



SDB Teams in simulation exercise

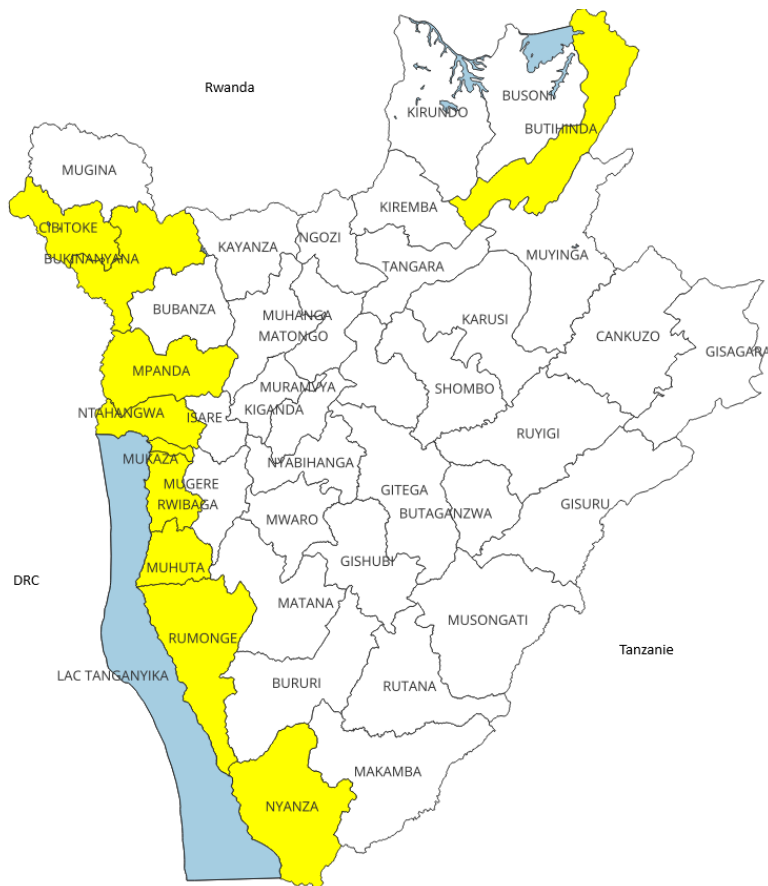
Appeal: MDRBI026	Hazard: Epidemic	Country: Burundi	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Sudden	DREF Allocation: CHF 132,219	
Glide Number: -	People Affected: 951,187 people	People Targeted: 285,380 people	
Operation Start Date: 09-06-2026	Operation Timeframe: 2 months	Operation End Date: 31-08-2026	DREF Published: 11-06-2026

Targeted Regions: **Bubanza, Bujumbura Mairie, Bujumbura Rural, Cibitoke, Makamba, Muyinga, Rumonge**

Description of the Event

Date of event

21-05-2026



12 Health Districts of Priority one

What happened, where and when?

On 15 May 2026, the Government of the Democratic Republic of the Congo (DRC) officially declared an outbreak of Ebola Virus Disease (EVD) caused by the Bundibugyo strain in Ituri Province, in the northeastern part of the country. On the same day, the Republic of Uganda also declared an outbreak of the same Ebola strain, with the epicenter located in Ituri. In response to the evolving situation and the cross-border implications of the outbreak, the World Health Organization (WHO) subsequently recognized the event as a major public health concern due to its spread in border areas and the high risk of regional transmission.

The Bundibugyo strain currently has no approved vaccine, increasing concerns among health authorities and humanitarian partners. Ebola Virus Disease is a severe and often fatal illness transmitted through direct contact with infected bodily fluids, contaminated materials, or infected animals. The disease can cause large outbreaks with significant mortality if not rapidly contained.

As of 28 May 2026, more than 1,000 suspected cases and 220 deaths had been reported across the affected provinces of Ituri, North Kivu, and South Kivu in the DRC, including cases linked to Uganda. The situation continues to evolve, creating heightened concern for neighboring countries due to intense cross-border population movements and trade.

The outbreak originated in Ituri Province in the Democratic Republic of the Congo and subsequently affected neighboring provinces, including North Kivu and South Kivu. Simultaneously, Uganda reported cases associated with the same Ebola strain, with Kampala identified as the outbreak epicenter.

Burundi is considered a high-risk country due to its geographical proximity to the affected areas and its strong social and economic links with both the DRC and Uganda. Particular concern exists along major travel and trade corridors connecting Burundi to affected areas, including the Bujumbura–Goma, Bujumbura–Kivu, and Bujumbura–Entebbe routes, through both land and air transport. The provinces bordering the DRC, as well as major entry points and urban centers receiving travelers, are considered areas at heightened risk of disease



importation.

Recognizing the threat posed by the outbreak, the Government of Burundi, in collaboration with health partners including the Burundi Red Cross Society and the IFRC, finalized and validated a National Ebola Preparedness and Response Plan on 22 May 2026. Preparedness efforts remain ongoing as the outbreak continues to evolve in neighboring countries and the risk of importation into Burundi remains high.

Scope and Scale

Burundi faces a high risk of Ebola Virus Disease (EVD) introduction due to its geographical proximity to the Democratic Republic of the Congo (DRC), particularly the provinces of Ituri, North Kivu, and South Kivu, which are currently affected by the outbreak. The risk is further heightened by frequent cross-border population movements, including traders, refugees, returnees, transport workers, and travelers moving between Burundi, eastern DRC, and Uganda through both formal and informal points of entry. In addition, patients from eastern DRC regularly seek medical care in Burundi, increasing the potential risk of cross-border disease transmission.

Should Ebola be introduced into Burundi, the impacts on public health, livelihoods, and essential services could be significant. The outbreak could result in illness and deaths, increased pressure on the health system, disruption of routine health services, reduced economic activity, and restrictions on population movements and trade. Public fear and misinformation could further affect social cohesion, access to healthcare, education, and community well-being.

The populations most at risk include communities living in border provinces and districts with intense cross-border interactions, particularly along the Burundi–DRC and Burundi–Uganda corridors. Health workers, Red Cross volunteers, frontline responders, border officials, transport operators, traders, and communities living near points of entry are particularly vulnerable due to their increased exposure to travelers and potentially infected individuals.

Specific vulnerable groups likely to experience disproportionate impacts include children, older persons, people living with disabilities, pregnant and breastfeeding women, refugees, returnees, internally displaced persons (IDPs), and people with pre-existing health conditions. These groups often face additional barriers in accessing information, healthcare services, and protective measures during disease outbreaks.

Burundi has previous experience responding to Ebola preparedness activities during outbreaks in neighboring countries. During previous Ebola alerts in the region, the country activated preparedness mechanisms, strengthened surveillance systems, trained frontline responders, and established screening measures at points of entry. However, the continued occurrence of Ebola outbreaks in neighboring countries demonstrates that the risk remains persistent and requires sustained preparedness investments. Lessons learned from previous preparedness efforts highlighted the importance of community engagement, risk communication, infection prevention and control measures, volunteer training, and strong coordination among government authorities, the Burundi Red Cross Society, and health partners.

Recognizing the high probability of disease importation and its potentially severe consequences, the Government of Burundi officially launched and validated its National Ebola Preparedness and Response Plan on 22 May 2026. The Burundi Red Cross Society actively contributed to the development of this plan and subsequently developed its own preparedness strategy aligned with national priorities to support prevention, readiness, surveillance, risk communication, community engagement, and response capacity strengthening activities.

Source Name	Source Link
1. Epidemiological situation report (WHO)	https://go.ifrc.org/emergencies/7937/additional-info/ebola-outbreak-tracker
2. No vaccine against BEVD	https://www.gavi.org/fr/vaccineswork/bundibugyo-rare-virus-ebola-provoque-flambee-mortelle-sans-vaccin-disponible-ce-jour

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
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Did it affect the same population group?	Yes
Did the National Society respond?	No
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-
<p>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:</p> <p>-</p>	
<p>Lessons learned:</p> <p>During the 10th Ebola outbreak in the DRC, which was localized in the eastern provinces (North Kivu, South Kivu, and Ituri), the Burundi Red Cross developed and implemented a preparedness plan. This involved establishing and training safe and dignified sanitation teams, as well as community surveillance, risk communication, and community engagement teams. These actions enabled Burundi to avoid cases of Ebola virus disease on its territory, despite the considerable risks given the proximity of the affected areas in the DRC, as well as migration and trade. The NS's extensive volunteer network, making it a truly community-based organization, facilitated the monitoring and communication of risks in community engagement in border areas and entry and exit points from the DRC to Burundi. The pre-positioned equipment for dignified and safe burials, including the hearse, body bags, and protective kits, allowed the BRCS to familiarize itself with this approach, which was new to the country. After the lifting of the red alert with the end of the epidemic in the DRC, the perishable goods were donated to health facilities. The hearse for SDB remains operational.</p>	
Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	Yes

Current National Society Actions

Start date of National Society actions

21-05-2026

Health	Given the experience gained during the implementation of the Ebola preparedness plan in 2022, the National Society (NS) conducted a rapid assessment of its operational capabilities (the teams deployed, the stock level of equipment), which are unfortunately not currently sufficient. Some preventative materials, such as handwashing kits, have been reactivated at headquarters and in the DRC border branches, and hand sanitizers have also been distributed in offices. Finally, a message on BVD has been developed and disseminated throughout the BRCS volunteer network.
Coordination	The Burundi Red Cross is a member of the national platform for disaster prevention and management and provides its secretariat. In addition, the Burundi Red Cross is working alongside the Ministry of Public Health to develop and validate the national preparedness and response plan for the Bundibugyo Virus Disease (BVD), epidemic. Within the RCRC Movement, the National Red Cross participates in the cross-border coordination frameworks initiated by the movement and has already strengthened the movement's existing coordination mechanisms in the country. Internally, the National



	Red Cross already has a task force responsible for managing humanitarian crises, which was activated as soon as the epidemic was declared.
Resource Mobilization	Based on the Government's national preparedness and response plan approved on May 26, 2026, the NS has developed its own preparedness and response plan. Contacts are ongoing with the relevant authorities to mobilize funds to implement the actions of this plan through existing mechanisms, specifically the DREF, and to modify budget lines for ongoing projects.

IFRC Network Actions Related To The Current Event

Secretariat	<p>The IFRC maintains a presence in Burundi through its country office under the coordination of the Kinshasa Cluster Delegation. In addition, the IFRC facilitates regular regional coordination meetings in which the Burundi Red Cross Society actively participates to ensure information sharing, preparedness planning, and coordination among National Societies in the region.</p> <p>Following the declaration of the Ebola Virus Disease (EVD) outbreak in the Democratic Republic of the Congo and Uganda, the IFRC launched an Emergency Appeal to support response activities in the affected countries, namely the DRC and Uganda. At the same time, support is being provided to neighboring countries at high risk of disease importation, including Burundi, Rwanda, South Sudan, RCA, and other countries in the region, to strengthen preparedness, readiness, and early response capacities.</p>
Participating National Societies	The PNSs (Belgian RC, French RC, Luxembourg RC, Finnish RC) present in Burundi participate in movement coordination meetings organized by the PNSs. Regarding this humanitarian crisis, the PNSs are monitoring the situation, and some may activate emergency budget lines to support the implementation of the Ebola preparedness plan.

ICRC Actions Related To The Current Event

The ICRC is present in the country and is monitoring the situation. The ICRC also participates in regional coordination meetings organized by the RCRC Movement.
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Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	The Ministry of Health issued a statement the day after the outbreak was declared to alert the community and its partners. A preparedness and response plan was



	subsequently developed and approved. Rapid intervention teams were activated by the COUSP (Public Health Emergency Operations Center).
UN or other actors	The World Health Organization has already convened stakeholders to analyze the context in order to better support the country in its preparedness and response activities against the Ebola epidemic.

Are there major coordination mechanism in place?

Although a national disaster prevention and response platform is operational in Burundi, the National Emergency Operations Coordination Unit (COUSP) takes the lead in coordinating public health operations. Thus, the Ministry of Public Health, through COUSP, is actively coordinating epidemic preparedness and response operations. Furthermore, a national preparedness and response plan has been developed and validated, and all stakeholders are expected to adhere to it. Within the RCRC movement, existing mechanisms for movement coordination should be strengthened and utilized.

Needs (Gaps) Identified

Health

The Ebola virus is primarily transmitted to humans through close contact with the blood, secretions, organs, or bodily fluids of infected wild animals, or from person to person following direct contact with the blood, secretions, organs, or bodily fluids of infected individuals, or with surfaces and materials contaminated by such fluids. The incubation period, that is, the time between infection with the virus and the appearance of the first symptoms, varies from 2 to 21 days. Humans are not contagious until they show symptoms. The first symptoms are sudden-onset feverish fatigue, muscle aches, headache, and sore throat. These are followed by vomiting, diarrhea, a skin rash, symptoms of kidney and liver failure, and, in some cases, internal and external bleeding.

Ebola virus disease (BVD) can be difficult to distinguish from other infectious diseases such as malaria, typhoid fever, and meningitis due to the similarity of their symptoms. Confirmation of Ebola virus disease relies on laboratory testing of samples taken under the strictest possible containment conditions.

To date, BVD treatment is based on symptom management and supportive rehydration, which improve survival rates. No specific treatment has yet proven effective against Ebola virus disease, although potential treatments are under evaluation. No licensed Ebola vaccine is currently available for the strain responsible for the 17th BVD outbreak in the DRC and Uganda.

Prevention and control of BVD require a range of interventions: case management, surveillance and contact tracing, quality laboratory services, safe burials, social mobilization with community engagement to raise awareness of infection risk factors and protective measures, infection control in healthcare facilities, and psychosocial protection and support. The current socio-economic context in Burundi weighs heavily on health conditions. Consequently, the population's knowledge of Ebola virus disease is very limited, given that the disease has never been declared in Burundi. However, fear and rumors persist among the population, fueled by the false alarms that are regularly reported. Burundi has never operationalized an Ebola treatment center, and the staff's capacity needs strengthening. While there is a group of volunteers and staff trained in SBD (Sustainable Development and Diagnosis), considering the mobility of volunteers and especially since the current outbreak is a new strain, it remains crucial to strengthen community capacities across all pillars of the response to hemorrhagic diseases. Burundi no longer has adequate Ebola prevention and/or treatment equipment, nor sufficiently trained personnel. Indeed, the equipment acquired in previous years was distributed to health facilities and/or used during the MPOX epidemic.

In terms of RCCE, awareness-raising materials against BVD are not available in the country, even though awareness campaigns are a very useful tool in disease prevention.

Water, Sanitation And Hygiene

Handwashing is a key measure in preventing the Ebola virus epidemic. However, the Burundian community is not sufficiently prepared to practice handwashing at critical times. Indeed, the availability of water and handwashing facilities remains limited. Furthermore, knowledge and practices regarding handwashing remain limited in the affected communities.. In Burundi, only 6% of households have access to handwashing facilities with soap and water[i Programme commun OMS/UNICEF de suivi de l'approvisionnement en eau, de l'assainissement et de l'hygiène, 2023]; a rate far below the sub-Saharan African average of 25%. These figures sadly demonstrate that handwashing with soap remains inaccessible to millions of children in Burundi. Yet, this is a basic need that is all the more urgent as the



country grapples with various health crises such as cholera and monkeypox, compounded by population displacements due to the El Niño phenomenon. Finally, the mechanisms for preventing and controlling infections in health facilities are not sufficiently ensured.



Protection, Gender And Inclusion

The risk of Budibugyo Virus Disease (BVD) importation into Burundi requires preparedness interventions that are sensitive to protection, gender, and inclusion considerations. Previous EVD outbreaks in the region have demonstrated that epidemic preparedness and response measures can disproportionately affect vulnerable groups, including women, children, older persons, persons with disabilities, refugees, returnees, and other marginalized populations.

Burundi hosts refugee and mobile populations along its borders with the Democratic Republic of the Congo and Rwanda, increasing the need for inclusive risk communication and community engagement approaches that ensure all groups have equitable access to information and services. Language barriers, literacy levels, disability-related barriers, and social exclusion may limit access to life-saving information if not adequately addressed.

Women often play a central role as caregivers within households and communities and may face increased exposure to disease transmission while caring for sick family members. At the same time, women and girls can experience heightened protection risks during public health emergencies, including increased risks of gender-based violence, stigma, discrimination, and barriers to accessing health services. Men and boys may also face specific challenges related to mobility, livelihoods, and access to accurate health information.

The preparedness operation will therefore integrate PGI considerations across all activities by ensuring that risk communication materials are adapted to different literacy levels and accessible to persons with disabilities. Community engagement activities will actively promote the participation of women, youth, older persons, persons with disabilities, and community leaders to ensure that preparedness measures reflect the needs and concerns of diverse population groups.

Special attention will be given to community feedback mechanisms to identify and address rumors, misinformation, stigma, discrimination, and protection concerns related to BVD. Volunteers and staff involved in preparedness activities will be oriented on the IFRC Minimum Standards on Protection, Gender and Inclusion in Emergencies, including Prevention of Sexual Exploitation and Abuse (PSEA), safe referral pathways, and the identification of individuals with specific needs.

The Burundi Red Cross will work closely with local authorities, community leaders, women's groups, organizations of persons with disabilities, and other relevant stakeholders to ensure that preparedness interventions are inclusive, culturally appropriate, and leave no one behind. These measures will contribute to strengthening community trust, acceptance, and readiness in the event of a potential BVD outbreak.



Community Engagement And Accountability

Ebola virus disease is not well known in Burundi. According to the KAP survey conducted in 2022 by the BRCS, the survey revealed that:

- More than two-thirds of respondents (70.6%) had limited knowledge about Ebola virus disease.
- Just over a quarter of respondents (27.1%) had acceptable knowledge about Ebola virus disease.
- Only 2% of respondents had good knowledge about Ebola virus disease.

In terms of behaviours and practices, the surveyed populations predominantly stated that they greeted their relatives by shaking hands (87.6%) and by hugging (54.6%).

This justifies the need for risk communication and community engagement on Ebola virus disease in Burundi, given that the epidemic is at the country's entry point.

There is a need to use various channels to inform and educate, through house-to-house visits, meeting people in communal areas like schools, bus stations, faith houses, Beach sites, and others. The use of local radios is also key to having talk shows, jingles, radio spots, and call-in sessions to address community questions. It will be used much more radio (interactive programs, spots), posters/leaflets, awareness sessions, focus group discussions, and mass awareness.

Finally, the NS will strengthen the management of the community feedback mechanisms, especially rumors and false information related to the BVD facts and mode of transmission. Existing mechanisms, including the use of the 109 hotline number, mugoniki committees (CEA groups), and focus group discussions focusing on marginalized and/or forgotten groups will also be taken into account.



Any identified gaps/limitations in the assessment

Although the disease is still outside the country, the risks of transmission in Burundi are enormous due to the proximity of affected areas and the exchanges between the two countries. Given the severity of the disease, the risks of importation into Burundi, and the limited available resources, it is therefore justified to implement measures to reduce vulnerabilities in order to eliminate or reduce the risks of disease transmission. Risk communication through community engagement, community surveillance, especially at points of entry, and the preparation and pre-positioning of teams and equipment are key elements, as are anticipatory and preparedness actions.

Operational Strategy

Overall objective of the operation

The IFRC-DREF operation aims to strengthen Bundibugyo Virus Disease (BVD) preparedness and readiness capacities in Burundi in order to reduce the risk of disease importation and enhance early detection, prevention, and coordinated response capacities in high-risk areas. The operation will focus on selected priority health districts and points of entry along the border with the Democratic Republic of the Congo through risk communication and community engagement (RCCE), community-based surveillance, readiness planning, volunteer preparedness, and National Society capacity strengthening. Over a two-month implementation period, the operation will contribute to improved community awareness, strengthened preparedness systems, and enhanced coordination mechanisms in line with the National VHF Preparedness and Response Plan.

Operation strategy rationale

The current Bundibugyo Virus Disease (BVD) outbreak affecting neighbouring countries continues to pose a risk to Burundi due to cross-border population movements, trade activities, refugee flows, and strong socio-economic links with affected areas. In line with the National Ebola Preparedness and Response Plan and the existing Memorandum of Understanding between the Burundi Red Cross (BRCS) and the Ministry of Health, this operation will focus on strengthening preparedness capacities in the 8 priority health districts and selected high-risk points of entry identified through national risk assessments.

The operation is designed to address identified preparedness gaps, including limited readiness of community-based surveillance systems, insufficient operational readiness of Safe and Dignified Burial teams, gaps in community feedback and engagement mechanisms, and the need to strengthen National Society preparedness systems.

Considering the two-month implementation timeframe, activities will focus on strengthening systems, capacities, and operational readiness rather than implementing large-scale response-oriented interventions.

1) Health: Community-Based Surveillance (CBS) and Safe & Dignified Burials (SDB)

The health component will focus on strengthening community-based surveillance and Safe and Dignified Burial preparedness capacities in the 8 priority health districts and around selected high-risk points of entry.

As an auxiliary to the public authorities, and in accordance with the existing agreement between BRCS and the Ministry of Health, the operation will support the review and updating of existing Ebola surveillance and response procedures. Existing CBS structures will be strengthened through the identification and refresher training of volunteers located in priority districts and communities surrounding high-risk points of entry.

The operation will establish a roster of trained volunteers capable of supporting alert identification, reporting, community engagement, and referral mechanisms should an Ebola case be detected. Community alert management pathways and coordination mechanisms with health authorities will be reviewed and tested through simulation exercises.

For Safe and Dignified Burials, the operation will reactivate previously trained SDB personnel through a national-level refresher training for up to two SDB teams (16 participants), review of existing SOPs, and limited replenishment of essential preparedness equipment based on identified gaps. The operation will maintain minimum preparedness stock levels in line with regional guidance and will ensure that the trained SDB roster remains operationally ready for rapid activation if required. A surge will be needed to conduct the ToT training as well as a simulation exercise. The ideal candidate should have recent experience leading SDB activities within the last five years and be fluent in French.

All targets will be based on identified preparedness gaps in priority districts and justified according to the number of volunteers required to ensure minimum operational coverage around high-risk areas and points of entry.

2) Risk Communication, Community Engagement and Accountability (RCCE/CEA)



The RCCE component will focus on strengthening preparedness systems and volunteer capacities rather than conducting large-scale awareness campaigns.

The operation will identify and train RCCE/CEA volunteers in the 8 priority health districts and around high-risk points of entry, creating a pool of trained volunteers that can be rapidly mobilized during an outbreak.

Preparedness activities will include:

- Review, adaptation and validation of Ebola prevention and preparedness messages with health authorities;
- Strengthening and testing community feedback and rumor management mechanisms;
- Strengthening two-way communication systems between communities and health authorities;
- Mapping of community structures, local leaders and communication channels in priority districts;
- Testing communication approaches and feedback systems through limited community engagement activities.

Existing community feedback mechanisms, including the 109 hotline, Mugoniki committees and community feedback systems, will be reviewed and strengthened to improve preparedness and ensure rapid collection and analysis of community concerns.

Any community outreach activities conducted during the operation will serve primarily as tests of communication channels and community engagement approaches and will not constitute large-scale awareness campaigns.

4) Protection, Gender and Inclusion (PGI)

PGI considerations will be integrated across all preparedness activities to ensure that future response actions are safe, inclusive, accountable, and accessible.

Special attention will be given to women, children, older persons, persons with disabilities, refugees, returnees, and other vulnerable groups living within the 8 priority districts and areas surrounding selected points of entry. Volunteers participating in preparedness activities will receive orientation on PGI, safeguarding, Prevention of Sexual Exploitation and Abuse (PSEA), and community accountability.

Feedback mechanisms established under the operation will ensure that concerns from vulnerable groups can be identified and addressed appropriately.

5) Coordination, Monitoring, Evaluation and National Society Development

The operation will strengthen preparedness coordination and operational readiness capacities at national and branch levels. BRCS will continue to participate in coordination mechanisms led by the Ministry of Health and maintain close collaboration with IFRC, WHO and other preparedness partners. Monitoring activities will focus on measuring preparedness indicators, identifying remaining operational gaps, and assessing readiness levels throughout implementation. Particular attention will be given to volunteer management, volunteer insurance, preparedness planning, simulation exercises, and maintenance of trained volunteer rosters to ensure rapid activation capacity.

The operation will strengthen BRCS's comparative advantage in community engagement, volunteer mobilization, community-based surveillance, and support for public health authorities, thereby complementing existing government preparedness efforts.

Targeting Strategy

[Targeting Strategy Supporting Document](#)

Who will be targeted through this operation?

Although Burundi has not reported any confirmed Bundibugyo Virus Disease (BVD) cases, the risk of disease importation remains high due to its proximity to the Democratic Republic of the Congo (DRC) and Uganda, both of which are currently affected by the outbreak. This risk is further increased by frequent cross-border population movements, trade activities, refugee flows, and the movement of travelers through formal and informal points of entry. Given the potentially severe public health, social, and economic consequences of an Ebola outbreak, preparedness remains a national priority.

The Burundi Red Cross (BRCS) has previously established BVD preparedness and response capacities in provinces bordering the DRC. However, following the country's recent administrative reorganization and evolving risk context, these capacities require updating, reorganization, and strengthening to ensure operational readiness in line with the National Ebola Preparedness and Response Plan.

This operation will focus on 12 health districts classified as Priority 1 by the Ministry of Health, namely Cibitoke, Ndava, Mpanda,



Mutimbuzi, Mukaza, Ruziba, Kabezi, Bugarama, Rumonge, Nyanza, Giteranyi, and Muyinga. The operation will also target the 10 highest-risk points of entry connecting Burundi to neighboring countries, including border crossings, ports, and Bujumbura International Airport, which represent the most likely pathways for disease importation.

The primary target groups of this preparedness operation are not Ebola patients but rather the populations and systems that would be most exposed in the event of disease introduction. These include communities living in border areas and around points of entry, travelers, traders, transport workers, refugees, returnees, and host communities that regularly interact with populations crossing from affected countries. These groups have been prioritized because of their increased likelihood of exposure to imported cases and their critical role in early detection and prevention efforts.

The operation will also target Burundi Red Cross volunteers, branch staff, community leaders, and local health actors who play a key role in surveillance, risk communication, community engagement, and preparedness activities. Through training, simulation exercises, and provision of preparedness equipment, these actors will be better equipped to support rapid detection and response efforts should an Ebola case be reported in Burundi.

Special attention will be given to vulnerable groups that may face greater risks during an outbreak or encounter barriers in accessing information and services. These include refugees, returnees, internally displaced persons, women, children, older persons, people living with disabilities, and people with chronic illnesses. Preparedness activities will ensure that communication materials and community engagement approaches are accessible and inclusive, while community feedback mechanisms will be used to identify and address the specific concerns and needs of these groups.

By targeting high-risk geographical areas, frontline actors, and vulnerable populations, the operation aims to strengthen preparedness capacities where the likelihood and potential consequences of disease introduction are greatest, while ensuring that communities and institutions are better prepared to prevent, detect, and respond to Bundibugyo Virus Disease (BVD), should it occur in Burundi.

Explain the selection criteria for the targeted population

The selection of target areas and populations is guided by the national Ebola risk assessment conducted by the Ministry of Public Health and the priorities outlined in the National Ebola Preparedness and Response Plan. The operation will focus on the 8 Health Districts classified as highest priority risk areas and selected high-risk points of entry identified by the Ministry of Health as locations most vulnerable to Bundibugyo Virus Disease (BVD) importation due to their proximity to the Democratic Republic of the Congo, as well as the high volume of cross-border population movements, trade, and travel.

The rationale for targeting these geographical areas is that they constitute the most likely pathways for the introduction of BVD into Burundi. Strengthening preparedness capacities in these locations will contribute to improving early detection, community awareness, surveillance, and operational readiness, thereby reducing the risk of disease transmission and facilitating a rapid response should a suspected case be reported.

The primary target groups include communities living in border areas and around selected points of entry, traders, transport workers, travelers, refugees, returnees, and host communities that regularly interact with populations crossing from neighbouring countries. These groups have been prioritized because they are more likely to be exposed to imported cases and play a critical role in the early identification and reporting of suspected VHF cases.

The operation will also target Burundi Red Cross volunteers, branch staff, community leaders, religious leaders, local authorities, and media professionals who are essential actors in preparedness efforts. Through training and capacity-strengthening activities, these groups will be equipped to support community awareness, surveillance, rumor management, and preparedness interventions in their respective areas.

Particular attention will be given to vulnerable groups who may face increased risks during an outbreak or barriers in accessing information and services. These include women, children, older persons, people living with disabilities, refugees, returnees, and individuals with chronic health conditions. Preparedness activities will adopt inclusive communication approaches and community engagement mechanisms to ensure that these groups have equitable access to information, can participate in preparedness efforts, and have their specific concerns reflected in planning and decision-making processes.

By targeting populations and locations at highest risk of exposure while ensuring the inclusion of vulnerable groups, the operation aims to strengthen preparedness capacities where they are most needed and enhance the country's ability to prevent, detect, and respond to a potential Bundibugyo Virus Disease outbreak.



Total Targeted Population

Women	127,040	Rural	64%
Girls (under 18)	28,480	Urban	36%
Men	101,360	People with disabilities (estimated)	2.7%
Boys (under 18)	28,500		
Total targeted population	285,380		

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
Importation of a suspected or confirmed Ebola case during the preparedness phase	Accelerate training and simulation exercises, pre-position essential preparedness equipment, strengthen coordination with the Ministry of Health, and maintain continuous monitoring of the epidemiological.
Community resistance, rumors, and misinformation about Ebola	Strengthen RCCE activities, rumor tracking systems, community feedback mechanisms, and engagement with community leaders, religious leaders, and local media to promote trusted and evidence-based information.
Insufficient readiness of volunteers due to staff and volunteer turnover	Conduct refresher trainings, update volunteer databases, strengthen branch preparedness plans, and establish a roster of trained volunteers available for rapid activation if needed.



Limited availability of essential preparedness equipment and supplies, Delays in procurement or insufficient stocks of PPE, disinfection materials, and SDB equipment could affect preparedness activities and future response readiness.	Prioritize procurement and pre-positioning of critical supplies, regularly monitor stock levels, and coordinate with the Ministry of Health and partners to identify additional contingency resources if required.
Coordination challenges among multiple stakeholders involved in Ebola preparedness. Multiple actors are engaged in Ebola preparedness activities, which may lead to duplication, information gaps, or delays in decision-making.	Maintain active participation in national coordination mechanisms, strengthen information sharing through the National Ebola Task Force, and ensure regular coordination meetings with the Ministry of Health, IFRC, WHO, and other partners.

Please indicate any security and safety concerns for this operation:

Although this is a preparedness operation, several security and safety risks could affect the implementation of activities, particularly in border districts and points of entry with high population movements.

The primary safety concern relates to the potential exposure of volunteers and staff to suspected Ebola cases during surveillance, community engagement, and preparedness activities. While no Ebola case has been reported in Burundi to date, the proximity of active outbreaks in neighboring countries increases the risk of contact with travelers or individuals presenting suspected symptoms. To mitigate this risk, all volunteers involved in preparedness activities will receive training on Infection Prevention and Control (IPC), safe community engagement practices, alert reporting procedures, and the appropriate use of Personal Protective Equipment (PPE).

The operation will also be implemented in border areas characterized by high population mobility, including informal crossing points, which may present challenges related to access, crowd management, and movement control in the event of an alert. Close coordination with local authorities, health authorities, and border management officials will therefore be maintained throughout the operation.

Another potential risk is community mistrust, fear, or misunderstanding related to Ebola preparedness activities. During previous outbreaks in the region, misinformation and rumors occasionally resulted in resistance to public health interventions. To reduce this risk, the Burundi Red Cross will prioritize community engagement, transparent communication, and regular dialogue with community leaders, religious leaders, and local authorities before and during preparedness activities.

To ensure the safety and well-being of staff and volunteers, the Burundi Red Cross will apply existing security and safety procedures, including security briefings, movement tracking, regular communication with field teams, and adherence to IFRC and National Society safety protocols. Volunteers participating in preparedness activities will also be covered by insurance and provided with the necessary protective equipment and operational guidance.

Overall, no major security threats are currently anticipated that would prevent the implementation of the operation. However, continuous monitoring of the epidemiological and security situation in border areas will be maintained throughout the implementation period to ensure timely adaptation of preparedness activities if required.

Has the child safeguarding risk analysis assessment been completed?	No
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Planned Intervention



Budget: CHF 51,120
Targeted Persons: 285,350



Indicators

Title	Target
# of sessions conducted on SDB	2
# of persons trained on SDB	16
# of SDB kit procured	7
# of volunteers trained on EPiC including surveillance	100
# of SDB ToT training conducted	1
# of ToT SBC and EPiC training conducted	2

Priority Actions

1) Safe and Dignified Burial (SDB)

- Conduct one national-level refresher training on Safe and Dignified Burials (SDB) for up to two SDB teams (16 participants), drawing on previously trained personnel from priority districts.
- Identify and refresh the capacities of previously trained SDB volunteers on safe and dignified burial procedures, infection prevention and control (IPC), use of personal protective equipment (PPE), and coordination with health authorities.
- Review and update existing SDB standard operating procedures (SOPs) and readiness arrangements in line with national and IFRC guidance.
- SDB kits: maintain a minimum preparedness stock through the replenishment of essential SDB equipment based on identified gaps and existing stock levels.
- Organize one SDB simulation exercise to test readiness, coordination mechanisms, and operational procedures.

2) Surveillance

- Conduct a ToT training on EPiC and Community-Based Surveillance (CBS) for 16 participants at national level.
- Train and refresh surveillance focal points and volunteers on EPiC and CBS in the 8 priority Health Districts (2 participants per district).
- Review and test community alert and reporting mechanisms in coordination with district health authorities.
- Conduct a simulation exercise to assess alert generation, reporting pathways, and coordination between communities, the Burundi Red Cross, and health authorities.



Protection, Gender And Inclusion

Budget: CHF 7,476

Targeted Persons: 500

Indicators

Title	Target
# of briefing sessions conducted	8
% of volunteers and staff involved in the operation who signed the code of conduct	100



Priority Actions

- Brief all volunteers and staff involved in the IGP and PEAS, and have all volunteers and staff sign the code of conduct;
- Produce awareness-raising materials on PGI and PEAS
- Disseminate the IGP and PEAS manual and policy



Community Engagement And Accountability

Budget: CHF 19,328

Targeted Persons: 285,350

Indicators

Title	Target
# of people reached with CEA interventions	285,350
# of staff from the hotline trained on BEVD	16
# of radio show conducted	8

Priority Actions

- Production of IEC messages (validation in collaboration with the Ministry of Public Health)
- Dissemination and popularization of good hygiene practices and other IEC tools (posters, leaflets)
- Compensation for hotline operators
- Briefing of volunteers on the CEA and management of community feedback
- Training of operators of the 109 and 117 hotlines (MoH) on BEV
- Radio broadcast (4 interactive broadcasts per month)
- Production of IEC messages (validation in collaboration with the Ministry of Public Health)



Secretariat Services

Budget: CHF 17,403

Targeted Persons: -

Indicators

Title	Target
# of National Society coordination mechanisms supported and operational	1
# of monitoring and supervision visits conducted	4
# of volunteers covered by insurance	500
% of planned Ebola preparedness and operational coordination activities supported through participation in National Ebola Task Force mechanisms.	100
# of SDB training surge deployed	1



Priority Actions

- Support operational coordination of the Ebola preparedness operation at national and branch levels.
- Support monitoring and supervision of preparedness activities in target districts.
- Provide volunteer insurance coverage for volunteers involved in preparedness activities.
- Deployment of an SDB training surge for three weeks; the candidate should have recent experience leading SDB activities within the last five years and be fluent in French.



National Society Strengthening

Budget: CHF 36,892

Targeted Persons: 30

Indicators

Title	Target
# field mission conducted	2
# of lessons workshop conducted	1

Priority Actions

- Kick-off meeting with authorities.
- Lessons learned workshop.
- Deployment of 3 CRB regional staff (allowances: Provincial Coordinator for Burunga and Bujumbura, 12 Branches).

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 Burundi Red Cross staff and volunteers at national, branch, and community levels. Approximately 100 volunteers and 16 staff members will directly participate in preparedness activities across the 8 priority health districts and selected high-risk points of entry.

Volunteers will support community-based surveillance (CBS), Epidemic Preparedness and Control (EPiC), risk communication and community engagement (RCCE), community feedback collection, rumor management, and preparedness simulation exercises. A limited number of previously trained volunteers (up to 16 participants) will also receive refresher training on Safe and Dignified Burials (SDB) to maintain minimum readiness capacity in line with VHF Readiness DREF guidance.

Staff members from headquarters and branch levels will provide technical supervision, coordination, monitoring, reporting, logistics, finance, and administrative support. Technical focal points from Health, Disaster Management, RCCE, PMER, Logistics, and Finance departments will support implementation and monitoring of activities.

The operation will be overseen by the Secretary General of the Burundi Red Cross, with day-to-day coordination provided by the Disaster Management Coordinator and the Health Coordinator. Branch coordinators in the targeted districts will supervise field implementation and volunteer management, while technical support and oversight will be provided by the IFRC Country Cluster Delegation and relevant regional technical teams as required.

The operation will be implemented in close coordination with the Ministry of Health, district health authorities, and other preparedness partners to ensure alignment with the National VHF Preparedness and Response Plan and complement existing preparedness efforts.



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 Burundi Red Cross has an extensive volunteer network across the targeted health districts and points of entry, including both male and female volunteers from diverse age groups and communities. This local presence is one of the National Society's key strengths, as volunteers are recruited from the communities they serve and therefore have a strong understanding of local languages, cultural practices, social norms, and community dynamics. This facilitates trust-building, community acceptance, and effective engagement during preparedness activities.

For this operation, efforts will be made to ensure a balanced representation of women and men within volunteer teams involved in Community-Based Surveillance (CBS), Risk Communication and Community Engagement (RCCE), Safe and Dignified Burials (SDB), and preparedness coordination activities. Female volunteers are particularly important for engaging with women and girls, discussing sensitive issues, and ensuring that preparedness messages reach all segments of the population in a culturally appropriate manner.

However, some gaps remain, particularly regarding the representation of women in specialized functions such as SDB teams and technical preparedness roles, where men have traditionally been more represented. There is also a need to strengthen the participation of young volunteers and volunteers with disabilities in preparedness activities. To address these gaps, the operation will actively promote gender-balanced participation during volunteer selection and training processes, encourage the recruitment and retention of female volunteers, and ensure that training opportunities are accessible to volunteers from different age groups and backgrounds.

The operation will also prioritize the inclusion of volunteers who speak local languages used in border communities and who are familiar with the specific needs of refugees, returnees, mobile populations, and other vulnerable groups. This approach will help ensure that preparedness activities are inclusive, culturally sensitive, and accessible to all communities at risk.

In line with the Protection, Gender and Inclusion (PGI) approach, volunteer teams will receive orientation on gender, diversity, inclusion, safeguarding, and Prevention of Sexual Exploitation and Abuse (PSEA) to ensure that preparedness activities are implemented in a safe, respectful, and equitable manner for all population groups.

Will surge personnel be deployed? If yes, please provide the role profile needed.

Yes

One national surge will be mobilized to support the operation.

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

Procurement activities under this operation will be primarily managed by the Burundi Red Cross (BRCS), with technical oversight and support from the IFRC Country Cluster Delegation in Kinshasa, in accordance with IFRC procurement procedures and regulations.

The operation will mainly involve the procurement of preparedness and readiness items, including Safe and Dignified Burial (SDB) equipment, Personal Protective Equipment (PPE), Infection Prevention and Control (IPC) materials, training materials, visibility items, and other preparedness supplies required to strengthen operational readiness. These items will be procured for pre-positioning and preparedness purposes and not for direct distribution to communities.

Whenever possible, procurement will be conducted through local suppliers in Burundi to ensure timely delivery and support local markets. However, if specific technical items are unavailable locally or do not meet the required quality standards, regional or international procurement options may be considered in coordination with the IFRC.

As most items are intended for preparedness and stock pre-positioning rather than direct distribution, procurement activities will be initiated immediately after approval of the operation. Competitive procurement processes will be conducted in line with National Society and IFRC procedures, with an estimated tendering and contracting period of 4–6 weeks depending on the nature of the items and supplier availability.



How will this operation be monitored?

The operation will be monitored through a combination of routine activity monitoring, field supervision visits, coordination meetings, simulation exercises, and regular progress reviews conducted by the Burundi Red Cross (BRCS) in close collaboration with the Ministry of Health and the IFRC.

At operational level, branch and district teams will be responsible for collecting activity data and reporting progress against the agreed indicators. Standard monitoring tools, attendance sheets, training reports, supervision checklists, simulation exercise reports, and community feedback mechanisms will be used to track implementation progress and assess the quality of activities.

Monitoring will focus on key preparedness indicators, including:

- Number of volunteers trained on Community-Based Surveillance (CBS), Safe and Dignified Burials (SDB), Risk - Communication and Community Engagement (RCCE), and Infection Prevention and Control (IPC);
- Number of SDB teams reactivated and equipped;
- Number of simulation exercises conducted;
- Number of points of entry covered by trained volunteers;
- Number of community engagement and awareness activities conducted;
- Availability of pre-positioned preparedness equipment and supplies;
- Functionality of community feedback and rumor management mechanisms;
- Number of coordination meetings conducted and attended.

The BRCS headquarters will consolidate and analyze data received from branches and health districts to monitor progress against operational targets and identify any implementation gaps requiring corrective action. Regular review meetings will be organized to assess achievements, challenges, lessons learned, and preparedness readiness levels.

The IFRC Country Cluster Delegation will provide technical support and oversight throughout the implementation period. Joint monitoring and supervision visits will be conducted by BRCS and IFRC staff to selected target districts and points of entry to verify progress, assess the quality of implementation, and provide technical guidance where necessary. At least two joint monitoring missions are planned during the operation, subject to operational needs and available resources.

In addition, simulation exercises and after-action reviews will serve as important monitoring tools to assess operational readiness, identify strengths and gaps in preparedness systems, and inform adjustments to preparedness plans. A final lesson learned workshop will also be conducted at the end of the operation to evaluate overall achievements, document good practices, and strengthen future Ebola preparedness efforts.

Monitoring findings will be regularly shared with the Ministry of Health, IFRC, and relevant partners to support evidence-based decision-making and ensure that preparedness activities remain aligned with national priorities and evolving risk levels.

Please briefly explain the National Societies communication strategy for this operation

The Burundi Red Cross (BRCS) will implement a communication strategy that supports preparedness objectives, promotes public awareness on Bundibugyo Virus Disease (BVD), and ensures effective information sharing among stakeholders, volunteers, communities, and partners. The strategy will be aligned with the National Ebola Preparedness and Response Plan and will complement the Risk Communication and Community Engagement (RCCE) activities implemented under this operation.

Internally, regular communication and information sharing will be maintained between the BRCS headquarters, branches, volunteers, and operational teams through coordination meetings, situation updates, activity reports, email communications, and digital communication platforms. This will ensure timely dissemination of information, consistent messaging, and effective coordination throughout the implementation period.

Externally, the National Society will work closely with the Ministry of Health, IFRC, WHO, media outlets, community leaders, and other partners to promote accurate and evidence-based information on Ebola preparedness. Communication activities will focus on increasing public awareness of Ebola prevention measures, reducing misinformation and rumors, and strengthening community trust in preparedness interventions.

A variety of communication channels will be used, including local radio programmes, community dialogues, posters, leaflets, social media platforms, community meetings, and existing community engagement structures. These channels have been selected because they are widely accessible and effective in reaching both urban and rural populations, including communities living in border areas and around



points of entry.

To ensure transparency and accountability, community feedback and rumor management mechanisms will be strengthened through the use of existing platforms such as the 109 hotline, community feedback systems, focus group discussions, and community committees. Information collected through these mechanisms will be analyzed regularly and used to adapt communication approaches and address community concerns in a timely manner.

The BRCS communication team will document key preparedness activities, training sessions, simulation exercises, and success stories throughout the operation. Communication products may include human-interest stories, photographs, social media content, and operational updates to highlight preparedness achievements and lessons learned.

The IFRC will provide technical support to the National Society's communication efforts, including guidance on visibility, messaging, content development, and documentation of preparedness activities. Where necessary, IFRC communication personnel may support the development of communication materials, operational updates, and visibility products to ensure consistency with Movement communication standards and support resource mobilization and stakeholder engagement efforts.



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