



Installation of the Mpox isolation site in the Gisagara site by volunteers

Appeal: MDRBI022	Country: Burundi	Hazard: Epidemic	Type of DREF: Response
Crisis Category: Orange	Event Onset: Slow	DREF Allocation: CHF 709,111	
Glide Number: -	People Affected: 9,250,000 people	People Targeted: 1,387,500 people	
Operation Start Date: 15-08-2024	Operation Timeframe: 5 months	Operation End Date: 31-01-2025	DREF Published: 04-09-2024

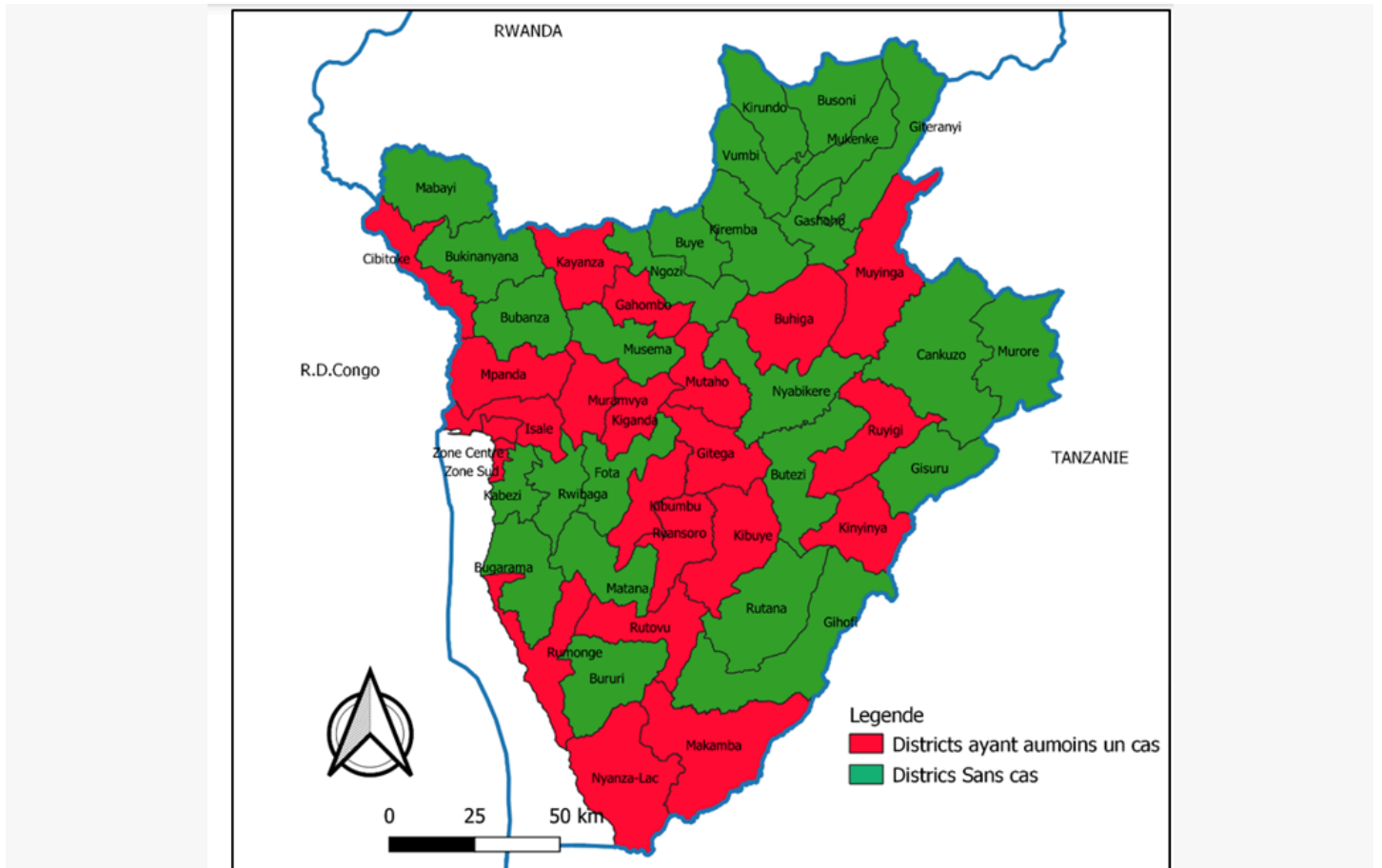
Targeted Areas:

Bubanza, Bujumbura Mairie, Bujumbura Rural, Bururi, Cibitoke, Gitega, Karuzi, Kayanza, Makamba, Muramvya, Muyinga, Mwaro, Ruyigi, Rumonge

Description of the Event

Date when the trigger was met

08-08-2024



Affected Districts

What happened, where and when?

On July 22, 2024, three alerts were issued by the Kamenge University Hospital Center (CHUK), the Kamenge Military Hospital (HMK), and the ISARE Health District regarding suspected cases of MPox. The symptoms generally presented by the cases were fever, skin rashes of sudden onset and paroxysmal appearance, lesions of the oral cavity, headaches, physical asthenia, and dysphagia.

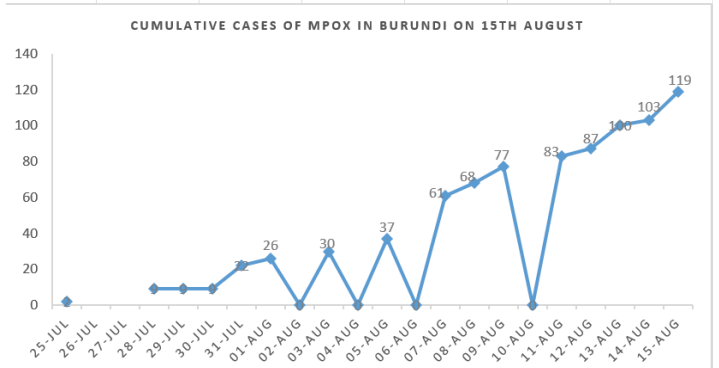
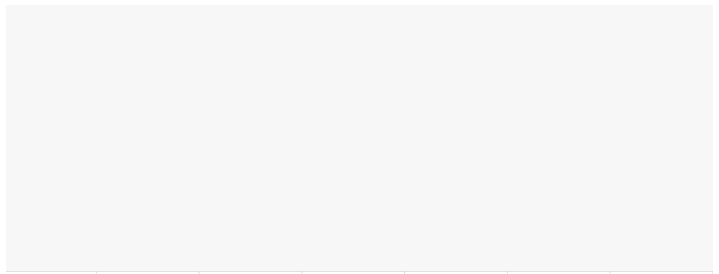
These cases were confirmed on July 25th, with one case identified in the Kinama zone of the Bujumbura Nord health district, another in SHATANYA in the Gitega Health District, and a third in the Tenga district of the Isare Health District. The patients were treated at CHUK (2 cases) and HMK (1 case). The outbreak may have been transmitted by an imported human case from the Democratic Republic of Congo (DRC), which shares multiple borders with Burundi, including with the districts where the first cases were reported: Bujumbura Nord, Isare, Bujumbura Centre et Sud, Madara, Nyansa-Lac, Panda, and Rungo. The outbreak was officially declared on July 25th following the confirmation of the three cases in the border areas between Burundi and the DRC, which is an MPox epidemic zone.

On August 8, 2024, with support from the Government and partners, the Burundi Red Cross finalized and disseminated a national response plan, serving as the primary reference for in-country interventions and coordination efforts. This response plan initiated the DREF intervention by BRCS, which focused on addressing gaps and priority areas, including Health/SBC, IPC/WASH, and RCCE.





The BRCS active in supporting the evacuation of the suspected and/or confirmed cases of MPOX



Cumulative cases as of 15th August 2024

Scope and Scale

The Republic of Burundi is facing its first Mpx outbreak, characterized by a rapid escalation and several challenges that have strained the country's response capacity. The situation is further complicated by the continuous cross-border risks from endemic countries. Alongside the ongoing concern of cholera, which is endemic in Burundi, other waterborne diseases have also been reported.

Since the outbreak was declared by the government, the situation has quickly evolved into a nationwide crisis, with a high risk that additional cases remain undetected:

- The first cases were reported on July 22, 2024 (as per the SITREP of July 25). Analyses conducted on three samples at the National Laboratory confirmed all three as positive for Mpx.
- By July 29, 2024 (SITREP July 30, 2024), the number of cases had increased by 50%, with six new cases confirmed.
- On July 31, 13 positive cases were reported in the health districts of Bujumbura Nord (6), DS Kayanza (2), Bujumbura Centre (2), Gahombo (1), Rutovu (1), and Ruyigi (1).
- The SITREP of August 8, 2024, reported 68 suspected cases, with 46% being men and 54% women. Among the 68 confirmed cases, 411 contacts were identified for tracing, which extended to areas beyond the initial districts, requiring community follow-up.
- As of August 12, 2024, the Ministry of Health reported 77 cases. The outbreak has spread rapidly both geographically and in terms of caseload.
- A total of 23 health districts across 14 provinces have been affected, with confirmed ongoing cases, and it is likely that more areas could be impacted. Case distribution as of August 12, 2024, shows that the most affected provinces remain Bujumbura Nord, Centre, and Sud. The confirmed outbreak alerts have impacted 51% of the country. This widespread transmission is exacerbated by poor WASH conditions, heavily affected by recent floods, and the ongoing cholera outbreak and other waterborne diseases. Additionally, Burundi faces multiple epidemic threats due to cross-border transmission with the Democratic Republic of Congo, where Mpx and other outbreaks are ongoing.

Current outbreak tracing has not definitively identified the transmission source of the initial cases based on available Ministry of Health information. The provided history of the outbreak in the event section is the only one available, and it is suspected to be due to human transmission from the ongoing Mpx outbreak in the DRC. However, it is important to emphasize the various transmission pathways of Mpx, which contribute to its rapid spread in the context of Burundi. Mpx contamination can occur through close contact with an infected animal (zoonotic transmission), a human, or materials contaminated with the virus.

Human-to-human transmission of simian orthopoxvirus can occur through direct contact with infectious skin or other lesions. This



includes:

- Any form of bodily contact with an infected person.
- Any contact with objects (clothing, bedding, utensils, etc) and other objects that have been in contact with a sick person.
- Sharp injuries sustained in the course of healthcare.
- Short-range respiratory droplets or aerosols.
- Sexual intercourse.

Transmission of Mpox virus from a contaminated animal to a human may occur through bites or scratches or during activities such as hunting, skinning, trapping, cooking, handling carcasses or eating animals. The extent of viral circulation within animal populations is not known precisely, and further studies are under way.

Source Information

Source Name	Source Link
1. Mpox: Déclaration du Ministre en charge de la santé publique sur l'épidémie de Mpox au Burundi	https://minisante.gov.bi/?p=1330
2. Media for the information on MoH response plan	https://english.news.cn/20240808/f428e21f52244013ae3cb7d38422d36c/c.html
3. WHO MPOX External Situation Report 35, published 12 August 2024	https://shorturl.at/PGdP0

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population group?	-
Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-

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:

-

Lessons learned:

- During the implementation of the Ebola operation, IFRC staff based in Bujumbura participated in the planning and implementation process. In addition, the partnership with the IFRC ran smoothly and had a positive impact on the implementation of the operation.
- Also, the Burundi Red Cross has maintained a good and solid collaboration with the Ministry of Health. The Ministry of Health staff supported the operation during its implementation.

During this operation, all IFRC staff based in Burundi will be involved in monitoring activities and providing technical support to avoid any delays in implementation. In addition, the BRCS has maintained good coordination with the Ministry since the start of the operation and will continue to do so throughout implementation.

-During the Ebola preparedness operation, the community was involved in raising awareness. During this operation, the NS will ensure that it continues to raise awareness and involve the community in preparing the response to Mpox.



Current National Society Actions

Start date of National Society actions

08-08-2024

Health	<ul style="list-style-type: none">- The Burundi Red Cross provided to Ministry 3 ambulances and 36 volunteers to transport Mpox patients to hospital.- Installation of isolation tents in a site for displaced persons.- BRCS has 6 Directors who are involved in epidemic management. They have trained many volunteers on community epidemic control in preparation for the Ebola epidemic. However, considering Burundi is facing the MPOX epidemic for the first time, it is very relevant to brief these available persons on this disease. The proposed International Surge will participate in the briefing and/or training as well as the IEC tools updating.
Water, Sanitation And Hygiene	The Burundi Red Cross made an inventory of the hygiene kits available in stock. Thus, all Red Cross offices each received a hand disinfection kit.
Community Engagement And Accountability	<ul style="list-style-type: none">- The Burundi Red Cross participated alongside the MSPL to develop specific key messages related to the management of the MPOX epidemic as well as IEC tools.- The NS has drawn up an information note on the MPOX epidemic. This note will be distributed to all BRCS staff and volunteers. Hotline staff have also been informed about the epidemic.
Coordination	The Burundi Red Cross participated in the workshop organized by the Ministry of Health for developing the MPOX response plan. Before the epidemic was declared, it was the contingency plan, but as soon as the epidemic was declared, it was rather the response plan. Furthermore, based on a national document, the NS has developed a response plan which has already been shared with the movement partners.

IFRC Network Actions Related To The Current Event

Secretariat	The Red Cross benefits from technical support from the representation of the IFRC delegation based in the DRC for planning and implementation of activities as well as resource mobilization.
Participating National Societies	The Participating National Societies (PNS) in place received the official declaration and are on standby. The Belgium Red Cross Flemish section has agreed to activate the crisis modifier.

ICRC Actions Related To The Current Event

The ICRC has an office in Bujumbura, but no action has been taken yet to address the epidemic.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	The MoH has taken the following actions: <ul style="list-style-type: none">- Continuation of the workshop to develop the MPox response plan at the Saint Stéphane Hotel in Bujumbura.- Notification of alerts by health units and districts.



	<ul style="list-style-type: none"> - Deployment of surveillance teams and identification of contact cases. - Investigations of alerts. - Continued treatment of the 30 cases of Mpox. - Dietary care for patients at CHUK and HMK. -Collection and analysis of samples from suspected cases. -Contact tracing and monitoring.
UN or other actors	<ul style="list-style-type: none"> - WHO donated two vehicles to the MSPL to the investigation teams. In addition, UN agencies participate in the coordination of the management of the epidemic. - MSF is providing food support to hospitalized patients in two hospitals: CHE Kamenge and Kamenge Military Hospital.
Are there major coordination mechanism in place?	
Coordination meetings with partners are held every week, and crisis meetings are held daily in each district.	

Needs (Gaps) Identified



The summarized scope and scale of the outbreak as 12.08.2024 is provided under the previous section. The outbreak expansion is a high concern in the understanding of the needs and extent of resources that need to be deployed.

- On 25th July, 3 cases were confirmed following the 3 alerts in 2 districts on 22nd from Bujumbura Nord and Issare.
- 245 alerts received as of 08.08.2024, 68 confirmed cases. This represented an increase of more than 96% from the first SITREP, 2 weeks only after the confirmed 3 cases. The confirmed cases are distributed in 23 health districts of 11 health provinces. The breakdown per district is as follows: Buhiga (2) , Bujumbura centre (4), Bujumbura Nord (21),Bujumbura sud (4) , Cibitoke (1), Gahombo (2), Gitega (2), Isare(3),Kayanza (5),Kibumbu(1),Kibuye(2),Kiganda (3),Kinyinya (2),Makamba (1),Mpanda(1), Muramvya(2), Mutaho(2),Muyinga(1), Nyanza Lac(2), Rumongue(2),Rutovu(2), Ruyigi(2), Ryansoro(1). The main epicenter of Mpox is the Bujumbura Nord district, with a total of 21 confirmed cases.

- As of August 12, 2024, a total of 266 alerts have been received, with 77 confirmed cases across 23 districts in 14 provinces. The primary epicenters are Bujumbura Nord, followed by Bujumbura Centre, Sud, Kiganda, Kayanza, and Isore.

The symptoms generally presented by the cases are fever, skin rashes of sudden onset and paroxysmal appearance, lesions of the oral cavity, headaches, physical asthenia, and dysphagia. The MoH Bulletin on the outbreak from the first alert do not provide a lot of details on the history of the cases and outbreak. However, the outbreak is suspected (not a firm confirmed information) to have been imported from DRC which constitutes an MPox epidemic zones and shares borders with Burundi. The first 3 cases were investigated following the alert in the health centers from two districts bordering DRC and with high exchanges or movement with DRC. 02 cases were alerted from the Centre hospitalier de Kamengue in Bujumbura Nord district, and the third one was alerted from the Military hospital of Kamengue in the Issare district. The tests from the national reference laboratory confirmed the monkeypox virus for these 3 cases on 25th July.

The overall secondary attack rate after contact with a known human source is 3% (study conducted in South Africa in 2023), and attack rates of up to 50% have been reported in people living with persons infected with MPox. From the suspected main transmission, the gaps of the response and the threats coming from a non-endemic outbreak, there is a high need for an extended response with all MoH partners. BRCS was called to support the intervention and cover the observed gaps. In the analysis of the transmission, it is important to also assess the data if available for the Clade Ib which has been identified. This type is associated with sexual transmission as opposed to clade Ia which will inform on groups and target priorities for different activities.

Burundi is not endemic to the MPOX, so the systems and communities and local services need external support to cope with the ongoing situation. Being non-endemic and a just starting rapid escalating outbreak, there is a need for scaling-up the messages, information to the communities and management of likely high spread of misinformation, rumors and stigma. The high density of the population represents a challenge for message delivery and awareness achievements at the moment. Burundi's population density is 516 per Km2, the existing resources, and limited capacity at the local level at the moment remain a threat that contributes to the transmission and escalation of cases. The absence or not streamlined awareness in all the provinces may also reduce the effectiveness of contact tracing and alert systems due to a lack of knowledge of the disease but also the systems and contact in place.

It is important to consider the context in which this outbreak is occurring. As Mpox is a new epidemic in Burundi, the country's health services are unprepared, and there is inadequate surveillance of suspected cases. These factors hinder efforts to control the transmission of the disease.

Additionally, the current system for transporting patients to health facilities poses a risk of further transmission due to limited resources



in some districts. The Government has requested that the Burundi Red Cross (CRB) strengthen ambulance services to ensure the safe transport of patients. Moreover, healthcare providers lack sufficient knowledge and training about the disease, which impacts their ability to provide effective treatment.

Cross-border permanent risk and transmission roots are also some of the underlying factors and threats of the current outbreak. The population movements between provinces mean that there is a very high risk of transmission of the disease in health districts that have not recorded cases.

Among the needs identified, the priority which is aligned with Government challenges and NS areas of intervention are:

- The need to scale up the deployed team members for epidemic prevention and awareness,
- CBS at the community level,
- Community engagement and risk communication,
- Ambulance services for proper case evacuation from the community to the health facilities.



Water, Sanitation And Hygiene

The promotion of hygiene in the community is one of the important elements of epidemic prevention. However, the level of hygiene in the community remains low. Thus, there is a need in terms of promoting hand hygiene through hand washing, and disinfection of households and/or public places.

Populations have limited access to drinking water, particularly in the Bujumbura Mairie district, where there is a clear risk of the disease spreading, and of other water-borne illnesses as well.

The Red Cross has 4 WASH engineers who are involved in the promotion of accessibility and the use of hydraulic and sanitation facilities during normal and/or emergency periods. The PHAST method is used to promote good hygiene and sanitation practices. Sanitation equipment is available (2 water tankers), and WASH kits as well as hygiene kits are pre-positioned in stock. Finally, the Red Cross has 300 hand-washing kits (bottles of disinfectant). However, these materials need to be updated to cover the MPOX epidemic. In addition, the available personnel need to be at least briefed on this new epidemic disease. It is also very limited compared to the scale of the outbreak in terms of locations and vulnerabilities/gaps in affected areas.



Protection, Gender And Inclusion

Emergencies can exacerbate existing inequalities, leading to an increase in sexual and gender-based violence, violence against children during and after crises, and the stigmatization of those who are sick or suspected of being ill. To uphold the principles of the movement, it is essential that we reach all individuals effectively and efficiently.

The Burundi Red Cross Society (BRCS) has two staff members specialized in Protection, Gender, and Inclusion (PGI), who have trained at least 10 volunteers per branch in PGI. BRCS also has materials related to PGI and Psychosocial Support (PSS). However, as Mpox is a new epidemic in the country, some of the staff and volunteers involved in the response have shown signs of fear. Therefore, it is crucial for the PGI team to enhance psychological support for those affected by the outbreak and those involved in the response.



Community Engagement And Accountability

Risk communication and community engagement are important pillars of epidemic prevention. All possible channels will be used, including radios, the BRCS 109 green line, community meetings, and roadshows.

BRCS has its CEA strategy as well as tools in place such as the IEC message developed jointly with the MoH but need to be updated. The hotline operational 24/24 will surely be involved in community feedback management but the staff need to be trained/briefed. NS have IEC tools that have been used in the past, but which need to be repaired and updated. In addition, IEC tools need to be developed and popularized within the community. In the context of limited knowledge around the disease and no actors covering the Community engagement and risk communication, the risk of transmission and further escalation is high. The CEA and CREC being one of the areas of competence of the NS, the DREF could provide the resources for the deployment of an existing strategy and expand the current capacity to cover the 23 affected districts.

The information need to be further disseminated to the communities but also in the health facilities around the key messages of the outbreak. At this early stage, it is critical to ensure that communities know the signs and symptoms of Mpox and have the information they need to refer suspected cases to health services. The gaps in the contact tracing and the alert systems also need a scale-up around the risk communication and a proper community engagement through the core community systems. Necessary information need to be provided in different languages and adequate channels for the maximum reach to refer suspected cases to health structures and take



preventive measures to stop the spread of the disease, in particular by helping to draw up an action plan.

In the very low knowledge of the outbreak across the country but also from to community to another, the risk of cases and their families or surrounded communities facing stigma is high. The rumors and false information may also increase the spread of the cases and the mis-information that will not help on curving the caseload. Due to this, the need for tracking and addressing proactively those rumors is critical. It is also important to also consider the psychological impact of that as part of the health priorities.

The above priorities also demonstrate the need for trusted interpersonal communication with key leaders but mainly in the key circles/communities' public spaces where the message can be passed easier. While BRC has good assumption of the adequate channels that can be used, thanks to previous intervention, it remains important again to assess for each districts the most effective channels. As a common starting point, the media may be used as well and messages in public spaces, especially in borders districts with DRC, Bujumbura and districts with cases in general.

To conclude, the Risk communication is essential and need to be prioritized alongside the other response efforts. It is a critical leverage to ensure or reinforce the knowledge about the disease, provide updates on the response while supporting community advocacy / guarantee that the platforms assessed and choose are part of the most influential and adequate leaders are involve for decision-making at strategic and operational levels. The gaps on capacity at NS level therefore also need to be considered in affected geographical areas and were gaps exists, trainings and refreshers need to be properly done for effective usage of the CEA and risk communication but also the safety of the deployed personnel/volunteers during the activities.

Any identified gaps/limitations in the assessment

The NS was unable to carry out an evaluation, but it did take part in evaluation meetings organized by the Ministry. No major challenges were identified.

The Government has identified a number of internal major challenges as well that require external support. These challenges include:

- Raising public awareness of Mpox preventive measures,
- Isolation units not available in health facilities,
- Capacity-building for service providers,
- No Availability of inputs for care and PCI WASH materials,
- Insufficient resources for alert investigation (vehicles, trained personnel, financial resources),
- Insufficient water supply in Bujumbura Mairie.

[Assessment Report](#)

Operational Strategy

Overall objective of the operation

This operation will support the response to the Mpox epidemic declared by the Ministry of Health on July 25, 2024, in the 23 affected districts. Over the next 5 months, it will implement key health, WASH, and RCCE interventions to help limit the spread of the disease.

Operation strategy rationale

The response plan will be based on the following National response plan. It will cover 5 months intervention and prioritized the areas of gaps and competencies of the NS.

The recommended standards of RCRC will be applied in the tools and approach. A surge will be deployed to support the capacity strengthening planned for the team in the 23 districts and the EpiC training package will be used to cover most of the desire trainings under health, CEA, and PGI.

Resources will be allocated to effective data management, information sharing and coordination for an effective intervention. NS will also coordinate with the IFRC team to get the sub-regional trend of the MPOX that will ensure a full analysis of the risk for Burundi. Adequate actions based on scenario may be taken as the situation evolve.

For now, NS intervention strategy includes:

1) Health: Reducing the risk of transmission:

- Strengthen community surveillance) and contact follow-up: The CBS system in place, led by the Ministry of Health and national authorities, will help strengthen the system at the community level. The Ministry draws up a list of contacts and, based on these lists, volunteers monitor them.



Based on the community definition of cases, volunteers will also notify alerts and participate in case follow-up in collaboration with the health authorities. A total of 690 volunteers will be trained for 3 days on Epic package, meaning 30 volunteers per SD and supervised by 1 CBS supervisor.

- Transport of confirmed and/or suspected cases to treatment centers: The NS is leveraging its vast volunteer network in the early detection of cases and the surveillance of suspected/confirmed cases. In addition, the NS makes its ambulance service available for the secure transport of cases accompanied by the ministry's care teams. The groups will be trained on PSS and Psychosocial First Aid to the affected people (team of 20 people per DS) for two days.

2) WASH intervention to contribute to the interruption of disease transmission with an enhanced hygiene and WASH practices. This will involve:

- Supporting the distribution of detergents/disinfectants to households with reported suspected and confirmed cases.
- Improving WASH conditions by setting up and monitoring hand-washing facilities in public spaces, health centers, and entry points.
- Human resources deployed to ensure systematic monitoring with handwashing facilities at all entry points in affected districts to raise awareness and encourage handwashing, 20 volunteers per SD.
- Support community hygiene and disinfection with distribution of bottles of hand-washing soaps to 7,943 households.
- Hygiene promotion campaign focusing on hand washing in markets, schools, and other public places. This includes the promotion of hand-washing and environmental hygiene, safe water treatment demonstrations, and demonstration of correct hand washing.

In this sector, 690 (690 volunteers and 23 Supervisor) will be trained in WASH in emergency and IPC for 3 days meaning 30 volunteers per SD and supervised by 1 CBS supervisor.

3) Risk communication and community engagement: Raising community awareness through home visits.

Volunteers will be deployed to deliver awareness messages aligned with Ministry of Health messages, based on prevention and promoting barrier measures.

Volunteers will use different channels/audio-visual support (radio, IEC material) and strong feedback systems to address misinformation or information gaps, rumors, and concerns raised by the communities. In RRCE, 690 (690 volunteers and 23 Supervisors) will be trained on RRCE/CEA and PGI.

4) PGI

Inclusive, protective and gender-sensitive programs and activities will be ensured to guarantee more equitable and safer assistance and benefits for all groups represented in the targeted communities.

assistance and benefits to all groups represented in the targeted communities. The planning and design of this DREF will aim to assess and reduce the risk of discrimination and violence, and promote the meaningful participation of all people, regardless of gender, age, disability or background.

As a priority, this intervention will ensure that the team involved understands the minimum AIP standards to be applied in the different activities, this will be done through a briefing that will cover both volunteers and NS staff.

Targeting Strategy

[Targeting Strategy Supporting Document](#)

Who will be targeted through this operation?

The target area is made up of the 14 provinces already affected by the epidemic, especially the 23 health districts affected. The total target of the operation will be 231,250 households, or 15% of the population affected, and who will be reached by the epidemic prevention actions.

Based on the SitRep of 9th August, 23 Health Districts are affected:

- (1) Province Karusi: (1) HD Buhiga
- (2) Bujumbura; (2) HD Mujumbura Centre, (3) HD Bujumbura Nord, (4) HD Bujumbura Nord
- (3) Cibitoke: (5) HD Murwi
- (4) Kayanza: (6) HD Gahombo, (7) HD Kayanza
- (5) Gitega: (8) HD Gitega; (9) HD Mutaho, (10) HD Ryansoro; (11) HD Kibuye
- (6) Bujumbura: (12) HD Isare
- (7): Muramvya: (13) HD Muramvya; (14) HD Kiganda
- (8) Ruyigi: (15) HD Kinyinya, (16) HD Ruyigi
- (9) Muyinga: (17) Muyinga
- (10) Makamba: (18) HD Nyanza Lac, (19) HD Makamba
- (11) Rumonge: (20) HD Rumonge
- (12) Bururi: (21) HD Rutovu



(13) Bubanza: (22) HD Mpanda,
 (14) Mwaro: (23) HD Kibumbu

Explain the selection criteria for the targeted population

The following criteria will be taken into account when selecting the direct target who will benefit from the aid hand washing device, personal protective equipment (masks) and disinfection:

- Communities where cases have been reported (confirmed and suspected) based on the list available from the Ministry of Health.
- Homes with children 0-15 years old have reported cases of Mpox.
- Population group living with socio-medical vulnerability such as disabilities, chronic illnesses.
- People aged over 60.
- Frontline Red Cross volunteers who are at risk of being contaminated.
- Sexual Key population as the MPOX is associated with sexual transmission.

Total Targeted Population

Women	531,375	Rural	36%
Girls (under 18)	176,990	Urban	64%
Men	509,145	People with disabilities (estimated)	2.7%
Boys (under 18)	169,990		
Total targeted population	1,387,500		

Risk and Security Considerations

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

Risk	Mitigation action
Based on the supply chain risks, there is not enough capacity to adequately and timely procure and deliver isolation tents and hygiene kits, and coordinate with other stakeholders.	The NS will use the items available in stock, even if it means handing them over after the purchasing procedures. In addition, the NS will anticipate purchasing procedures to shorten the acquisition period.
Clade ib management restriction has to be considered. Based on the regulations in force in Burundi concerning the management of key populations, there is a high sensitivity and challenge that may apply to reach the groups that will be the most at risk, include potential LGBTQ+ populations, or sex workers for an effective awareness about the prevention of the disease given that it is associated with sexually transmitted diseases.	BRCS has trained peer educators in the sexual key population (MSM and sexes professionals) during the implementation of the program funded by the Global Fund. As we do have a PGI specialist, we will ensure targeting these groups
The persistence of fuel shortage in the local market leads to delays in the implementation of activities.	The NS will continue the steps undertaken with the foreign supplier to deliver the fuel directly to the headquarters warehouses. The fuel planned in this operation will therefore be purchased directly by the IFRC.
Cases of Mpox continue to increase, affecting other health districts and infecting BRCS employees or volunteers employees or volunteers involved in operations	The NS will continue with the current response while expanding its area of implementation by requesting a new allocation. The NS will implement certain activities beyond the affected province in order to reduce the risk of transmission of the epidemic.



Please indicate any security and safety concerns for this operation

- Security risks in the targeted departments are low, but certain measures will be taken to reduce the risks of violence or road hazards.
- To reduce the risk of CRC personnel becoming victims of crime, violence or road hazards, active measures on risk mitigation will be adopted.
- A safety orientation and briefing must be organized for all teams before deployment to ensure the safety of intervention teams. Standard security protocols regarding general standards, culture sensitivity and a general code of conduct must be put in place.
- This being an election year, it could lead to post-election violence and the NS will strengthen the mechanisms of promoting the culture of peace in the community.

Has the child safeguarding risk analysis assessment been completed?

Yes

Planned Intervention



Budget: CHF 123,975

Targeted Persons: 198,000

Indicators

Title	Target
# of volunteers trained on EpiC	690
# of persons reached by CBS activities	198,000
# of ambulances operational for case evacuation	5
# of staff from the 109-hotline trained on MPOX	5
% of CBS alerts raised that are investigated and responded to within 48 hours	100
#/% of Mpox cases confirmed that were raised via Red Cross CBS alerts (20 alert per Health District per month)	2,300
# of confirmed/suspected cases transferred by RCRC ambulances (50 cases per region and per month)	1,250

Priority Actions

- Identify and train volunteers on CBS, on the basis of case definitions, volunteers will be able to identify, alert and orient suspect cases on screening procedures with the Ministry of Public Health and AIDS Control. At least 30 volunteers per health district in the 23 at-risk or already-affected districts will be engaged.
- Volunteers identify suspected cases based on community case definition and refer them to the health facility. In addition, they will contribute to contact tracing as they are based in the community in collaboration with Ministry of Health care providers.
- Deployment of volunteers in the community and at entry points (air and land) in 23 Health Districts for 5 days).
- Evacuation of suspected and/or confirmed cases to treatment centers: (5 ambulances, one kit per district).
- Training session for hotline staff on MPOX.
- Training in Psychological First Aid.
- Training of 690 volunteers on EpiC package.





Water, Sanitation And Hygiene

Budget: CHF 190,530

Targeted Persons: 47,660

Indicators

Title	Target
# volunteers trained on WASH in emergency	690
# of persons reached with WASH activities	47,660
# of hand-washing devices purchased	2,300
# of household receiving soap for hand washing	7,943
# of Red Cross stickers multiplied	1,300
# of PDM carried out	1

Priority Actions

- Training and pre-positioning of emergency wash teams in 23 priority Sanitary districts (SD) or already affected (23 BU team per SD for 6 days)
- Creation of PHAST image kits in emergency PHASTER

Purchase of personal protection kits (coveralls, boots, gloves, goggles, hat, mask)

- Multiplication of 1150 Red Cross stickers

- Support community hygiene and disinfection with the distribution of bottles of hand-washing soaps to 7943 households.
- Hygiene promotion campaign focusing on hand washing in markets, schools, and other public places. This includes the promotion of hand-washing and environmental hygiene and the demonstration of Correct hand-washing (31 volon*23 DS*15 jours)
- A post-distribution follow-up will be carried out in order to monitor with the community whether it has implemented best practices and is making good use of the materials distributed.



Protection, Gender And Inclusion

Budget: CHF 13,800

Targeted Persons: 10,530

Indicators

Title	Target
# of volunteers trained on PGI (23 HD*30 persons)	690
# of persons reached by PGI activities: sensitization (10volunteers*13 HD*4 months*20 persons)+130 volunteers trained	10,530
% of disabled people involved in community activities	5
% of women involved in community activities	30



Priority Actions

- The NS will receive a module of PGI minimum standards in emergency response.
- Protection messages will be included and oriented on reducing any possible stigmatization and exclusion of patient or communities affected.
- Inclusion of diversity and representation of different group will be ensured under the community engagement activities.
- The volunteers will first be selected to represent the different community gender and areas that will promote the inclusion and representation of targeted groups.
- In the focus group, special attention will be put to include all representative of ages, gender, areas, religious and socio-economical characteristics.



Community Engagement And Accountability

Budget: CHF 166,040

Targeted Persons: 1,387,500

Indicators

Title	Target
# of volunteers trained on RCCE and CEA	690
% of community suggestions and feedback considered or answered	70
# of persons reached by sensitization activities	1,387,500
# of persons reached by roadshow activity	6,600
# of radio spots produced	1,260
# of Radio broadcast Produced	48
# of Mpox brochures produced	1,100

Priority Actions

- Briefing of branch staff and volunteers on the RCCE for MPOX (5 training pools).
- Establish or reactivate community feedback mechanisms in the branches.
- Collect and analyze rumors and community feedback on a weekly basis at the hotline level (hotline staff incentive).
- Briefing of volunteers on Risk Communication and Community Engagement (RCCE) on MPOX.
- Production of 2 MPOX prevention spots in French and Kirundi.
- Broadcast of prevention radio spots on MPOX in Kirundi and French (7 radios x 15 broadcasts/week for 3 months); 300 BIF/sec for 120 seconds.
- Interactive radio broadcasts (1 radio broadcast per week for 4 months in 3 radio stations).
- Voice launcher for awareness raising by criers.
- Transmit ambulatory messages through voice launchers (road shows - mobile caravan).
- Strengthening early warning and communication mechanisms between branches and headquarters.
- Design and production of data collection tools and training of volunteers on data collection tools and techniques.
- Production of monitoring/evaluation data collection tools: Kobo-Dashboard forms, etc.
- Purchase of data management tools: Data processing and sharing software - License for Power BI.
- Purchase and pre-positioning of Visibility Kits: vests, t-shirts, caps, umbrellas.
- Printing of IEC tools and posters.
- Production of 1,100 brochures.



Secretariat Services

Budget: CHF 28,167



Targeted Persons: 2,139

Indicators

Title	Target
# of surge deployed	1
# of monitoring missions conducted and reported	3
# of volunteers insured	2,070

Priority Actions

- Monitoring missions.
- International surge with Health profile.
- Volunteers' insurance.



National Society Strengthening

Budget: CHF 142,260

Targeted Persons: 2,139

Indicators

Title	Target
# of volunteers insured	1,430
# lessons learned conducted	1
# of national operation coordinator mobilized	1
# of field missions organized (3 per month)	9
# of coordination meeting organized	3
# of planning meeting organized	1

Priority Actions

- Organize the planning meeting with branches and Headquarters.
- Deployment National Surge.
- Coordination meetings (1 meeting/branch / month) + 1 meeting at Headquarters/month.
- Coordination meetings (1 meeting at Headquarters/month).
- Follow-up missions.
- Organize the lesson learnt workshop.

About Support Services

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

2,070 volunteers will be mobilized at a rate of 30 volunteers per sector per district, 69 supervisors: 1 per district per sector, 1 project coordinator, and 1 CEA officer.



Will surge personnel be deployed? Please provide the role profile needed.

The Health officer Surge will be deployed to facilitate training on CBS and facilitate the production of tools for one month while the national surge will be locally mobilized during the period of the operation implementation for global coordination.

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

As Burundi is facing a fuel shortage, IFRC will procure the fuel planned for this operation. BRCS will facilitate this operation.

How will this operation be monitored?

At the beginning, BRCS will organize briefing meetings in the targeted branches. BRCS and IFRC will conduct field missions to monitor the operation during implementation. BRCS will organize a lessons-learned workshop at the end of the operation. In addition, BRCS will set up a data collection mechanism during this operation to facilitate the indicators tracking.

Please briefly explain the National Societies communication strategy for this operation

The NS has its communication plan and this will apply to this opération. The communication service for BRCS will be responsible for all communication aspects while the Response team will be regularly in touch with the IFRC team.



Contact Information

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

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[Click here for the reference](#)

