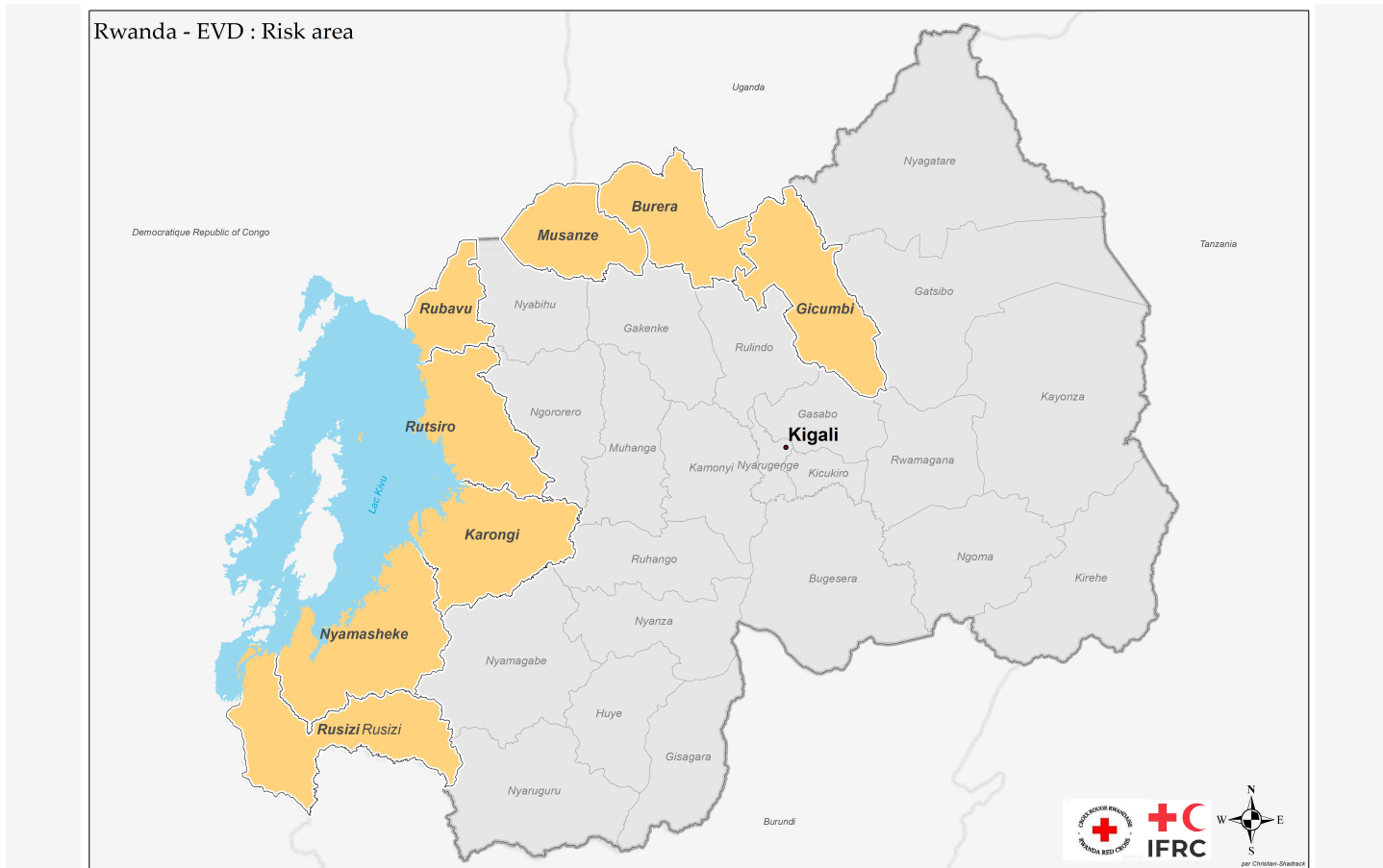


Appeal: MDRRW027	Hazard: Epidemic	Country: Rwanda	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Slow	DREF Allocation: CHF 50,000	
Glide Number: -	People Affected: 4,200,000 people	People Targeted: 500,000 people	
Operation Start Date: 04-06-2026	Operation Timeframe: 2 months	Operation End Date: 31-08-2026	DREF Published: 05-06-2026
Targeted Regions: North Province, South Province, West Province			

Description of the Event

Date when the trigger was met

15-05-2026



Risk and Targeted areas

What happened, where and when?

On 15 May 2026, the Ministry of Health of the Democratic Republic of the Congo (DRC) officially declared an outbreak of Bundibugyo Virus Disease (BVD), caused by the Bundibugyo ebolavirus strain. Ebola is a severe and highly contagious viral disease with a high case fatality rate and significant public health consequences. The Bundibugyo strain is of particular concern because no widely available licensed vaccine currently exists. The outbreak has resulted in a growing number of suspected cases and deaths and has already demonstrated cross-border transmission, increasing the risk of regional spread.

The outbreak was first reported in Ituri Province in eastern DRC, particularly affecting the health zones of Bunia, Rwampara, and Mongbwalu. Confirmed cases linked to the outbreak have also been reported in Uganda, including Kampala. Due to its proximity to the affected areas and the high volume of cross-border movements, Rwanda is considered at high risk of Ebola importation. The districts most exposed to this risk include Rubavu, Rusizi, Nyamasheke, Karongi, Rutsiro, Burera, Musanze, Gicumbi, and the City of Kigali, which serve as important transit and trade corridors with neighboring countries.

The outbreak was officially declared on 15 May 2026 and remains ongoing. Since then, the number of suspected cases and deaths has continued to increase in affected areas of the DRC and Uganda, prompting governments and partners across the region to strengthen preparedness and readiness measures. In response to the evolving situation, the Rwanda Red Cross Society (RRCS), in coordination with the Ministry of Health, RBC, IFRC, and other partners, RRCS is strengthening preparedness capacities in priority districts through volunteer identification and training, enhancement of community feedback and alert systems, support to surveillance and early warning



mechanisms, preparedness planning, and readiness activities designed to enable a rapid and effective response should an Ebola case be detected in Rwanda.

Scope and Scale

The ongoing Bundibugyo Virus Disease (BVD), outbreak in the Democratic Republic of the Congo (DRC) and the reported cross-border transmission into Uganda pose a significant public health threat to Rwanda. Due to its geographical proximity to the affected areas and the high volume of daily cross-border movements for trade, employment, education, and family connections, Rwanda remains at high risk of Ebola importation. The Bundibugyo ebolavirus strain responsible for the outbreak is of particular concern because no widely available licensed vaccine currently exists, increasing the importance of preparedness and early detection measures.

If introduced into Rwanda, Ebola could have severe consequences on lives, livelihoods, and community well-being. The disease is associated with high mortality rates and can rapidly overwhelm health systems if not detected and contained early. Beyond the direct health impact, an outbreak could disrupt economic activities, cross-border trade, transportation, education, and access to essential services. Fear, misinformation, and stigma associated with Ebola may also negatively affect social cohesion and mental well-being within affected communities.

The populations most likely to experience the impacts of this hazard are those living in high-risk border and transit districts, particularly Rubavu, Rusizi, Nyamasheke, Karongi, Rutsiro, Burera, Musanze, Gicumbi, and the City of Kigali. These districts host major border crossings, transit routes, and commercial hubs that facilitate regular movement between Rwanda, DRC, and Uganda. Communities residing in these areas are therefore more exposed to the risk of disease importation and transmission.

Particular attention will be given to vulnerable groups who may face increased risks during an Ebola outbreak or encounter barriers in accessing information and health services. These include refugees, asylum seekers, returnees, traders, transport workers, and other mobile populations who frequently cross borders. Additional vulnerable groups include children, older persons, people living with disabilities, pregnant and breastfeeding women, people with chronic illnesses, and low-income households with limited access to healthcare and preparedness information. Frontline workers, including healthcare personnel, community health workers, Rwanda Red Cross volunteers, and Safe and Dignified Burial (SDB) teams, are also at elevated risk due to their potential involvement in surveillance, case management, community engagement, and response activities.

Although Rwanda has not experienced a confirmed Ebola outbreak, the country has repeatedly faced the threat of importation during previous outbreaks in neighboring DRC and Uganda, including the 2018–2020 and 2022–2023 Ebola epidemics. During these periods, border communities experienced disruptions to trade and movement, increased anxiety, misinformation, and heightened public health surveillance measures. Lessons learned from previous preparedness operations demonstrated the importance of early community engagement, volunteer preparedness, risk communication, community-based surveillance, and strong coordination mechanisms. These experiences continue to guide Rwanda's preparedness strategy and inform the current efforts to strengthen readiness in high-risk districts and points of entry.

Source Name	Source Link
1. World Health Organization (WHO) – Ebola outbreak caused by Bundibugyo virus in DRC and Uganda (2026)	https://www.who.int/?utm
2. Rwanda Biomedical Centre (RBC) – National Ebola Contingency Plan	https://www.unicef.org/esa/ebola-preparedness-and-response?utm

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:

Rwanda has accumulated significant experience from previous Ebola preparedness operations implemented during the Ebola outbreaks in the Democratic Republic of the Congo (2018–2020 and 2022–2023), as well as from the recent response to the Marburg Virus Disease outbreak in 2024. These experiences demonstrated that early preparedness, strong community engagement, effective surveillance systems, and close coordination among stakeholders are critical to preventing disease transmission and ensuring a rapid response.

One of the key lessons learned was the importance of maintaining trained and operational volunteer networks in high-risk districts before the occurrence of any confirmed case. Previous preparedness operations showed that delays in training and equipping volunteers can reduce the effectiveness of early detection and response mechanisms. Therefore, this operation prioritizes the training and readiness of volunteers on Community-Based Surveillance (CBS), Safe and Dignified Burials (SDB), Infection Prevention and Control (IPC), and Risk Communication and Community Engagement (RCCE) to ensure immediate operational readiness if an Ebola case is detected.

Previous Ebola outbreaks in the region also highlighted the importance of community trust and timely management of rumors and misinformation. Community resistance and fear can undermine surveillance, contact tracing, and public health measures. As a result, the current operation places strong emphasis on community engagement, rumor tracking, feedback mechanisms, and collaboration with community leaders and local authorities to strengthen trust and promote the adoption of preventive behaviors.

Another important lesson relates to the protection and safety of frontline responders. Experiences from previous Ebola responses demonstrated the need for adequate training, personal protective equipment, and strict adherence to infection prevention and control measures to reduce exposure risks among volunteers and health workers. The operation therefore includes refresher training, simulation exercises, and pre-positioning of essential protective equipment to strengthen responder safety and preparedness.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	Yes
What was the risk level for Child Safeguarding Risk Analysis?:	The risk level was moderate.

Current National Society Actions

Start date of National Society actions

17-05-2026

Health	RRC participated in national and district-level preparedness coordination meetings and supported readiness assessments in high-risk districts and points of entry. Initial reviews were conducted to assess the availability and readiness of trained volunteers, surveillance capacities, alert reporting mechanisms, and branch preparedness structures that could support early detection and reporting of suspected Ebola cases.
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	RRC conducted a preliminary assessment of previously trained SDB teams, available equipment, and operational capacities established during earlier Ebola preparedness interventions. Existing volunteer rosters and response assets were reviewed to identify gaps requiring refresher training and equipment support.
Community Engagement And Accountability	The National Society began reviewing existing Ebola awareness materials, community engagement approaches, and feedback mechanisms established during previous Ebola preparedness and Marburg response operations. Discussions were initiated with branches and local authorities to identify priority areas for risk communication, rumor management, and community engagement in high-risk districts.
Coordination	RRC actively participated in preparedness planning meetings organized by the Ministry of Health and RBC. The National Society reviewed its contingency plans, volunteer databases, branch capacities, and coordination mechanisms to ensure alignment with the National Ebola Preparedness and Response Plan. Discussions were also initiated with IFRC and Movement partners to mobilize technical and operational support for preparedness activities.

IFRC Network Actions Related To The Current Event

Secretariat	<p>The International Federation of Red Cross and Red Crescent Societies (IFRC) does not maintain a permanent country delegation in Rwanda. The Rwanda Red Cross Society (RRCS) is supported through the Kinshasa Country Delegation, which provides strategic, technical, operational, and coordination support for preparedness and emergency response activities.</p> <p>Since the declaration of the Bundibugyo Virus Disease (BVD) outbreak in the Democratic Republic of the Congo, the IFRC has been actively supporting RRCS and regional preparedness efforts through regular technical coordination, preparedness planning, risk analysis, and operational readiness discussions. In parallel, Rwanda is included in the IFRC Regional Emergency Appeal for the BVD outbreak, which supports preparedness activities in countries at risk of disease importation. The Emergency Appeal provides the broader regional framework for preparedness and coordination, while this DREF focuses on strengthening specific readiness capacities of the Rwanda Red Cross Society in priority districts and points of entry.</p> <p>Through both the Regional Emergency Appeal and this DREF operation, the IFRC is supporting RRCS to strengthen preparedness and readiness capacities, including volunteer preparedness, community engagement and accountability, community-based surveillance, infection prevention and control, contingency planning, coordination, and operational readiness. This support complements the efforts of the Ministry of Health, Rwanda Biomedical Centre (RBC), and other partners involved in epidemic preparedness.</p> <p>Throughout implementation, IFRC will maintain close technical follow-up through regular coordination meetings, operational reviews, monitoring visits, and continuous engagement with RRCS, the Ministry of Health, RBC, and Movement partners. The DREF operation will also contribute to the implementation of the regional preparedness strategy under the Emergency Appeal by strengthening community-level readiness and ensuring that RRCS is operationally prepared to support a rapid response should an Ebola case be detected in Rwanda.</p>
Participating National Societies	Several Partner National Societies (PNSs) are present in Rwanda and work closely with the Rwanda Red Cross Society (RRCS) to strengthen community resilience, emergency



preparedness, health programming, WASH interventions, and National Society development. Key Movement partners currently supporting RRCS include the Austrian Red Cross, Spanish Red Cross, and Japanese Red Cross

Following the declaration of the Bundibugyo Virus Disease (BVD) outbreak in the Democratic Republic of the Congo, RRCS developed a preparedness strategy aligned with the Government of Rwanda's National Ebola Preparedness and Response Plan. The strategy focuses on strengthening preparedness and readiness capacities in high-risk districts and points of entry, including community engagement and accountability, community-based surveillance, volunteer preparedness, infection prevention and control, contingency planning, and emergency coordination mechanisms.

The DREF contributes to this broader preparedness strategy by supporting priority readiness actions that address immediate operational gaps identified by RRCS and its partners. The operation focuses on strengthening systems, volunteer capacities, preparedness planning, and community-level readiness to ensure rapid activation in the event of a suspected or confirmed Ebola case.

To ensure complementarity and avoid duplication, RRCS regularly convenes coordination meetings with Movement partners and shares preparedness plans, operational priorities, and funding gaps. The Austrian Red Cross has confirmed support through its Crisis Modifier mechanism, which complements DREF-supported preparedness activities in selected high-risk districts. The Spanish Red Cross and Japanese Red Cross continue to participate in preparedness coordination discussions and are exploring opportunities to support additional preparedness actions through their ongoing programmes.

Throughout the operation, Partner National Societies will contribute through technical advice, coordination support, information sharing, and alignment of preparedness activities with national priorities. Regular Movement coordination meetings will be organized to ensure a coherent and complementary approach among all Movement partners supporting Ebola preparedness in Rwanda.

The collaboration between RRC, IFRC, ICRC, and Partner National Societies will strengthen operational readiness, enhance volunteer preparedness, and contribute to a coordinated Movement approach to support Rwanda's efforts to prevent, detect, and respond to a potential Ebola outbreak.

ICRC Actions Related To The Current Event

The International Committee of the Red Cross (ICRC) maintains a presence in Rwanda and is actively engaged in Movement coordination related to regional humanitarian and public health risks. For the current Bundibugyo Virus Disease (BVD), preparedness operation, the ICRC participates in Movement coordination and information-sharing mechanisms alongside the Rwanda Red Cross (RRC), IFRC, and Partner National Societies.

In the context of this operation, the ICRC provides coordination support to ensure complementarity and coherence of Movement preparedness efforts, particularly in relation to cross-border humanitarian risks associated with the ongoing Ebola outbreak in the Democratic Republic of the Congo and Uganda. The ICRC contributes to preparedness discussions and supports information sharing on the evolving regional context and potential humanitarian implications.

The ICRC works closely with RRC and Movement partners to ensure alignment of preparedness approaches, strengthen coordination mechanisms, and promote a unified Movement response in support of national preparedness efforts. This collaboration contributes to enhancing operational readiness and ensuring that Movement resources and capacities are coordinated effectively should an Ebola case be detected in Rwanda.

No direct operational or financial support from the ICRC is currently planned under this DREF operation; however, the ICRC remains



engaged through Movement coordination and technical exchanges related to preparedness and humanitarian considerations associated with the regional Ebola situation.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	<p>Following the declaration of the Bundibugyo Virus Disease (BVD), outbreak in the Democratic Republic of the Congo (DRC) on 15 May 2026 and the subsequent increase in regional transmission risk, the Government of Rwanda, through the Ministry of Health (MoH) and the Rwanda Biomedical Centre (RBC), rapidly activated national preparedness and readiness measures to prevent, detect, and respond to any potential importation of Ebola into the country.</p> <p>The Government strengthened the national coordination framework by activating the Emergency Operations Centre (EOC), the Incident Management System (IMS), and relevant Technical Working Groups (TWGs). Regular coordination meetings are being conducted at national and district levels to monitor the evolving situation, assess preparedness gaps, and coordinate interventions among government institutions, humanitarian partners, and other stakeholders.</p> <p>To enhance early detection capacities, surveillance and screening measures have been reinforced at Points of Entry (PoEs), health facilities, and communities, particularly in districts identified as high risk due to their proximity to the DRC and Uganda. Alert management systems and rapid response mechanisms have also been reviewed and strengthened to ensure timely investigation and response to any suspected cases.</p> <p>The Ministry of Health and RBC have updated preparedness and contingency planning measures, prioritizing high-risk districts including Rubavu, Rusizi, Nyamasheke, Karongi, Rutsiro, Burera, Musanze, Gicumbi, and the City of Kigali. Preparedness efforts include strengthening laboratory readiness, case management capacity, Infection Prevention and Control (IPC) measures, and the availability of trained rapid response teams.</p> <p>In parallel, the Government has intensified Risk Communication and Community Engagement (RCCE) activities to increase public awareness on Ebola prevention, address rumors and misinformation, and promote early reporting of suspected cases. Community engagement efforts are being implemented through multiple communication channels and local structures to ensure that accurate information reaches populations at risk.</p> <p>In collaboration with partners, including the Rwanda Red Cross (RRC), the Government is also supporting preparedness activities such as volunteer training, community-based surveillance strengthening, simulation exercises, psychosocial support preparedness, and Safe and Dignified Burial (SDB) readiness measures. These actions aim to strengthen national preparedness capacities and ensure that Rwanda remains ready to rapidly contain and respond to any potential Ebola case.</p>
UN or other actors	<p>Following the declaration of the Bundibugyo Virus Disease (BVD), outbreak in the Democratic Republic of the Congo (DRC) and the heightened regional risk of disease transmission, United Nations agencies, humanitarian organizations, and development partners have been supporting the Government of Rwanda in strengthening national preparedness and readiness capacities.</p>



The World Health Organization (WHO) is providing technical leadership and guidance on Ebola preparedness, including risk assessment, surveillance, Infection Prevention and Control (IPC), laboratory preparedness, case management readiness, and coordination of public health interventions. WHO also supports preparedness planning and capacity strengthening of national and district-level response structures.

UNICEF is supporting Risk Communication and Community Engagement (RCCE) activities aimed at increasing public awareness of Ebola prevention measures, promoting community participation, and strengthening feedback and rumor management mechanisms. UNICEF also contributes to community-based preparedness efforts and supports communication activities targeting vulnerable and high-risk populations.

Other humanitarian and development partners continue to participate in national and district-level preparedness coordination mechanisms led by the Ministry of Health and the Rwanda Biomedical Centre (RBC). Their support includes strengthening surveillance systems, preparedness planning, logistics and supply chain readiness, laboratory capacity, health worker preparedness, and public awareness interventions, particularly in high-risk border districts and points of entry.

These coordinated efforts contribute to strengthening Rwanda's overall preparedness capacity and ensuring a timely, effective, and well-coordinated response should an Ebola case be detected in the country.

Are there major coordination mechanism in place?

At the national level, Bundibugyo Virus Disease (BVD), preparedness and response coordination in Rwanda is led by the Ministry of Health (MoH) through the Rwanda Biomedical Centre (RBC). The main coordination structures include the Emergency Operations Centre (EOC), the Incident Management System (IMS), and several Technical Working Groups (TWGs) covering key pillars such as surveillance, laboratory, Infection Prevention and Control (IPC), Risk Communication and Community Engagement (RCCE), case management, logistics, and preparedness. These platforms bring together government institutions, United Nations agencies, the Rwanda Red Cross (RRC), development partners, and humanitarian organizations to support coordinated preparedness planning, information sharing, and operational decision-making.

At the district level, preparedness activities are coordinated through District Task Forces (DTFs) and District Disaster Management Committees under the leadership of district authorities and local health structures. Coordination at Points of Entry (PoEs) is managed by border health authorities in collaboration with immigration services, security agencies, and local government representatives. Community-level coordination is supported through community health workers, local leaders, and surveillance networks integrated within the national Integrated Disease Surveillance and Response (IDSR) system.

As an auxiliary to public authorities in the humanitarian field, the Rwanda Red Cross actively participates in national and district-level coordination mechanisms. RRC is represented in EOC meetings, preparedness planning discussions, Technical Working Groups, and district coordination platforms. The National Society plays a key operational role in community engagement, community-based surveillance, volunteer mobilization, psychosocial support preparedness, Safe and Dignified Burial (SDB) preparedness, and community feedback mechanisms. Through its extensive volunteer network, RRC contributes to strengthening community-level preparedness and serves as an important link between communities and public health authorities.

While RRC does not formally lead or co-lead any of the national coordination structures, it is recognized as a key operational partner supporting government-led preparedness efforts and community-based interventions.

Overall, coordination mechanisms in Rwanda are well established and functional. However, lessons learned from previous preparedness operations have highlighted the need for continued harmonization of Risk Communication and Community Engagement (RCCE) activities among partners to avoid duplication of messages and ensure consistency of information shared with communities. There is also a need to further strengthen the integration of community feedback and rumor management systems across partners and enhance information sharing between community-based surveillance structures and formal health surveillance systems. The current preparedness operation will contribute to addressing these gaps by strengthening coordination, community engagement, and information-sharing mechanisms at national and district levels.



Needs (Gaps) Identified



Health

Although Rwanda has significantly strengthened its epidemic preparedness capacities through previous Ebola and Marburg preparedness initiatives, important gaps remain in ensuring nationwide readiness for a potential Bundibugyo Virus Disease (BVD), outbreak. The ongoing outbreak in the Democratic Republic of the Congo and confirmed cross-border transmission into Uganda have increased the need to strengthen preparedness capacities in high-risk districts and points of entry.

Key gaps identified include the need to refresh and expand the pool of trained volunteers on Community-Based Surveillance (CBS), alert management, Infection Prevention and Control (IPC), and Safe and Dignified Burials (SDB). Some volunteers trained during previous preparedness operations are no longer active, while newly recruited volunteers have not yet received specialized BVD preparedness training. In addition, preparedness equipment, PPE, and SDB materials require replenishment and pre-positioning to ensure operational readiness.

While surveillance systems are functional, further strengthening is required to improve integration between community-based surveillance mechanisms and formal health reporting systems, particularly in border communities and high-mobility areas. The operation will therefore focus on strengthening volunteer readiness, surveillance capacities, and preparedness systems before any potential disease introduction.



Water, Sanitation And Hygiene

Effective Infection Prevention and Control (IPC) measures remain essential to preventing Ebola transmission. Assessments conducted with health authorities and branch structures identified gaps in the availability of PPE, disinfection materials, and practical IPC preparedness capacities among volunteers and community responders.

Although national IPC protocols are in place, there is a continued need for refresher training, simulation exercises, and practical preparedness activities to ensure that volunteers can safely support response efforts if required. Additional preparedness stocks of PPE, hand hygiene materials, disinfection products, and SDB equipment are needed to strengthen readiness in high-risk districts and points of entry.

Operationally, ensuring the timely availability and distribution of preparedness equipment to remote districts remains a challenge that requires advance planning and coordination with partners.



Protection, Gender And Inclusion

The assessment identified the need to further strengthen the integration of Protection, Gender and Inclusion (PGI) considerations into preparedness activities. Vulnerable groups such as refugees, asylum seekers, returnees, older persons, people living with disabilities, women, children, and individuals with chronic illnesses may face additional barriers in accessing preparedness information, health services, and reporting mechanisms during an Ebola outbreak.

There is a need to ensure that preparedness messaging, community engagement activities, and feedback mechanisms are accessible, inclusive, and adapted to the specific needs of different population groups. Additional efforts are also required to strengthen volunteer capacities on PGI, safeguarding, and Prevention of Sexual Exploitation and Abuse (PSEA) to ensure that preparedness activities are delivered in a safe, inclusive, and accountable manner.

Furthermore, the specific concerns and perspectives of vulnerable groups are not always systematically captured through existing community engagement mechanisms, highlighting the need to strengthen inclusive consultation and feedback approaches throughout the operation.





Community Engagement And Accountability

Community engagement remains one of the most critical components of Ebola preparedness. Lessons learned from previous outbreaks in the region have demonstrated that misinformation, rumors, fear, and mistrust can significantly undermine prevention and response efforts.

While Rwanda has existing RCCE structures and experience from previous preparedness operations, gaps remain in maintaining community awareness and preparedness in the absence of active cases. There is a need to strengthen rumor tracking systems, community feedback mechanisms, and two-way communication channels, particularly in border districts and areas hosting mobile populations.

Coordination among partners engaged in RCCE activities also requires continued harmonization to ensure consistent messaging and avoid duplication of efforts. Particular attention is needed to reach populations that may have limited access to formal communication channels, including refugees, cross-border traders, transport workers, and communities living in remote border areas.

Any identified gaps/limitations in the assessment

Despite existing preparedness capacities, there remains a need to strengthen volunteer readiness through refresher training in Community-Based Surveillance (CBS), Safe and Dignified Burials (SDB), Infection Prevention and Control (IPC), Risk Communication and Community Engagement (RCCE), and Protection, Gender and Inclusion (PGI). The availability of trained personnel is uneven across high-risk districts, and some previously trained volunteers are no longer active.

Resource limitations were also identified, particularly regarding the availability of Personal Protective Equipment (PPE), SDB equipment, disinfection materials, surveillance tools, and operational resources required to maintain preparedness capacities. Additional financial resources are needed to support volunteer training, simulation exercises, preparedness stock pre-positioning, and coordination activities in priority districts and points of entry.

Several operational challenges were highlighted, including the large geographical coverage of high-risk districts, the need to maintain preparedness capacities over time in the absence of active cases, and the logistical requirements associated with supporting remote border communities and points of entry. These factors may affect the timely implementation of preparedness activities if adequate resources are not available.

While coordination mechanisms are generally well established and led by the Ministry of Health and the Rwanda Biomedical Centre, challenges remain in harmonizing community feedback systems, rumor management approaches, and Risk Communication and Community Engagement (RCCE) interventions implemented by different partners. Continued coordination is required to avoid duplication of efforts and ensure consistent messaging across all intervention areas.

Operational Strategy

Overall objective of the operation

Through this DREF operation, the Rwanda Red Cross (RRC) aims to contribute to Bundibugyo Virus Disease (BVD) preparedness and response efforts through capacity strengthening and preparedness activities across the priority districts and major points of entry identified as high-risk for cross-border transmission from neighboring countries, particularly the Democratic Republic of Congo (DRC) and Uganda. This intervention is aligned with the Rwanda Red Cross preparedness plan and the national contingency plan developed by the Ministry of Health and the Rwanda Biomedical Centre (RBC).

The RRC will focus its intervention on the following strategic pillars: Risk Communication and Community Engagement (RCCE), Community-Based Surveillance (CBS), especially at points of entry and border communities, Safe and Dignified Burials (SDB) preparedness, Water, Sanitation and Hygiene/Infection Prevention and Control (WASH/IPC), as well as National Society Development (NSD) and operational coordination support.

The operation will particularly strengthen preparedness capacities in communities surrounding border areas and points of entry through volunteer training, community awareness sessions, rumor tracking, community feedback mechanisms, and support to early warning and rapid response systems in collaboration with the Ministry of Health and partners.



Operation strategy rationale

The proposed operation aims to strengthen the preparedness and readiness capacities of the Rwanda Red Cross (RRC) to support national efforts to prevent, detect, and respond to a potential importation of Bundibugyo Virus Disease (BVD)/Ebola Virus Disease (EVD) from neighboring countries. The operation is aligned with the National Ebola Preparedness and Response Plan and focuses on strengthening systems, capacities, and operational readiness in high-risk districts and points of entry identified by the Ministry of Health (MoH) and the Rwanda Biomedical Centre (RBC). As Rwanda has not reported any confirmed Ebola case, the operation is strictly preparedness oriented. The intervention will focus on establishing and strengthening the systems, procedures, trained personnel, and coordination mechanisms required for a rapid response should a case be detected. The operation will directly target volunteers, branch structures, community leaders, and communities living around priority points of entry and high-risk districts rather than the entire population at risk.

While the Government of Rwanda has strong public health coordination mechanisms through the Ministry of Health, Rwanda Biomedical Centre, Emergency Operations Centre (EOC), and surveillance systems, the Rwanda Red Cross provides a unique comparative advantage through its extensive volunteer network, community presence, and auxiliary role to public authorities. RRC is particularly well positioned to support community-based surveillance, community engagement, rumor management, volunteer mobilization, and preparedness activities in communities located around high-risk border areas and points of entry where early detection and community acceptance are critical.

1) Health: Community-Based Surveillance (CBS)

The national preparedness assessment identified the need to strengthen community-based surveillance capacities in high-risk districts and around priority points of entry. While Rwanda has established surveillance systems and preparedness mechanisms, additional efforts are required to ensure that community-level alert and reporting systems remain operational and can be rapidly activated in the event of an Ebola alert.

The operation will focus on strengthening RRC preparedness capacities through the training of 20 Trainers of Trainers (ToTs) on Community-Based Surveillance (CBS), Ebola preparedness protocols, and operational readiness procedures. The ToTs will be selected from the nine high-risk districts and Kigali to ensure geographical coverage and rapid capacity reinforcement if required. In addition, approximately 90 volunteers already identified in high-risk areas will be mapped and maintained on a readiness roster for rapid mobilization in the event of an alert. Activities will support the review and reinforcement of existing alert and referral pathways, strengthen coordination between community structures and health authorities, and facilitate the integration of Ebola community case definitions into existing surveillance mechanisms. The operation will also support the identification of volunteers in high-risk areas who could be rapidly mobilized should the epidemiological situation evolve.

Overall, the health strategy seeks to strengthen systems, capacities, and operational arrangements required for early detection and rapid reporting while complementing the surveillance efforts led by the Ministry of Health and the Rwanda Biomedical Centre.

2) WASH and IPC

The operation will support a limited number of preparedness activities aimed at strengthening hygiene promotion capacities and operational readiness in high-risk districts and around priority points of entry.

A small pool of Trainers of Trainers (ToTs) will be trained on hygiene promotion and preparedness approaches to support rapid community engagement if required. Limited preparedness materials may be used for training and simulation purposes. Any community-level activities will remain focused on preparedness and testing of systems rather than large-scale implementation. The operation will train 15 Trainers of Trainers (ToTs) on hygiene promotion and preparedness approaches to ensure the availability of technical resources that can support rapid community engagement and preparedness activities in high-risk districts if needed.

Simulation exercises will be conducted to assess readiness levels, test procedures, and identify operational gaps. These activities will contribute to ensuring that RRC maintains minimum preparedness capacities to support public health authorities if needed.

3) Coordination, Preparedness Management, Monitoring and Evaluation

Strong coordination and preparedness management are essential to maintain operational readiness and ensure alignment with national preparedness efforts. The Rwanda Red Cross (RRC) operates as an auxiliary to public authorities and works closely with the Ministry of Health (MoH) and the Rwanda Biomedical Centre (RBC) through established epidemic preparedness and response coordination mechanisms.

The operation will support preparedness planning, coordination meetings, monitoring activities, simulation exercises, and operational readiness reviews at national and branch levels. Particular emphasis will be placed on strengthening volunteer management systems, preparedness planning, reporting mechanisms, and operational procedures required for rapid activation.

Monitoring activities will focus on assessing preparedness capacities, functionality of systems, readiness of trained personnel, and implementation of preparedness milestones. Simulation exercises and after-action reviews will be used to identify operational gaps and inform future preparedness improvements.



This approach will strengthen RRC institutional readiness and ensure that the National Society remains prepared to support government-led response efforts through trained personnel, functional systems, and established coordination mechanisms.

Targeting Strategy

Who will be targeted through this operation?

The target population has been selected based on the national Ebola risk assessment conducted by the Ministry of Health (MoH) and the Rwanda Biomedical Centre (RBC), which identified districts and points of entry at highest risk of Bundibugyo Virus Disease (BVD) importation due to their proximity to affected countries and the high volume of cross-border movements.

The operation will primarily focus on communities living in the high-risk districts of Rubavu, Rusizi, Nyamasheke, Karongi, Rutsiro, Burera, Musanze, Gicumbi, Nyagatare, Kirehe, and Bugesera, as well as populations frequenting major points of entry, including Grande Barrière and Petite Barrière, Rusizi I and II, Bugarama, Cyanika, Kagitumba, Gatuna, and Kigali International Airport. These locations represent the most likely points through which a potential Ebola case could enter Rwanda.

The operation will target populations that are at increased risk of exposure due to their mobility, frequent interaction with travelers, and proximity to border crossings and trade routes. Particular attention will be given to cross-border traders, transport workers, travelers, migrant populations, refugees, asylum seekers, returnees, and communities residing in border areas where movement between Rwanda, the Democratic Republic of the Congo, and Uganda is frequent.

In addition to the general population living in high-risk districts, the operation will support frontline actors who play a critical role in early detection and preparedness, including Rwanda Red Cross volunteers, community leaders, community health workers, and local authorities. Strengthening the preparedness capacities of these groups will contribute to improving community awareness, surveillance, rumor management, and rapid reporting of alerts.

Special consideration will be given to vulnerable groups that may face additional challenges in accessing health information, preparedness services, and reporting mechanisms. These groups include older persons, people living with disabilities, women, children, pregnant and breastfeeding women, people with chronic illnesses, refugees, and low-income households. The operation will ensure that communication materials, community engagement activities, and feedback mechanisms are adapted to meet their specific needs and are accessible to all population groups.

The rationale for targeting these populations is based on their higher likelihood of being exposed to Ebola through population movements and their critical role in preventing disease transmission. By prioritizing high-risk districts, border communities, mobile populations, and vulnerable groups, the operation aims to strengthen preparedness, support early detection, improve community awareness, and enhance the overall readiness of Rwanda to prevent and respond to a potential Ebola outbreak.

Explain the selection criteria for the targeted population

The selection of target areas and populations is based on the national Ebola risk assessment conducted by the Ministry of Health (MoH) and the Rwanda Biomedical Centre (RBC), which identified districts and points of entry at highest risk of Bundibugyo Virus Disease (BVD) importation due to their geographical proximity to the Democratic Republic of the Congo and Uganda, as well as the high volume of cross-border population movements, trade activities, and transit flows.

The operation will prioritize communities living in high-risk districts, border areas, transit corridors, and around major points of entry where the likelihood of exposure to a potential imported case is highest. These communities are considered particularly vulnerable because of their frequent interaction with travelers, traders, transport operators, and mobile populations moving between Rwanda and neighboring countries affected by the outbreak.

The intervention will also target key community actors who play a critical role in preparedness, early warning, and risk reduction. These include Rwanda Red Cross volunteers, volunteer leaders, community health workers, local authorities, religious leaders, teachers, media professionals, transport operators, traders' associations, and other influential community structures. Strengthening the capacities of these groups will help ensure the rapid dissemination of accurate information, early detection and reporting of alerts, effective rumor management, and increased community trust in preparedness measures.

Special attention will be given to vulnerable populations whose needs may not be adequately addressed through traditional communication and preparedness mechanisms. These include refugees, asylum seekers, returnees, migrants, older persons, people living



with disabilities, women, children, pregnant and breastfeeding women, people with chronic illnesses, and low-income households. These groups may face additional barriers in accessing health information, reporting mechanisms, and preparedness services, which can increase their vulnerability during a public health emergency.

To address these vulnerabilities, the operation will ensure that preparedness messages, community engagement activities, and feedback mechanisms are inclusive, accessible, and adapted to the specific needs of different population groups. Community consultations, focus group discussions, and feedback channels will be used to ensure that the perspectives and concerns of vulnerable groups are considered in preparedness planning and implementation.

By focusing on high-risk geographical areas, mobile populations, frontline community actors, and vulnerable groups, the operation aims to strengthen community resilience, improve early warning and preparedness capacities, and support the Government of Rwanda's efforts to prevent, detect, and respond rapidly to a potential Ebola outbreak.

Total Targeted Population

Women	128,750	Rural	65%
Girls (under 18)	128,750	Urban	35%
Men	121,250	People with disabilities (estimated)	15%
Boys (under 18)	121,250		
Total targeted population	500,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Escalation of the Ebola outbreak in neighboring countries leading to a confirmed case in Rwanda during the	The operation is designed to strengthen readiness and rapid response capacities. Preparedness activities will be implemented



implementation period.	in a way that allows rapid adaptation to evolving needs. Coordination with the Ministry of Health, Rwanda Biomedical Centre (RBC), and IFRC will ensure timely adjustments to operational priorities if required.
Community resistance, fear, stigma, and misinformation may reduce participation in preparedness activities, limit reporting of suspected cases, and undermine public health measures.	Strengthen Risk Communication and Community Engagement (RCCE) activities, rumor tracking systems, community feedback mechanisms, and engagement with trusted local leaders, religious leaders, and community influencers. Regular monitoring of community perceptions will allow timely adaptation of messaging.
Delays in procurement and availability of preparedness supplies	Early procurement planning, close coordination with IFRC supply chain teams, utilization of existing preparedness stocks where available, and continuous monitoring of procurement timelines. Alternative suppliers will be identified when necessary.
Coordination and information management challenges among multiple stakeholders	Continue active participation in national and district coordination mechanisms led by the Ministry of Health and RBC. Strengthen information-sharing systems, harmonize RCCE approaches, and ensure regular coordination meetings with partners, IFRC, and Movement components.



Please indicate any security and safety concerns for this operation:

The overall security environment in Rwanda remains stable, and no major security incidents are anticipated to significantly affect the implementation of this preparedness operation. However, several safety and operational risks should be considered, particularly given that activities will be conducted in border districts, points of entry, and areas characterized by high population mobility.

One of the main safety concerns relates to the potential exposure of staff and volunteers to Bundibugyo Virus Disease (BVD) or other infectious diseases while conducting preparedness activities in high-risk border communities and points of entry. Although no Ebola cases have been reported in Rwanda, volunteers involved in community engagement, surveillance, simulation exercises, and preparedness activities may operate in environments with increased public health risks due to frequent cross-border movements.

Another concern relates to misinformation, rumors, and community perceptions surrounding Ebola. Experiences from previous Ebola and Marburg preparedness operations have shown that fear, stigma, and misconceptions can occasionally create resistance to preparedness activities or reduce community acceptance of volunteers and public health interventions. This may affect volunteer safety and access to certain communities if not adequately addressed.

Operational safety risks also include road travel and transportation-related incidents, particularly when conducting activities in remote border areas and multiple districts. Poor weather conditions, long travel distances, and challenging terrain in some rural areas may increase the risk of accidents and delays.

To mitigate these risks, the Rwanda Red Cross (RRC) will train a pool of 20 Trainers of Trainers (ToTs) on safety procedures, Infection Prevention and Control (IPC) measures, and operational protocols related to Ebola preparedness. These trainers will serve as technical resource persons and will be responsible for cascading key preparedness messages, safety procedures, and operational guidance to volunteers and branch teams as required. This approach will strengthen institutional preparedness, ensure consistency in the application of safety standards, and facilitate the rapid scaling-up of volunteer capacities should an Ebola response be activated. Personal Protective Equipment (PPE) and hygiene materials will be provided when required, and all preparedness activities will be implemented in accordance with Ministry of Health and Rwanda Biomedical Centre (RBC) guidelines.

RRC will also follow existing Movement security procedures and maintain close coordination with local authorities, district administrations, and health authorities throughout the operation. Security information and contextual updates will be shared regularly with staff and volunteers, and activities will be adapted as necessary based on evolving risks and operational conditions.

Volunteer insurance, duty-of-care measures, and emergency communication mechanisms will be maintained throughout the operation to ensure the safety and well-being of personnel involved in preparedness activities. Continuous community engagement and rumor management efforts will further contribute to reducing potential tensions and strengthening community acceptance of the operation.

Overall, no major security constraints are anticipated; however, strict adherence to health, safety, and security protocols will remain essential to ensure the safe implementation of preparedness activities in all targeted districts and points of entry.

Has the child safeguarding risk analysis assessment been completed?

Yes

Planned Intervention



Budget: CHF 5,535

Targeted Persons: 500,000

Indicators

Title	Target
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# of volunteers trained on Community-Based Surveillance (CBS)	20
# of points of entry covered by trained volunteers	10

Priority Actions

- Train volunteers on Community-Based Surveillance (CBS) in high-risk districts and points of entry.
- Strengthen alert and referral mechanisms between communities and health authorities.
- Support preparedness coordination meetings with health authorities.



Water, Sanitation And Hygiene

Budget: CHF 12,730

Targeted Persons: 500,000

Indicators

Title	Target
# of WASH ToTs trained on epidemic preparedness and hygiene promotion.	15
# of hygiene promotion tools and key messages reviewed and validated.	1
# of simulation exercises conducted.	10
# of high-risk points of entry supported with preparedness WASH arrangements.	10
# of handwashing facilities procured and pre-positioned for emergency deployment.	20
# of priority points of entry and public spaces with handwashing facilities available for rapid deployment during an outbreak.	10

Priority Actions

- Review and update hygiene promotion materials and preparedness tools for Ebola readiness. (1 package).
- Train WASH Trainers of Trainers (ToTs) on Epidemic Preparedness and Hygiene Promotion.
- Conduct simulation exercises to test WASH preparedness arrangements and volunteer readiness.
- Support preparedness measures at selected high-risk points of entry through demonstration handwashing facilities and hygiene promotion preparedness arrangements.
- Procure and pre-position handwashing facilities for rapid deployment at priority points of entry and public spaces.



Community Engagement And Accountability

Budget: CHF 17,936

Targeted Persons: 500,000

Indicators

Title	Target
# of ToTs trained on RCCE/CEA and rumor management.	20
# of Ebola preparedness communication packages reviewed and validated.	1
# of community feedback and rumor management mechanisms reviewed and tested.	1
# of rapid community mapping exercises conducted to identify existing community structures, local leaders, and communication channels in high-risk districts and priority points of entry.	19
# of preparedness exercises conducted to test communication channels and feedback systems.	10

Priority Actions

- Train Trainers of Trainers (ToTs) on RCCE, CEA, rumor management, and community feedback mechanisms
- Review, adapt and validate Ebola preparedness messages and IEC materials
- Review and strengthen community feedback and rumor management mechanisms
- Conduct community engagement preparedness exercises to test communication channels and feedback mechanisms



Secretariat Services

Budget: CHF 2,580

Targeted Persons: -

Indicators

Title	Target
# of technical support missions conducted by IFRC	2
# of coordination meetings attended by IFRC in support of the operation	1

Priority Actions

- Provide technical support for planning, implementation, and reporting.
- Support monitoring, evaluation, accountability, and learning (PMER) activities.
- Provide financial management, compliance, and grant administration support.
- Support procurement and supply chain processes when required.
- Conduct joint monitoring and supervision visits with RRC.
- Support operational coordination, quality assurance, and lessons learned documentation.
- Provide communication and visibility support throughout the operation.
- Ensure regular engagement between RRC, IFRC, Ministry of Health, and partners to support preparedness objectives.





Budget: CHF 8,167

Targeted Persons: 400

Indicators

Title	Target
# of RRC staff and branch focal points oriented on the BVD preparedness plan	20
# of RRC staff and branch focal points oriented on the BVD preparedness plan 20 people Number of branch preparedness plans reviewed and aligned with the national preparedness plan	11
# of operational coordination meetings conducted by RRC	4
# of volunteers covered by insurance and duty-of-care measures during the operation	400

Priority Actions

- Orient RRC staff and branch focal points on the BVD preparedness operation and implementation modalities.
- Review and strengthen branch preparedness and contingency arrangements in targeted districts.
- Strengthen volunteer management, insurance, and duty-of-care mechanisms.
- Conduct operational coordination meetings and preparedness reviews at national and branch levels.
- Strengthen internal preparedness systems, reporting lines, and operational readiness procedures.
- Support documentation of lessons learned and preparedness good practices.

About Support Services

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

The operation will be implemented through a combination of Rwanda Red Cross (RRC) staff and a limited number of trained volunteers at national and branch levels, working in close coordination with the Ministry of Health (MoH), Rwanda Biomedical Centre (RBC), IFRC, and other partners.

The operation will focus on strengthening the readiness of a core group of approximately 140 volunteers identified in high-risk districts and around priority points of entry. These volunteers will be organized into preparedness rosters and rapid response capacities supporting Community-Based Surveillance (CBS), Risk Communication and Community Engagement (RCCE), Community Engagement and Accountability (CEA), community feedback mechanisms, WASH preparedness activities, simulation exercises, and operational readiness activities.

To ensure sustainability and rapid scale-up capacity, the operation will train a limited pool of Trainers of Trainers (ToTs), including:

- 20 ToTs on Community-Based Surveillance (CBS);
- 20 ToTs on RCCE/CEA, rumor management, and community feedback mechanisms;
- 15 ToTs on WASH preparedness and hygiene promotion;
- 15 ToTs on Protection, Gender and Inclusion (PGI), safeguarding, and PSEA.

The operation will be supervised by staff from RRC headquarters and targeted branches who will provide technical oversight,



coordination, monitoring, logistics, finance, reporting, and operational support throughout the implementation period.

Key leadership and coordination positions will include:

- National Disaster Management Coordinator – overall operational lead and coordination with partners.
- Health Coordinator – technical oversight of CBS preparedness and health readiness activities.
- CEA/RCCE Coordinator – oversight of community engagement, risk communication, rumor management, and community feedback mechanisms.
- PMER Officer – monitoring, data collection, reporting, and accountability.
- Finance Officer – financial management and compliance.
- Logistics Officer – procurement, stock management, and supply chain coordination.
- Branch Managers and District Focal Points – coordination and supervision of preparedness activities at branch and community levels.

This combination of trained ToTs, preparedness rosters, branch structures, technical staff, and partner support will ensure that RRC maintains the systems, capacities, and operational readiness required to support government-led efforts to detect and respond rapidly to a potential Ebola outbreak.

Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

The Rwanda Red Cross (RRC) maintains a diverse volunteer network that reflects the gender, age, and socio-cultural characteristics of the communities served. Volunteers are recruited from the districts where preparedness activities will be implemented, facilitating community acceptance, trust, and effective engagement.

For this preparedness operation, RRC will prioritize the identification and training of a limited pool of Trainers of Trainers (ToTs) and volunteers included in rapid response readiness rosters across the targeted high-risk districts and points of entry. Efforts will be made to ensure balanced representation of women and men, youth, and individuals from diverse backgrounds within these preparedness structures.

RRC recognizes the importance of inclusive volunteer engagement to ensure that preparedness systems and community engagement approaches are accessible and responsive to the needs of women, men, children, older persons, people living with disabilities, refugees, migrants, and other vulnerable groups. Protection, Gender and Inclusion (PGI), safeguarding, and Prevention of Sexual Exploitation and Abuse (PSEA) principles will be integrated into all trainings and preparedness activities.

Where possible, volunteers will be selected from the targeted districts and communities to ensure familiarity with local languages, cultural norms, and community dynamics. This approach will strengthen trust, support effective communication, and enhance the readiness of RRC to support government-led response efforts should an Ebola alert or outbreak occur.

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

Procurement activities under this operation will be managed by the Rwanda Red Cross (RRC) with technical support and oversight from the IFRC Kinshasa Country Delegation, in accordance with IFRC procurement policies and procedures.

Procurement will focus on essential preparedness items required to strengthen RRC readiness capacities, including training materials, communication and visibility materials, community feedback tools, handwashing facilities, and limited supplies required for simulation exercises and preparedness activities.

Whenever possible, procurement will be conducted locally to ensure timely delivery, cost efficiency, and support rapid implementation. Where specific items are not available locally or do not meet required quality standards, regional procurement mechanisms may be utilized through IFRC support.

The procured items are intended to support preparedness, training, simulation exercises, and operational readiness. No large-scale distribution of supplies is planned under this operation.

To avoid implementation delays, procurement processes will be initiated immediately following DREF approval. All procurement activities



will follow RRC and IFRC procurement procedures, with close monitoring by IFRC logistics and finance teams to ensure compliance and timely delivery.

How will this operation be monitored?

The operation will be monitored through a combination of routine activity monitoring, field supervision visits, training evaluations, simulation exercises, coordination meetings, and regular progress reviews conducted by the Rwanda Red cross in close collaboration with the Ministry of Health (MoH), Rwanda Biomedical Centre (RBC), and the IFRC.

At operational level, branch teams and technical focal points will be responsible for collecting, verifying, and reporting data related to the implementation of preparedness activities. Standard monitoring tools, attendance sheets, training reports, supervision checklists, simulation exercise reports, and community feedback mechanisms will be used to track progress against the planned targets and indicators.

Progress will be reviewed regularly through branch and national coordination meetings, allowing RRC management and technical teams to assess implementation status, identify challenges, and take corrective actions when required. Data collected throughout the operation will be consolidated and analyzed by the PMER team to support evidence-based decision-making and reporting.

The IFRC Country Cluster Delegation will provide technical oversight and monitoring support throughout the implementation period. Joint monitoring and supervision visits will be conducted by RRC and IFRC staff to selected high-risk districts and points of entry to verify progress, assess the quality of implementation, and provide technical guidance. At least one joint monitoring mission is planned during the operation, subject to operational requirements and resource availability.

Simulation exercises and after-action reviews will serve as important monitoring tools to assess operational readiness, coordination mechanisms, and response capacities. Findings and recommendations from these exercises will be used to strengthen preparedness systems and address any gaps identified during implementation.

At the end of the operation, a lessons learned workshop and final operational review will be conducted to assess achievements against planned objectives, document good practices, identify remaining preparedness gaps, and inform future epidemic preparedness and response interventions.

Please briefly explain the National Societies communication strategy for this operation

The Rwanda Red Cross will implement a communication strategy that supports Bundibugyo Virus Disease (BVD) preparedness objectives, promotes public awareness, strengthens community trust, and ensures timely information sharing among volunteers, communities, government authorities, partners, and the public. The communication approach will be closely aligned with the National Ebola Preparedness and Response Plan and will complement the Risk Communication and Community Engagement (RCCE) activities implemented under this operation.

Internal communication will be coordinated through the RRC headquarters and branch structures to ensure that staff, volunteers, and technical focal points receive timely and consistent information throughout the operation. Regular coordination meetings, situation updates, activity reports, email communications, WhatsApp groups, and other digital communication platforms will be used to facilitate information sharing, operational coordination, and decision-making.

Operational updates, preparedness guidance, training materials, and key messages will be disseminated regularly to branches and volunteers to ensure a common understanding of preparedness priorities and activities across all intervention areas.

A range of communication channels will be utilized, including community dialogues, local radio programmes, social media platforms, posters, leaflets, community meetings, public announcements, and engagement with local leaders and influencers. These channels have been selected to ensure broad coverage and reach both urban and rural populations, including communities living in border areas and around points of entry.

Transparency and accountability will be ensured through strong community engagement and feedback mechanisms. Existing community feedback platforms, hotlines, community dialogue groups, focus group discussions, and volunteer-led feedback systems will be used to collect community concerns, perceptions, and rumors related to Ebola preparedness.

Information received through these mechanisms will be analyzed regularly and used to adapt communication approaches, address



misinformation, and strengthen community trust. Particular attention will be given to ensuring that vulnerable groups, including refugees, migrants, people living with disabilities, women, youth, and older persons, can access information and participate in feedback processes.

RRC will document key preparedness activities, volunteer trainings, simulation exercises, and community engagement initiatives throughout the operation. Communication products may include press releases, human-interest stories, photographs, social media content, operational updates, and success stories highlighting preparedness achievements and lessons learned.

Media engagement will be conducted in coordination with the Ministry of Health and relevant partners to ensure that information shared with the public remains accurate, consistent, and aligned with national preparedness messaging.

The IFRC Office and Kinshasa Country Cluster Delegation will provide technical communication support throughout the operation. This support will include guidance on visibility requirements, content development, documentation of preparedness activities, production of communication materials, operational updates, and dissemination of key achievements and lessons learned.

IFRC communications staff may also support the development of stories, photographs, social media content, and visibility products to strengthen public awareness, promote donor visibility, and document the impact of preparedness efforts. This collaboration will ensure consistent messaging across the Movement and strengthen communication around Rwanda's Ebola preparedness initiatives.



Budget Overview



DREF OPERATION

MDRRW027 - Rwanda Red Cross BVD PREPAREDNESS

Operating Budget

Planned Operations	38 555
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	5 895
Water, Sanitation & Hygiene	13 558
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	19 102
Environmental Sustainability	0
Enabling Approaches	11 445
Coordination and Partnerships	0
Secretariat Services	2 748
National Society Strengthening	8 698
TOTAL BUDGET	50 000

all amounts in Swiss Francs (CHF)



Contact Information

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

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