts. This preparedness has greatly contributed to the management of the Covid 19 pandemic and BRCS is hopeful this can be scaled up to support the prevention of an EVD spread and containment efforts in the event of an active outbreak.

UN or other actors The WFP, UNICEF, WHO, IOM, UNHCR as well Word Vision International are involved in MoH National Contingency Plan preparation and are likely to be involved in the its implementation.

Are there major coordination mechanisms in place?

There is a national platform in charge of disaster management and BRCS is a member. I addition, the MoH activated the EVD task force and BRCS attends all coordination meetings. Internally, BRCS has activated its EVD task force and organizes a Movement coordination meeting on a quarterly basis.

In addition, BRCS participates in the RCCE Inter-Agency coordination for Eastern and Southern Africa Regions, which supports coordinated efforts for capacity building in RCCE and has a working group to discuss key trends for community feedback. This group can be of help to inform BRCS strategic orientation regarding preparedness and help to shape key messages to communities for optimum results.

Anticipated Needs



Community Engagement And Accountability

There is need for risk communication to at risk communities, to ensure they have information on EVD, how it spreads and the preventive measures which could be applied to limit the outbreak. This is because there is still a low level of knowledge on the disease, especially given the ongoing Covid-19 outbreak. This has also led to increased levels of mistrust and fear which could result in unsafe practices which could expose communities to the disease.

There is also the need to capture, document, and address community perceptions/fear of the disease which will help strengthen knowledge and their ability to adopt and adhere to safer health practices.

There is a need to ensure BRCS has sufficient volunteers trained in Risk communication and community engagement (RCCE) to be embedded in health teams for community surveillance and sensitization on EVD.



Health

Based on MoH risk profile and its National Contingency Plan, below are current needs for preparedness:

The Health systems has very low capacity to detect and respond to public health emergencies, especially those which are as volatile as EVD.

There is a shortage in-country in the health workforce, especially when linked to the high population density. This means there is an increased need for community-based surveillance (CBS), especially in priority 1 and 2 districts.

Linked with the above point and also considering the case fatality rate (CFR) associated with Uganda's outbreak, there is a need to conduct refresher trainings for volunteers who are already on standby from previous EVD preparedness operations, as well as a full induction of newly recruited volunteers. This will ensure BRCS can provide at the community level, a workforce for surveillance and case detection, which are key in EVD preparedness and response.

Need for training on safe and dignified burials (SDB) in the identified priority areas as well as setting up response teams who will be on standby and triggered only if suspected cases are detected. Burundi RC currently has no SDB kits in its warehouses, due to delays in procurement in the two years long preparedness efforts of 2018 to 2020, as well as the then Government regulations banning entry of plastic into the country. To note, in Burundi, the transportation of mortal remains within the SDB pillar.

There is a need for psychosocial first aid (PFA) sensitization and briefing of Hotline staff on key messages for EVD and readiness for increased public engagement if the EVD response phase is triggered.

Operational Strategy

Overall objective of the operation

This DREF Operation aims at contributing to the early detection of suspected cases and preventing the spread of Ebola

by ensuring the readiness of Burundi RC teams and raising awareness of the nine (9) at-risk communities in priority 1 areas which include Bujumbura Nord, Bujumbura Sud, Bujumbura Centre, Muyinga, Giteranyi, Cibitoke, Busoni, Kayanza and Ngozi districts.

The operation will be implemented for 3 months, with the potential to be extended to include an additional timeframe if needed.

Operation strategy rationale

The National Society aims to contribute to the MoH preparedness efforts towards a potential EVD outbreak in country. This will be made possible through capacity strengthening across in the identified priority 1 districts, making them ready to manage an eventual Ebola outbreak. This capacity strengthening will be done through appropriate trainings/drills and approaches on community health promotion, Risk Communication and Community Engagement teams (RCCE) as well as Safe and Dignified Burials (SDB) teams amongst others. The second key outcome of this operation is to ensure Burundi RC has a response plan to be triggered in the event the National Society must quickly get into a response phase.

The specific objectives of this operation will include:

1) Community health promotion by ensuring Epidemic Preparedness and Response in Communities (EPiC) through training for volunteers and their deployment to support community case detection and referral to relevant health care facilities. In addition, the community health promotion teams will raise alerts of suspected deaths to MoH delegations in the districts when necessary and as agreed in protocol (to be established) with the MoH. To note, EPiC training includes CBHFA, ECV, CEA (including community feedback) and PFA basics. In addition, Risk Communication and Community Engagement (RCCE) by training volunteers (included to the EPiC training) to ensure awareness of communities on the risks of Ebola and how to prevent it, as well as limit the spread of rumours. RCCE teams will be embedded into the community health promotion teams for maximum impact.

2) Preparedness for Safe and Dignified Burials (SDB) by ensuring training at national (ToT) and district levels (cascaded training for branch teams). The ToT will ensure BRCS has two (2) SDB teams ready to deploy and to support cascade trainings as needed. These SDB teams will work with MoH teams which will trigger them if/when alerts (suspected deaths) are received through the community health teams. Two SDB training kits will be procured, and one will serve to ensure adequate training, while two SDB starter kits will be made available for protection of teams in case they deploy. Fuel will be prepositioned for the SDB vehicles (a jeep and a hearse for transportation of mortal remains) as necessary and relating maintenance costs will be imputed to the operation.

3) Preparedness for Mental health and Psychosocial Support, by conducting a PFA training of trainers (ToT) who will cascade the trainings to volunteers on the field, preparing them to support both community members and Red Cross teams in a potential response phase.

4) Coordination by ensuring BRCS and the wider Membership is represented at key preparedness meetings with MoH and partners. The objective is to ensure that this coordination leads to development of a response plan, positioning BRCS as a key partner in Ebola preparedness and response in the country.

Targeting Strategy

Who will be targeted through this operation?

This operation will initially target Priority 1 areas, including 9 health districts including:

- Bujumbura Nord, Bujumbura Sud and Bujumbura Centre districts in Bujumbura Mairie Province
- Muyinga and Giteranyi districts in Muyinga province
- Cibitoke district in Cibitoke province ;
- Busoni district in Kirundo province
- Kayanza district in Kayanza province;
- Ngozi district in Ngozi province.

It is estimated that the overall population in these areas is approximately 2,909,662 people, of which Burundi RC hope to reach out to at least 50 percent, that is 1,454,831 people with information on Ebola and other relating services as stated in the response strategy.

Explain the selection criteria for the targeted population

The geographical targeting is based on the population at-risk, highlighted by MoH in its National Contingency Plan. They have been divided in priority 1 and 2 areas, but Burundi RC chooses to initially focus on priority 1 areas through this DREF operation, because they have a land border with high numbers of people crossing from Uganda into Rwanda and then into Burundi.

On the number of people to be targeted, the National Society estimates that they are able to reach at least 50% of the population of Priority 1 areas using social mobilization approaches including radio shows, and outreach activities as volunteers will be spread out across 9 districts. Volunteers in the proximity Branches will also be mobilized and given the necessary retraining to strengthen the National Society's capacity for active first responders including case research and social mobilization. This will greatly contribute to the early detection and containment of the epidemic.

Total Targeted Population

Women:	556,473	Rural %	Urban %
Girls (under 18):	185,490	64.00 %	36.00 %
Men:	534,651	People with disabilities (estimated %)	
Boys (under 18):	178,217	2.00 %	
Total targeted population:	1,454,831		

Risk and security considerations

Please indicate about potential operational risk for this operations and mitigation actions

Risk	Mitigation action
The EVD cases are notified in Burundi and infect BRCS employees or volunteers involved in the operations.	<p>Develop and activate BCP in case of suspect or reported case in the country; volunteer briefing and sharing updated guidance through memos from the secretary general's office to all staff and volunteers.</p> <p>Ensure proper IPC measures are well disseminated to volunteers and staff in addition to provision of adequate protective equipment.</p> <p>BRCS will ensure to identify and communicate on Ebola treatment centres set up by the Government, so that all suspected cases are referred to these locations exclusively. This will help other facilities to ensure the care continuum. .</p>
Other natural disasters occur in the targeted areas as the rainy season is starting.	In principle, this should not stop implementation, however, the BRCS teams may be overwhelmed if they need to attend to several operations at the same time. As such and with support from IFRC project manager and PNSs, the National Society will work on planning activities while ensuring monitoring of the floods season.

Risk for authorities to reject entry of plastic material into country. This would be a major hinderance for the SDB component of the operation, as body bags are made of non-reusable plastic.

As this has been a key problem in past EVD preparedness operations, it is important to engage advocacy with Government now through the MoH, to highlight the key element of SDB readiness in EVD preparedness.

In addition, it is absolutely necessary for Logistics teams both at NS and IFRC levels to begin SDB kits procurement process as soon as possible after approval of the funding.

Transmission of other diseases like the ongoing COVID 19 or water borne diseases, leading to the decline in routine vaccine coverage and increased mistrust for health care centres.

Engaging the communities to understand their fears and perceptions, to ensure key messages are built with the aim of debunking any misconceptions and rumours. This will help to build trust and strengthen ownership of safe health practices.


Please indicate any security and safety concerns for this operation

It is very important to ensure all deployed volunteers are well equipped during the operation so they will be provided with personal protective equipment (PPE);

Insurance to staff and volunteers and emergency health services;

Business continuity has to adhere all the time in case of cross-border infection thus team leaders have to keep reminding the teams and simulate frequently.

Planned Intervention

	Health	Budget	CHF 99,989
		Targeted Persons	1454831
Indicators		Target	
# of vehicles available for SDB teams		2	
# of body bags procured		100	
# of SDB replenishment kits procured		1	
# of SDB starter kits procured		2	
# of SDB training kits procured		2	
# of SDB teams set up		2	
# of volunteers and staff trained in SDB		16	
# of SDB trainings conducted		1	
# of people reached through risk communication and outreach activities		1454831	
# of awareness sessions conducted via radio stations		12	
# of engagement sessions with religions and traditional leaders		9	
# of volunteers trained in EpiC at community level		180	
# of community level EpiC trainings conducted		9	
# of volunteers and staff trainers trained		25	
# of EpiC ToT conducted		1	
		<ul style="list-style-type: none"> • Conduct an Epidemic Preparedness and Response in Communities (EpiC) training of trainers (BRCS Supervisors and MoH staff) for 25 people in the targeted counties. This training will prepare trainers to cascade in all nine targeted districts and ensure BRCS has a pool of trainers to duplicate the exercise in other areas if needed. This training shall last 7 days as it includes community 	

Priority Actions:

feedback modules.

- Conduct 9 district level EPiC trainings in each of the target districts to ensure teams are set up for community health promotion. Each training shall be for 180 volunteers and community health volunteers (20 per district) and will last 5 days as it includes community feedback modules.

- Deploy 180 volunteers and 25 supervisors for 2 days a week for 8 weeks in all 9 targeted districts for community health promotion. Volunteers shall ensure community surveillance, with embedded CBHFA and RCCE for maximum impact through HH visits, conduct FGDs, community meetings. Volunteers will be deployed on a rotational basis.


- Engagement of religious/traditional leaders to obtain their support in raising awareness on EVD in 9 target district

- Conduct radio awareness sessions on Ebola risks and prevention methods through talk shows with MoH focal points (6) and radio spots (6).


- Conduct an SDB training (BRCS Supervisors and MoH staff) for 16 people in the targeted counties. This training will ensure RCS has at least 2 SDB teams (8 people per team) positioned in priority 1 areas. These trained persons will become a pool of SDB specialists in Burundi and will be available to cascade further if necessary. This training shall last 5 days.


- Preposition 2 SDB starter kits, 2 training kits, 1 replenishment kit and 100 body bags to ensure BRCS is ready to support MoH in the event of an outbreak in country.

- Preposition fuel and maintenance fees for the SDB vehicles (a jeep and a hearse for transportation of mortal remains as necessary).

	Community Engagement And Accountability	Budget	CHF 7,089
		Targeted Persons	1454831
Indicators		Target	
# of briefings provided to BRCS Hotline staff		1	
# of IEC materials produced		500	
# of perception surveys conducted		1	
		<ul style="list-style-type: none"> • Conduct a perception and rumors survey to understand the fears of communities • Ensure production of IEC material with Ebola prevention mes- 	

Priority Actions:	<p>saging</p> <ul style="list-style-type: none"> • Provide information to members of the community, health care workers and volunteers on the BRCS hotline so they can reach out for information or to share feedback. • Briefing BRCS staff manning the Hotline number (109) on key prevention messages for Ebola and readiness for increased public engagement • Support risk communication through community health teams.
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	National Society Strengthening	Budget	CHF 38,378
		Targeted Persons	1454831
Indicators		Target	
# of volunteers insured		221	
# of joint monitoring visits conducted by NS/IFRC		3	
# of BRCS Surge staff deployed		1	
# of lessons learned workshops conducted		1	
Priority Actions:		<ul style="list-style-type: none"> • Insurance of 221 volunteers and staff (205 for community health promotion and RCCE and 16 for SDB) • Ensure BRCS participation in key coordination and partnership meetings • Ensure continuous monitoring to allow National Society project management to use the learnings to make necessary improvements to the strategy. These monitoring visits will be supported by IFRC in-country staff, to ensure proper guidance and operational management. • Deploy a BRCS Surge staff to support activity supervision and proximity management. This personnel will be the linkage between district supervisors and BRCS project management to ensure proper monitoring. • Conduct a lesson-learned workshop at the end of the operation to capture learning for the next operations. 	

	Secretariat Services	Budget	CHF 7,349
			0

	Targeted Persons
Indicators	Target
# of monitoring missions conducted with NS	3
Priority Actions:	<ul style="list-style-type: none"> • Provide day to day support to BRCS on managing the operation • Ensure timely procurement of SDB management items as determined in the operational strategy • Conduct joint monthly monitoring visits with Burundi RC counterparts to ensure informed operational decision making.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

A total of 221 BRCS volunteers will be deployed to support implementation of this operation of which, 180 volunteers and 25 supervisors will focus on community health promotion and RCCE activities, while 16 volunteers will be dedicated to SDB activities. Volunteers insurance will be covered through a Burundian insurance service provider and this is budgeted in the operation.

One BRCS staff will be deployed to support the operation for its entire duration and their costs will be covered through this operation.

At the HQ level, the program will be led by the disaster Preparedness manager with close technical support from the health director and the RCCE Manager . Support services will be provided by the Communication and public relation, PMER, logistics, Finance, Human resource manager, Administrator, and Organizational Development within their scope of work.

BRCS will also utilize the capacities from IFRC Cluster in Kinshasa in the areas of finance, PMER, Health, and logistics. IFRC will also deploy a specialist to facilitate the SDB ToT training for 7 days.

If there is procurement, will it be done by National Society or IFRC?

Most of the procurement will be managed by IFRC through its Delegation and Regional Offices, especially regarding the SDB material. With a lead time of about 10 weeks and the risk of Burundi authorities not allowing plastics in country, it is important to ensure that these items can be obtained for the National Society, in case of need and adequately stored in one of the IFRC warehouses in neighbouring countries for quick access.

How will this operation be monitored?

The Director of Programmes and the Community Health Coordinator, both medical doctors, will go to the field to monitor the implementation of the operation and liaise with the health authorities in order to remain in line with the National EVD Contingency Plan, but also to monitor the evolution of the outbreak in Uganda and the sub region. The PMER officer of the BRCS will also conduct monitoring and evaluation missions to collect routine monitoring data, monitor the quality of activities, ensure the evaluation of the operation and finally collect data for reporting purposes.

In addition to above, IFRC in-country officer will support implementation of the operation for informed decision making, serving as direct liaison with the Delegation and Regional office. He shall as well joint the monitoring missions with BRCS team and provide PMER guidance as needed, based on his expertise.

Monitoring costs for both BRCS and IFRC are duly budgeted in this operation.

Please briefly explain the National Societies communication strategy for this operation.

The National Society will utilize the communication unit in the development of the communication materials and review regularly based on the feedback collected from the field. This will serve to ensure that all stakeholders in country are aware of BRCS plans and implementation via relevant media.

Budget Overview



DREF OPERATION

MDRBI019 - Burundi Red Cross Society Anticipatory Actions for EVD Outbreak

Operating Budget

Planned Operations	107,077
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	99,989
Water, Sanitation & Hygiene	0
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	7,089
Environmental Sustainability	0
Enabling Approaches	45,727
Coordination and Partnerships	0
Secretariat Services	7,349
National Society Strengthening	38,378
TOTAL BUDGET	152,804

all amounts in Swiss Francs (CHF)

Contact Information

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

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