



Burundi SDB team during simulation exercise

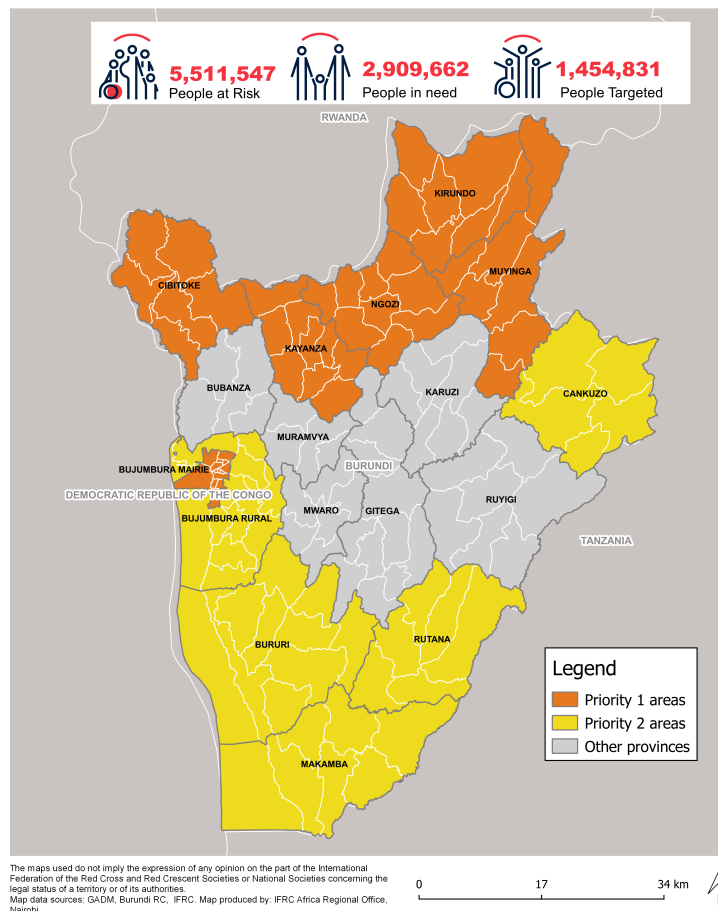
Appeal: MDRBI019	Total DREF Allocation CHF 152,804	Crisis Category: Orange	Hazard: Epidemic
Glide Number: N/A	People at risk: 5,411,547 people	People Targeted: 1,454,831 people	
Event Onset: Sudden	Operation Start Date: 2022-11-16	New Operational end date:	Total operating timeframe: 4 months
Targeted Areas:	Bujumbura Mairie, Cibitoke, Kayanza, Kirundo, Muyinga, Ngozi		

Description of the Event



Burundi - Anticipatory Actions for Ebola Outbreak

17/11/2022 • MDRBI019



Priority 1 and 2 health areas. This DREF Operation focuses on Priority 1 areas.

For imminent disaster, explain what is expected to happen, where, when and how is above average ?

On 20 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).

On January 11th, 2023, Uganda declared the end of the Ebola outbreak caused by the Sudan ebolavirus, less than four months after the first case was confirmed in the central district of Mubende on September 20, 2022. A total of 164 cases were identified (142 confirmed and 22 probable), with 55 confirmed deaths and 87 recovered patients. More than 4,000 people who had been in contact with confirmed cases were followed and their health monitored for 21 days. Overall, the case fatality rate was 47%. The last patient was discharged from the hospital on November 30, when the 42-day countdown to the end of the epidemic began.

Even though the end of the outbreak was declared, Burundi Red Cross continued implementing preparedness activities because people remain infectious as long as their blood contains the virus, even after recovery.

The situation in Uganda, and Burundi assumed 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 was 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 was 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 was therefore very likely that symptoms are not observed at the border and could only appear when the traveler arrives in Bujumbura.



Simulation exercise SDB



Mass sensitization on EVD

Scope and Scale

Burundi is a landlocked country in East Africa with a border with the DRC where EVD epidemics have been declared many times. Burundi also makes cross-border movements with all the countries of the sub-region including Uganda which suffered an EVD epidemic from 2022 to the beginning of 2023. 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. The country is one of the most densely populated in the world, with a ratio of 442 inhabitants per square kilometer (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 assumed 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.



5,411,547 people were considered at risk, of which 2,909,662 live in priority 1 area and 2,501,885 in priority 2 areas, based on the demographic projections from ISTEEDU. If an EVD outbreak was declared in Burundi it would have the potential to rapidly flare up, given the high population density.

In addition, due to the low illiteracy of the Burundian rural community especially the Batwa community, an epidemic outbreak such as EVD could spread out across all prioritized areas, presenting a higher risk and threatening participation in community activities.

Movement Partners Actions

IFRC	<p>The Kinshasa Cluster Delegation of IFRC Africa covers Congo, DRC, Burundi, and Rwanda. During the implementation phase, the IFRC had 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 the DREF application to ensure the implementation of preparedness actions for an eventual EVD outbreak in-country. Notably, the IFRC also coordinated the inclusion of EVD preparedness actions in other non-emergency plans and projects. IFRC participated in Movement coordination meetings for partners in the country, held on a quarterly basis.</p>
ICRC	<p>ICRC has a mission office in the country located in Bujumbura. BRCS has communicated its EVD contingency plan to the ICRC staff but was not involved in the EVD preparedness activities.</p>
Participating National Societies	<p>The Belgium RC Flemish and French communities are represented in the country. In addition, the Finnish, Spanish, Luxemburg, and French RC are in the country.</p> <p>BRCS shared the contingency plan with all PNSs, and they have been regularly briefed on the current situation and approach of the contingency plan.</p> <p>So far, the Finnish Red Cross delegate in-country has been 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 was a member of the BRCS Task Force regarding EVD preparedness.</p>

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
	<p>The Government (MoH) had developed and shared with all partners a contingency plan for preparedness for the Ebola outbreak. The task force led by the MoH has been activated for coordinating preparedness. Screening activities are implemented in all entry points and led by MoH.</p>



National authorities	<p>The Burundian government had 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 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 was scaled up to support the prevention of an EVD spread and containment efforts in the event of an active outbreak.</p>
UN or other actors	<p>With support from WHO, the Ministry of Health and Burundi Red Cross strengthened the community capacity for implementing SDB by conducting SDB simulation exercises in Bujumbura town.</p>

Are there major coordination mechanisms in place?

There is a national platform in charge of disaster management and BRCS is a member. In addition, the MoH activated the EVD task force and BRCS participated in all coordination meetings. Internally, BRCS has activated its EVD task force and had used to organize a Movement coordination meeting on a quarterly basis.

In addition, BRCS participated 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 might be of help to inform BRCS strategic orientation regarding preparedness and help to shape key messages to communities for optimum results.



Anticipated Needs



Health

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

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

There was and still 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 was a need to conduct refresher training for volunteers who were already on standby from previous EVD preparedness operations, as well as a full induction of newly recruited volunteers. This had to 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 are on standby and triggered only if suspected cases are detected. Burundi RC currently had and still, not has sufficient 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. The SDB kit budget ligne initially planned for this operation changed due to the operation change (the EVD outbreak stopped in Uganda) and this is a particular need for the SDB pillar.



Community Engagement And Accountability

There was a 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 was a low level of knowledge of the disease, especially given the ongoing Covid-19 outbreak. This had also led to increased levels of mistrust and fear which could result in unsafe practices which could expose communities to the disease.

There was also planned 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 was 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.



Objective and Strategy Rationale

Overall objective of the operation

This DREF Operation aimed to contribute to the early detection of suspected cases and preventing the spread of Ebola by ensuring the readiness of Burundi RC teams and raising awareness in 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 which was initially planned for 3 months was extended for 1 additional month and the overall implementation period was 4 months. The extension aimed to review priorities by extending EPiC as procurement of SDB was no more planned. EPiC training and sensitization had been extended with additional teams during the remaining weeks.

Response strategy implementation

For this DREF operation, the National Society aimed to contribute to the MoH preparedness efforts towards a potential EVD outbreak in the country. This had been made possible through community capacity strengthening across the identified priority 1 district for making them ready to respond to an eventual Ebola outbreak. The capacity strengthening had been done through appropriate training/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 was to ensure the National Society has a response plan to be triggered in the event the National Society must quickly get into a response phase.

The specific objectives of the operation included:

- 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 were to raise alerts of suspected deaths to MoH delegations in the districts when necessary and as agreed in the 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 in 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 rumors. RCCE teams were 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 had to ensure BRCS has two (2) SDB teams ready to deploy and to support the cascade training as needed. These SDB teams had worked with MoH teams which were triggering them if/when alerts (suspected deaths) are received through the community health teams. As the EVC outbreak had been declared finished, the procurement of the SDB material was no longer relevant so BRCS used the SDB available in the stock for training purposes. Fuel had been prepositioned for the SDB vehicles (a jeep and a hearse for transportation of mortal remains) as necessary and related maintenance costs had been imputed to the operation.
- 3) Preparedness for Mental Health and Psychosocial Support, by integrating PSS during the SDB training just for 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 was represented at key preparedness meetings with MoH and partners. The objective was to ensure that this coordination leads to the 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 initially targeted Priority 1 areas, including 9 health districts:

- Bujumbura Nord, Bujumbura Sud, and Bujumbura Centre health districts in Bujumbura Mairie Province
- Muyinga and Giteranyi health 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 was estimated that the overall population in these areas is approximately 2,909,662 people, of which Burundi RC was hoping to reach out to at least 50 percent, that is 1,454,831 people with information on Ebola and other related services as stated in the response strategy.

Explain the selection criteria for the targeted population

The geographical targeting was based on the population at-risk, highlighted by MoH in its National Contingency Plan. They have been divided into priority 1 and 2 areas, but Burundi RC chose to initially focus on the priority 1 area 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 had estimated to reach at least 50% of the population of Priority 1 areas using social mobilization approaches including radio shows, and outreach activities as volunteers are spread out across 9 districts. Volunteers in the proximity Branches were also mobilized and given the necessary retraining to strengthen the National Society's capacity for active first responders including case research and social mobilization. This greatly contributed 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
Transmission of other diseases like the ongoing COVID 19 or waterborne diseases, leading to the decline in routine vaccine coverage and increased mistrust for health care centers.	During the DREF implementation, two (Bujumbura Mairie and Cibitoke) of the six targeted Branches had a cholera outbreak. BRCS focussed on the EVD preparedness as well as the cholera outbreak response in the affected branches. The volunteers trained on EpiC



	engaged the communities to understand their fears and perceptions, to ensure key messages are built with the aim of debunking any misconceptions and rumors. This helped to build trust and strengthened ownership of safe health practices.
The EVD cases are notified in Burundi and infect BRCS employees or volunteers involved in the operations.	Any EVD cases had been notified in Burundi. However, BRCS strengthened its volunteers network and used the personal protection equipment already existing in the stock. In addition, the volunteers involved were covered by local insurance during the implementation
Other natural disasters occur in the targeted areas as the rainy season is starting.	Any important natural disasters occurred in the targeted areas unless the epidemic cholera outbreak here above (previous risk) defined
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 the procurement of the SDB material was changed into EPiC activities, there were no relevant activities to mitigate the defined risk. However, there is still a possibility to import the plastic health material.

Please indicate any security and safety concerns for this operation

The main concern was the protection of volunteers. The Burundi Red Cross ensured that all volunteers deployed were well equipped with Personal Protective Equipment (PPE) during the operation. All the volunteers trained and deployed had valid insurance, as did the staff mobilized for the operation.





Implementation

	National Society Strengthening	Budget		CHF 41,758
		Targeted Persons		521
		Persons Assisted		520
Indicators		Target	Actual	
# of lessons learned workshops conducted		1	1	
# of BRCS Surge staff deployed		1	1	
# of joint monitoring visits conducted by NS/IFRC		3	3	
# of volunteers insured		221	520	
Narrative description of achievements				
<ul style="list-style-type: none">• All 520 trained volunteers were covered by insurance. They were insured in two stages (first stage for the first groups since February and the other day since March) depending on depending on their inclusion in the database. This number of insured volunteers increased from 221 to 520 because the number of volunteers trained in EPiC to be deployed had also increased due to the additional budget allocated to this activity when the procurement of SDB kits was cancelled.• BRCS and IFRC conducted joint field mission for monitoring and supervision. The teams for the field missions included the Programme manager, the health coordinator, the PMER, the national recovery officer, the national SDB trainers, the BCC coordinator and the IFRC Humanitarian Diplomacy Officer based in Bujumbura.• The BRCS deployed a national Surge to coordinate the activities. She had a volunteer background with Monitoring and Evaluation skills.				
Lessons Learnt				
<ul style="list-style-type: none">• The local insurance contracted for the involved volunteers is more accurate and effective than the one from Geneva, because it was done more quickly with the direct management by the NS.• The IFRC Humanitarian Diplomacy Officer based in Bujumbura for the Cluster was involved in the operarion. He participated in all field missions and was the bridge between IFRC and BRCS during the operation. He provided technical support to the teams, which contributed to the successful implementation of the operation.				
Challenges				
<ul style="list-style-type: none">•As BRCS did not procure SDB material due to the change in the operational need, it was difficult to have a contingency stock to respond to the potential EVD outbreak.				

	Secretariat Services	Budget	CHF 7,349
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		Targeted Persons	0
		Persons Assisted	0
Indicators	Target	Actual	
# of monitoring missions conducted with NS	3	3	
Narrative description of achievements			
<ul style="list-style-type: none">• BRCS and IFRC conducted joint field missions for monitoring and supervision. The first field mission was for supervising the EPiC training, the second field visit was for supervising the SDB training and the third mission was for lunching and supervising the sensitization campaigns. All those field missions were done by the Health team, IFRC team, PMER team, and communication team.			
Lessons Learnt			
<ul style="list-style-type: none">• The IFRC staff based in Bujumbura participated in the planning and implementation process. In addition, the partnership with IFRC was seamless.			
Challenges			
<ul style="list-style-type: none">• IFRC did not approve the SDB material procurement because of the change in operational needs.			

	Health	Budget	CHF 92,390
		Targeted Persons	1454831
		Persons Assisted	2249235
Indicators	Target	Actual	
# of EPiC ToT conducted	1	1	
# of volunteers and staff trainers trained	25	24	
# of community level EPiC trainings conducted	19	19	
# of volunteers trained in EpiC at community level	480	480	
# of engagement sessions with religions and traditional leaders	9	9	
# of awareness sessions conducted via radio stations	11	12	
	1454831	2249235	

# of people reached through risk communication and outreach activities		
# of SDB trainings conducted	1	1
# of volunteers and staff trained in SDB	16	16
# of vehicles available for SDB teams	2	2

Narrative description of achievements

- The EPiC ToT Training reached 24(19 men and 5 women) and was facilitated by 6 facilitators from BRCS (HQ) and the Ministry of Health. After the training, they were ready to share their knowledge in their respective districts. The ToTs cascaded training in their respective branches.
After the EPiC training, participants were able to recognize any unusual health occurrence in the community, know epidemic signs and symptoms, especially for Ebola outbreak cases, prevent, detect, sensitize, Gather feedback from the community, and respond to mental health and psychosocial needs in the epidemic situation,s, especially for Ebola Outbreak. Have been trained 178 volunteers(115 men and 65 women) in the first time, and the second one for 300 volunteers(210 men and 90 women), by trainers trained in the first pool with the supervision of the headquarter and MoH staff.
- The SDB training was facilitated by the health coordinator deployed from the Congolese RC by the IFRC and 16 volunteers and staff (13 men and 3 female). After the training as well as the simulation exercise conducted per each targeted Branch, the trained persons do have now expertise in SDB and are able to conduct cascade training. They are also able to conduct burial in security
- In total, 2 249 235 persons have been reached by the preparedness activities; mass sensitization, radio show, and door-to-door sensitization. The number of volunteers trained on EPIC as well as the number of radio shows (12) have been increased with the SDB kit budget line leading to 154.6% of the initial target.
- One (1) simulation exercise was carried out by each targeted branch, i.e. a total of 6 simulation exercise sessions in the 6 intervention branches.
- Community meetings have been organized in 9 districts in order to obtain the commitment of religious/traditional leaders for their support in raising awareness for the prevention of EVD.

Lessons Learnt

- During the implementation of the operation, BRCS maintained a strong and good collaboration with the Ministry of Health. Staff from MoH supported the operation during the implementation.
- With the volunteers trained on EPiC, BRCS had been able to respond at the same time to the cholera outbreak

Challenges

- The SDB kit initially planned was not available due to the change of the operation need. BRCS used the available kits during the training as well as the SDB simulation exercise.

	Community Engagement And Accountability	Budget	CHF 11,307
		Targeted Persons	1454831
		Persons Assisted	2249234
Indicators		Target	Actual

# of perception surveys conducted	1	1
# of IEC materials produced	1074	1611
# of briefings provided to BRCS Hotline staff	1	1

Narrative description of achievements

- The IEC materials (leaflets, flyers) have been produced and shared to help volunteers to conduct sensitizations in the community. In total, 1,611 pictures have been produced and distributed.

All 24 ToT trained on EPiC were involved in data collection and reached 874 HH.

- The majority community members were briefed to BRCS hotline.

Information were provided to members of the community, healthcare workers, and volunteers on the BRCS hotline so they can reach out BRRC for information or to share feedback. The Hotline staff have been briefed on the EVD and were able to respond to all calls from the community on the EVD. In fact many people called to the hotline to ask for more information about Ebola disease and have been answered by staffs that were well prepared for it.

- The Burundi Red Cross carried out a perception survey of heads of households on the EVD. This was done in February 2023 (at the mid-term of the operation). It enabled awareness-raising activities to be better guided. A total of 874 heads of household were interviewed in 9 districts. Of these, 73% were able to explain the EVD. Overall, 96% of those who said they had received information about the EVD said it was useful and exploitable. Also 87% of respondents said that the humanitarian actions provided were carried out in a safe, accessible, responsible and participatory manner. A total of 63% of respondents are interested in getting vaccinated if an EVD vaccine is available for them. Overall, 39% of respondents were able to explain Safe and Dignified Burial (SDB) and 80% of them thought that the Red Cross would be best qualified to do this if necessary. In addition, 99% of respondents said that the Red Cross had taken their views into account in the operation. • •

Lessons Learnt

- The sensitization campaign allowed the BRCS to strengthen the community awareness and knowledge on EVD.

Challenges

- The sensitization campaign was conducted during the rains and harvest season and it was hard/difficult to reach out to people at home. The volunteers had linked their program to the community availability (especially the afternoon and/or evening).



Financial report

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2022/11-2023/5	Operation	MDRBI019
Budget Timeframe	2022-2023	Budget	APPROVED

Prepared on 22/Jun/2023

All figures are in Swiss Francs (CHF)

MDRBI019 - Burundi - Anticipatory Actions EVD Outbreak

Operating Timeframe: 16 Nov 2022 to 31 Mar 2023

I. Summary

Opening Balance	0
Funds & Other Income	152,804
DREF Anticipatory Pillar	152,804
Expenditure	-149,756
Closing Balance	3,048

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health	92,390	149,073	-56,683
PO05 - Water, Sanitation & Hygiene			0
PO06 - Protection, Gender and Inclusion			0
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery			0
PO10 - Community Engagement and Accountability	11,307		11,307
PO11 - Environmental Sustainability			0
Planned Operations Total	103,697	149,073	-45,377
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	7,349	682	6,666
EA03 - National Society Strengthening	41,758		41,758
Enabling Approaches Total	49,107	682	48,425
Grand Total	152,804	149,756	3,048



Please explain variances (if any)

Income of the DREF

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

Expenditures

The total budget and allocation for this DREF operation was CHF 152,804 for 4 months implementation period (from 16 November 2022 to 31 March 2023). The total expenditure reported in this operation is CHF 149,756 with a closing balance of CHF 3,048 (2%) to return to the DREF pot. Budget implementation rate is 98%.

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[Click here for the reference](#)

