



Burundi - Anticipatory Actions for Ebola Outbreak



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

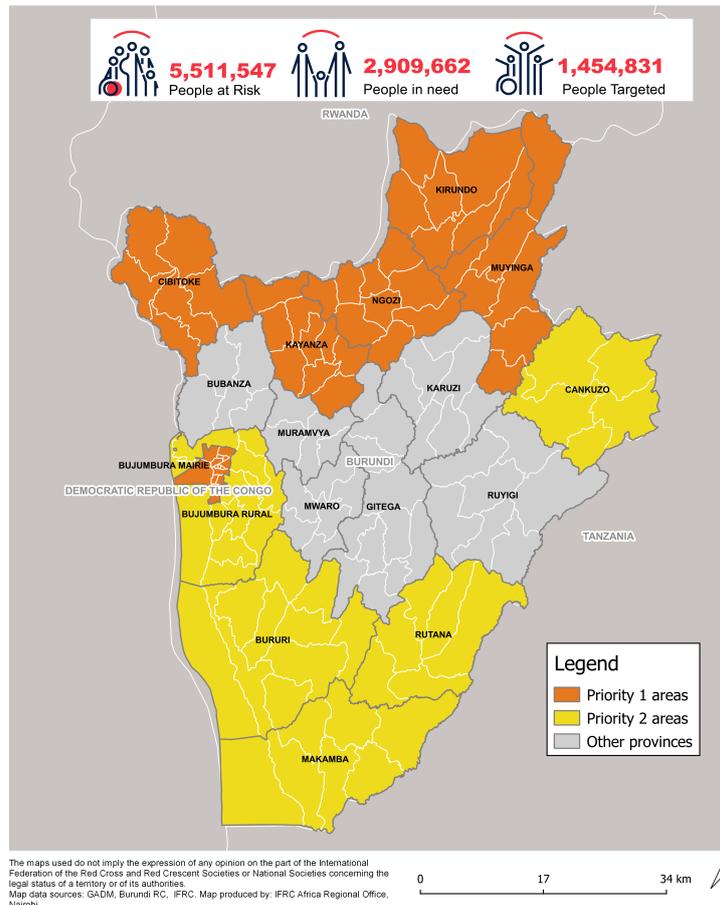
Appeal: MDRBI019	Total DREF Allocation CHF 152,804	Crisis Category: Orange	Hazard: Epidemic
Glide Number: N/A	People at risk: 5,411,547 people	People Targeted: 1,454,831 people	
Event Onset: Imminent	Operation Start Date: 2022-11-16	New Operational end date: 2023-03-31	Total operating timeframe: 4 months
Additional Allocation Re- quested -	Targeted Areas:	Bujumbura Mairie, Cibitoke, Kayanza, Kirundo, Muyinga, Ngozi	

Description of the Event



Burundi - Anticipatory Actions for Ebola Outbreak

17/11/2022 • MDRBI019



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

Provide any updates in the situation since the field report and explain what is expected to happen.

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 have been identified (142 confirmed and 22 probable), with 55 confirmed deaths and 87 recovered patients. More than 4,000 people who have been in contact with confirmed cases have been 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 has been declared, a person who has been infected, the virus remains active in itself even after it is cured. That is why we have to continue the preparation activities.

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 are not observed at the border and could only appear when the traveler arrives in Bujumbura.



Burundi RC SDB simulation session conducted during the 2018-2020 EPICTraining at Cibitoke Province

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.

Summary of changes

Are you changing the timeframe of the operation	Yes
Are you changing the operational strategy	No
Are you changing the target population of the operation	No
Are you changing the geographical location	No
Are you making changes to the budget	No
Is this a request for a second allocation	No
Has the forecasted event materialize?	No

Please explain the summary of changes and justification

Initially, the operations had planned to procure the SDB materials but as the end of the epidemic had been declared in Uganda and the problem of the local procurement, the NS and IFRC decided to update the operations. Thus, the budget line for SDB material procurement had been moved out and the EPiC training, volunteer deployment, ICE material, and volunteer insurance have been increased. In addition, the initial implementation period is to be changed from 3 to 4 months so that BRCS can implement all the planned activities, especially those increased (volunteers training on EPiC, Community sensitization, Lessons learned workshop. As an operational pertinence, Burundi would at least like to extend the team trained in Bujumbura so the NS can benefit from more

people ready to intervene, especially considering the turnover of volunteers in some areas, more trained people have always shown to be able to have more people.

Thus, an extension of one month is needed to ensure proper implementation and full completion of the activities. NS will take that opportunity to include Cholera in the top disease prevention in EPIC training package. Context of cholera forces to adapt that and operationally make sense while NS is keeping the same purpose of the operation.

The late arrival of funds (in January) has not also allowed for completing in time all initial activities.

Please explain how is the operation is transitioning from Anticipatory to Response

Current National Society Actions



ToT EPiC training in Bujumbura. Burundi RC

EPiC training in Kirundo Province. Burundi RC

Coordination

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 responsible for the coordination of humanitarian actors, which is led by the Ministry of Security.

- 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.

- During the volunteer training for this DREF operation, the Ministry of Health Staff participated and gave the instructions and guidelines from the MoH.

- BRCS has updated its contingency plan which is in line with MoH National Contingency Plan and shared it with the partners;

<p>Health</p>	<p>- 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;</p> <p>- 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:</p> <p>*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> <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 <p>* 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>
<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>
--------------------	---

ICRC	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.
Participating National Societies	<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

Government has requested international assistance	Yes
National authorities	<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 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.</p>
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. In 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 the current needs for preparedness:

The Health systems has a 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 training 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 is now 4 months and extension aim to review priorities by extending EPiC as procurement of SDB is no more planned. EPiC training and sensitization will be extended with additional teams during the remaining weeks.

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. As the EVD outbreak had been declared finished, the procurement of the SDB material is no longer relevant so BRCS will use the SDB available in the stock for training purposes. Fuel will be prepositioned for the SDB vehicles (a jeep and a hearse for transportation of mortal remains) as necessary and related 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 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 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
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.
The EVD cases are notified in Burundi and infect BRCS employees or volunteers involved in the operations.	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. Ensure proper IPC measures are well disseminated to

volunteers and staff in addition to provision of adequate protective equipment.

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. .

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.

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 92,390
		Targeted Persons	1454831
Indicators	Target	Actual	
# of vehicles available for SDB teams	2	2	
# of body bags procured	0	0	
# of SDB replenishment kits procured	0	0	
# of SDB starter kits procured	0	0	
# of SDB training kits procured	0	0	
# of SDB teams set up	0	0	
# of volunteers and staff trained in SDB	16	16	
# of SDB trainings conducted	1	0	
# of people reached through risk communication and outreach activities	1454831	280	
# of awareness sessions conducted via radio stations	12	6	
# of engagement sessions with religions and traditional leaders	9	0	
# of volunteers trained in EpiC at community level	480	180	
# of community level EpiC trainings conducted	19	9	
# of volunteers and staff trainers trained	25	24	
# of EpiC ToT conducted	1	1	

Progress Towards Outcome

1)A Training for Trainers of EpiC had been conducted in December 2022 for 24 volunteers. The training was facilitated by staff of the Burundi Red Cross at Head Quarter as well as staff from the Ministry of Health. Those trainers organized already 9 sessions of volunteer training at the Health District level. The staff from MoH participated also as facilitators. A total of 180 volunteers attended the training, meaning 20 volunteers- per Health District.

- 2) The trained volunteers have started the community health promotion even if they did not yet receive the ICE materials but the procurement process is still underway. BRC planned to launch officially the sensitization campaign at the beginning of February. In addition, BRC conducted a radio show (6 shows) on the ebola epidemic risk management.
- 3) The SDB training started on 30th January and will end on 3rd February 2023. The Facilitator came from the Congo National Society.
- 4) The SDB kits are not yet procured. The BRC agreed with the IFRC on the best way and procedures for those materials procurement. Surely the process will take a long time than initially planned because the process will be launched internationally level.
- 5) The fuel and maintenance fees for the SDB vehicles is a continuous activity.

	Community Engagement And Accountability	Budget	CHF 11,307
		Targeted Persons	1454831
Indicators	Target	Actual	
# of briefings provided to BRCS Hotline staff	1	0	
# of IEC materials produced	1074	500	
# of perception surveys conducted	1	0	

Progress Towards Outcome

- 1) The perception and rumors survey is planned for February. However, the terms of references and questionnaires are ready. The team of Studies and Planning at BRC is active for this activity.
- 2) The production of IEC material with ebola messaging is launched and we hope to receive the material very soon so we planned to launch the distribution process starting 1st February.
- 3) The briefing of the Hotline (109) staff is conducted and 12 staff participated. The topics developed are: What is the Ebola virus disease? What are the EVD signs and symptoms?- How to protect from EVD? How to manage the community feedback on the EVD?

	National Society Strengthening	Budget	CHF 41,758
		Targeted Persons	1454831
Indicators	Target	Actual	
# of volunteers insured	221	221	
# of joint monitoring visits conducted by NS/IFRC	3	2	
# of BRCS Surge staff deployed	1	1	
# of lessons learned workshops conducted	1	0	

Progress Towards Outcome

1) The process of ensuring the 221 volunteers is launched and the insurance will cover February 2023 to January 2024.

2) BRC regularly participates in the coordination meeting organized by the MoH. In addition, the internal taskforce organizes regularly the coordination meeting.

3) BRC conducted a field visit in all 9 Health districts in January. The team was composed by the staff from HQ at BRC and staff from the MoH. Keys and relevant recommendations and guides have been defined to better implement the EVD preparedness activities.

4) One National Staff has been recruited to conduct the EVD preparedness operations funded via DREF mechanisms.

5) The lesson-learned workshop is planned at the 4th week of February

	Secretariat Services	Budget		CHF 7,349
		Targeted Persons		0
Indicators		Target		Actual
# of monitoring missions conducted with NS		3		2

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 the 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 neighboring countries for quick access.

How will this operation be monitored?

The Director of Programmes and the Community Health Coordinator, both medical doctors as well as the doctor from the Ministry of Health, went 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 the above, IFRC in-country officer is supporting the implementation of the operation for informed decision-making, serving as a direct liaison with the Delegation and Regional office. He shall as well join the monitoring missions with the 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.

Contact Information

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

- **National Society contact:**

Anselme Katiyunguruza, Secretary General, anselme.katiyunguruza@croixrouge.bi, +25779924108

- **IFRC Appeal Manager:**

Mercy LAKER, Head of Kinshasa Cluster Delegation, Mercy.LAKER@ifrc.org, +243853449555

- **IFRC Project Manager:**

Joseph MIBURO, Humanitarian Diplomacy Officer, JOSEPH.MIBURO@ifrc.org, +25779989327

- **IFRC focal point for the emergency:**

Joseph MIBURO, Humanitarian Diplomacy Officer, JOSEPH.MIBURO@ifrc.org, +25779989327

- **Media Contact:** Etienne NDIKURIYO, Public Relations Director, etienne.ndikuriyo@croixrouge.bi, +25779936524

[Click here for the reference](#)