# DREF Operational Update

## Burundi BVD Ebola preparedness

Community sensitization at Gatumba

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| Appeal:<br>**MDRBI026** | Total DREF Allocation:<br>**CHF 132,219** | Crisis Category:<br>Yellow | Hazard:<br>**Epidemic** |
| Glide Number:<br>- | People Affected:<br>**951,187 people** | People Targeted:<br>**285,380 people** | |
| Event Onset:<br>**Sudden** | Operation Start Date:<br>**09-06-2026** | New Operational End Date:<br>**31-10-2026** | Total Operating Timeframe:<br>**4 months** |
| Reporting Timeframe Start Date:<br>**10-06-2026** | | Reporting Timeframe End Date:<br>**31-07-2026** | |
| Additional Allocation Requested:<br>- | | Targeted Regions:<br>**Bubanza, Bujumbura Mairie, Bujumbura Rural, Cibitoke, Makamba, Muyinga, Rumonge** | |

# Description of the Event


12 Health Districts of Priority one

## Date of event

21-05-2026

## 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 (BVD) 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 the date the emergency plan of action was written (May 2026), the epidemiological situation was showing 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. As of 3 August 2026, more than 3300 confirmed cases had been reported in the Democratic Republic of the Congo (DRC), compared with 20 confirmed cases in Uganda. In addition, more than 1,400 confirmed deaths had been recorded in the DRC, while Uganda had reported two confirmed deaths.

Although Uganda declared the end of the outbreak on 28 July 2026, the epidemiological situation in the DRC remained highly concerning. The outbreak had not yet reached its peak, with transmission continuing to expand and new health zones being affected. Given the close

cross-border population movements between the DRC and neighbouring countries, including Burundi, the continued spread of the disease in the DRC posed a significant risk of cross-border transmission and underscored the need to maintain heightened surveillance, preparedness, and response capacities.
The situation continues to evolve, creating heightened concern for neighboring countries due to intense cross-border population movements and trade.

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.


SDB simulation at Gatumba

IEC material hung up in Mutimbuzi Health District

Community sensitization at Gatumba

## Scope and Scale

Burundi faces a high risk of Ebola Virus Disease (BVD) 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 undermine social cohesion, access to healthcare and 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. Subsequently, it developed its own preparedness strategy aligned with national priorities to support prevention, readiness, surveillance, risk communication, community engagement, and response capacity strengthening activities.

## Source Information

| Source Name | Source Link |
|---|---|
| 1. Epidemiolocal 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 |

# Summary of Changes

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| Are you changing the timeframe of the operation | **Yes** |
| Are you changing the operational strategy | **No** |
| Are you changing the target population of the operation | **No** |
| Are you changing the geographical location | **No** |
| Are you making changes to the budget | **No** |
| Are you requesting an additional allocation? | **No** |

**Please explain the summary of changes and justification:**

This update aims to inform on progress of the Burundi RC readiness against the evolution of the Ebola situation in the sub-region.

The epidemiological situation in the region remains concerning. As of early August 2026, more than 3,300 confirmed Ebola cases and over 1,400 deaths had been reported in the Democratic Republic of the Congo. Although Uganda declared the end of its outbreak on 28 July 2026, the risk of Ebola importation into Burundi remains significant due to continued cross-border population movement. The operation continues with the approved DREF allocation of CHF 132,219 and a target population of 285,380 people.

With the persisting risk and the ongoing challenges that are being managed on the readiness, this IFRC-DREF operation is revised to remain active and relevant with the scope. Details of the changes on the operation below:

- A timeframe extension to 4 months, with a revised operational end date of 31 October 2026. Administrative and regulatory clearance procedures remain underway, preventing completion of SDB-related trainings, simulation exercises and readiness testing activities. Based on current logistics updates, delivery of the kits is anticipated during September 2026, allowing the remaining SDB activities to be completed during October 2026. This extension is relevant with the persisting risk, and considering the importance of completing the SDB activities that are core of the EVB readiness. Indeed, the implementation of Safe and Dignified Burial (SDB) activities has been delayed due to the ongoing international procurement and importation process for specialized SDB kits. In another hand, several preparedness activities were designed as integrated packages linked to the SDB component. As a result, delays in the availability of SDB kits have also affected the scheduling of associated PGI, CEA and preparedness training activities.
- The operation target area has been updated from 8 to 12 Priority 1 health districts following an updated national risk assessment by the Ministry of Health. The additional districts fall within the originally targeted high-risk provinces and border corridor areas and do not result in changes to the operational strategy, budget (CHF 132,219), or target population (285,380 people). The revised targeting reflects updated Ministry of Health risk classifications and preparedness priorities.

Despite these delays, implementation progress has continued, including training 80 volunteers on epidemic preparedness and community-based surveillance, reaching approximately 207,000 people through risk communication and community engagement activities, producing and distributing information materials across targeted districts, strengthening hotline services through training of 15 operators, and maintaining volunteer insurance coverage, coordination and monitoring mechanisms. Outstanding activities include completion of SDB trainings and simulations, remaining PGI and RCCE activities, monitoring visits, readiness testing and the lessons learned workshop.

# IFRC Network Actions Related To The Current Event

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| **Secretariat** | 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.<br><br>Following the declaration of the Ebola Virus Disease (BVD) 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. |
| **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.

# Other Actors Actions Related To The Current Event

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| **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 has therefore integrated 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 are actively promoting 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 is being 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 have been 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 is working 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 are contributing 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 is strengthening 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 objective remains to strengthen the BRCS Bundibugyo Virus Disease (BVD) readiness capacities and contribute to the Country's effort to mitigate the reduce the risk of disease importation and enhance early detection, prevention, and coordinated response capacities in high-risk areas.

Through the IFRC-DREF allocation, NS continue to focus on selected priority health districts and points of entry along the border with the Democratic Republic of the Congo in alignment with risk priorities areas 1 defined by MoH; contributing to National VHF Preparedness and Response Plan on the following pillars: communication and community engagement (RCCE), community-based surveillance, readiness planning, volunteer preparedness, and National Society capacity strengthening. Progress have been made against that objective and NS will be completing the remaining actions by 31 October 2026 for a 4 months implementation timeframe.

## Operation strategy rationale

NS intervention through this DREF is in line with the National Ebola Preparedness and Response Plan and the Memorandum of Understanding between the Burundi Red Cross Society (BRCS) and the Ministry of Health. The operation continues to strengthen preparedness capacities but now extended to the 12 Priority 1 health districts and selected high-risk points of entry identified through the updated national risk assessment instead of the 8 at the beginning of the outbreak in DRC.

The intervention pillars will remains the same as initial application and ongoing, pending activities will continue to be implemented until 31 October 2026 as per the strategy approved as per initial application (see source link). Below provides the summary of stragegy against the progress and remaining interventions.

1) Health: Community-Based Surveillance (CBS) and Safe & Dignified Burials (SDB)
The health component continues to focus on strengthening community-based surveillance and SDB preparedness capacities in the 12

priority health districts and selected high-risk points of entry. During the reporting period, 20 participants completed the Epidemic Preparedness and Community-Based Surveillance (CBS) Training of Trainers, and 60 additional volunteers were subsequently trained, bringing the total number of trained volunteers to 80 against a target of 100 volunteers. These volunteers are supporting community-based surveillance, alert identification, reporting mechanisms and preparedness activities in high-risk areas. Existing surveillance and coordination mechanisms continue to be strengthened in collaboration with health authorities. However, critical SDB preparedness activities remain pending. The procurement and deployment of 7 SDB kits has not yet been completed, while the planned SDB ToT (target: 1), refresher training of 16 SDB team members, and 2 SDB practical sessions remain outstanding. The planned deployment of SDB surge support and the organization of simulation and readiness testing exercises are also pending as they depend on the successful delivery of the specialized SDB kits currently under international procurement and clearance procedures. Completion of these activities remains essential to ensure Burundi maintains operationally ready and properly equipped SDB teams capable of supporting a rapid and safe response should an Ebola case be detected.

2) Risk Communication, Community Engagement and Accountability (RCCE/CEA)
The RCCE component continues to strengthen community preparedness, communication systems and feedback mechanisms. To date, approximately 207,000 people have been reached through RCCE and community awareness activities against an operational target of 285,350 people. A total of 3,030 Information, Education and Communication (IEC) materials were produced, and 2,160 posters have been distributed across targeted health districts. RCCE activities will continue with the six outstanding radio programmes, aiming to reinforce the messages and extend the reach. Further community outreach activities and continued strengthening and testing of feedback and rumours management systems will complement the radio dissemination.
On the feedback and two way communication, 15 hotline operators from the Burundi Red Cross and Ministry of Health hotlines were trained on RCCE, rumours management, feedback collection and referral pathways against a target of 16 operators. Two radio programmes have also been conducted against a target of eight. These achievements have strengthened access to reliable information and improved two-way communication channels with communities. The multilateral and multi-channel approach of the RCCE efforts ensures that communities in the 12 high-risk districts areas are equipped with accurate information, maintain trust in public health interventions, and are able to identify and report potential alerts rapidly in the event of disease importation.

3) Protection, Gender and Inclusion (PGI)
Protection, Gender and Inclusion considerations continue to be integrated into preparedness activities to ensure interventions remain safe, inclusive and accessible to women, children, persons with disabilities, refugees, returnees and other vulnerable groups. During the reporting period, two PGI briefing sessions to some targeted districts were conducted and additional are being scheduled. The PGI sessions cover PGI, safeguarding, Prevention of Sexual Exploitation and Abuse (PSEA) and Community Engagement and Accountability (CEA) modules to ensure volunteers and staff possess the behavioural and technical competencies required to deliver safe, inclusive and protection-sensitive interventions. Their completion remains important to strengthen community trust and uphold accountability standards during any future Ebola response.
The protection, safeguarding remains a core element of the way of working and its alignment across all the teams that could be involved f a response is trigerred is essential. In addition to the briefing sessions, volunteers and staff involved in the operation signed the Code of Conduct. So far 95% against a target of 100 per cent and remaining ongoing. Feedback mechanisms also continue to support the identification and consideration of protection concerns and the specific needs of vulnerable groups.

4) Coordination, Monitoring, Evaluation and National Society Development
The operation continues to strengthen preparedness coordination and operational readiness capacities at national and branch levels. BRCS remains actively engaged in coordination mechanisms led by the Ministry of Health and COUSP, with 100 per cent participation in planned Ebola preparedness coordination mechanisms achieved. One monitoring and supervision visit has been completed against a target of four, and insurance coverage has been secured for all 500 planned volunteers. A kick-off meeting with COUSP was successfully conducted, while BRCS continues to provide technical supervision, coordination and monitoring of preparedness activities in collaboration with IFRC and other partners.

The continuation and completion of the ongoing readiness activities remain necessary to assess strenghten operational readiness, validate existing preparedness systems and procedures, identify any remaining gaps requiring corrective actions, and ensure that capacities developed through the operation can be effectively mobilized should an Ebola alert occur in Burundi.

# Targeting Strategy

## 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 is focusing 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 is also targeting 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 are being better equipped to support rapid detection and response efforts should an Ebola case be reported in Burundi.

Special attention is being 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 is ensuring that communication materials and community engagement approaches are accessible and inclusive, while community feedback mechanisms are being 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 is focusing on the 12 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 is contributing 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 is also targeting 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 is being 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 are adopting 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")

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|---|---|
| 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 |

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| | 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 is also being 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 are therefore being 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 is prioritizing 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 is applying 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 are also being 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 is being maintained throughout the implementation period to ensure timely adaptation of preparedness activities if required.

| | |
|---|---|
| Has the child safeguarding risk analysis assessment been completed? | No |

# Planned Intervention

## Health

**Budget:** CHF 51,120
**Targeted Persons:** 285,350
**Targeted Male:** 11,176
**Targeted Female:** 12,603

### Indicators

| Title | Target | Actual |
|---|---|---|
| # of sessions conducted on SDB | 2 | 0 |
| # of persons trained on SDB | 16 | 0 |
| # of SDB kit procured | 7 | 0 |
| # of volunteers trained on EPiC including surveillance | 100 | 80 |
| # of SDB ToT traning conducted | 1 | 0 |
| # of ToT SBC and EPiC training conducted | 1 | 1 |

### Progress Towards Outcome

The implementation of Safe and Dignified Burial (SDB) activities has experienced significant delays due to the procurement and international delivery process of the SDB kits required for training and operational preparedness. The kits are being mobilized by IFRC from abroad and are planned to be shipped by air to facilitate a consolidated delivery. To enable their reception in Burundi, several administrative and regulatory clearance procedures are currently underway. According to ongoing communications between the Burundi Red Cross and IFRC logistics teams, obtaining all the necessary authorizations is expected to take approximately one additional month. As a result, the implementation of SDB-related activities, including refresher training, simulation exercises, and readiness testing, remains pending until the kits are received. A meeting between the CRB and the COUSP is scheduled in the first half of September to jointly review/standardize and validate the content of the SDB procedural guidance documents that existing at the MoH, with the objective of finalizing a reference document for use during SDB training sessions and field operations.

Regarding surveillance preparedness, the planned training activities have been partially implemented. A total of 20 participants completed the Training of Trainers (ToT) on Epidemic Preparedness and Community-Based Surveillance (CBS), and 60 volunteers were subsequently trained across the priority districts. While the initial target was to train 100 volunteers, budget constraints under this budget line required an adjustment to the number of participants. Nevertheless, the trained volunteers constitute a core pool of responders capable of supporting community-based surveillance, alert generation, reporting mechanisms, and preparedness activities in high-risk areas.

In the meantime, with Information, Education and Communication (IEC) materials already developed and available, Burundi Red Cross volunteers have continued to disseminate disease prevention messages through Risk Communication and Community Engagement (RCCE) activities. To date, these activities have reached around 207,000 people, contributing to increased community awareness, improved understanding of disease prevention measures, and enhanced preparedness in at-risk communities.

Following the receipt of the SDB kits and completion of the required administrative procedures, the remaining SDB activities are expected to be implemented over a period of approximately one and a half months.

## Protection, Gender And Inclusion

**Budget:** CHF 7,476
**Targeted Persons:** 500
**Targeted Male:** 5
**Targeted Female:** 15

### Indicators

| Title | Target | Actual |
|---|---|---|
| # of briefing sessions conducted | 8 | 2 |
| % of volunteers and staff involved in the operation who signed the code of conduct | 100 | 95 |

### Progress Towards Outcome

PGI activities have been delayed as the National Society planned to deliver these orientations as part of an integrated preparedness training package for volunteers involved in key Ebola preparedness activities. Consequently, the implementation of PGI briefings remains linked to the scheduling of the SDB training, which is awaiting the delivery of the SDB kits currently under procurement.

The Code of Conduct has already been disseminated and signed by the volunteers participating in the preparedness activities.

## Community Engagement And Accountability

**Budget:** CHF 19,328
**Targeted Persons:** 285,350
**Targeted Male:** 11,184
**Targeted Female:** 12,610

### Indicators

| Title | Target | Actual |
|---|---|---|
| # of people reached with CEA interventions | 285,350 | 207,000 |
| # of staff from the hotline trained on BEVD | 16 | 15 |
| # of radio show conducted | 8 | 2 |

### Progress Towards Outcome

The Burundi Red Cross has produced 3,030 Information, Education and Communication (IEC) posters containing key prevention messages on Ebola Virus Disease (EVD) and Marburg Virus Disease (MVD). As both diseases belong to the same viral family and considering the

recent declaration of a Marburg outbreak in neighbouring Tanzania, the development and dissemination of these materials form an important component of the National Society's epidemic preparedness strategy.
The IEC materials are being distributed across the 12 targeted health districts to strengthen community awareness and preparedness. To date, 2160 posters have already been distributed in 9 health districts among the 12 prioritized, and Risk Communication and Community Engagement (RCCE) activities supported by these materials have reached around 207000 people through community outreach, interpersonal communication, and awareness sessions.

To further strengthen two-way communication with communities, the Burundi Red Cross has trained 15 operators from the Burundi Red Cross hotline (109) and the Ministry of Public Health hotline (117) on Risk Communication and Community Engagement (RCCE) principles, including the management of community feedback, concerns, rumours, and referrals. This capacity-building initiative has enhanced the ability of both hotlines to provide accurate information, respond to community questions, and ensure that feedback from affected populations is effectively documented, analysed, and integrated into preparedness and response activities.

CEA orientations were planned as part of a comprehensive preparedness training package for volunteers engaged in Ebola preparedness activities. Therefore, their implementation remains dependent on the scheduling of the SDB training, which is pending the delivery of the SDB kits currently under procurement and it constitutes one of the key actions expected from the National Society by the Ministry of Health.

## Secretariat Services

**Budget:** CHF 17,403
**Targeted Persons:** 500
**Targeted Male:** 0
**Targeted Female:** 0

### Indicators

| Title | Target | Actual |
|---|---|---|
| # of National Society coordination mechanisms supported and operational | 1 | 1 |
| # of monitoring and supervision visits conducted | 4 | 1 |
| # of volunteers covered by insurance | 500 | 500 |
| % of planned Ebola preparedness and operational coordination activities supported through participation in National Ebola Task Force mechanisms. | 100 | 100 |
| # of SDB training surge deployed | 1 | 0 |

### Progress Towards Outcome

The Burundi Red Cross actively participates in all coordination committees established by the Ministry of Public Health to support the planning, coordination, and implementation of the national epidemic preparedness plan. Through its engagement in these coordination mechanisms, the National Society contributes to joint planning, information sharing, operational coordination, and the alignment of preparedness and response activities with national priorities.

In addition, IFRC has already completed insurance for 500 volunteers. This measure ensures that volunteers deployed during preparedness and response activities are adequately protected while carrying out their humanitarian duties, in accordance with the IFRC's duty of care commitments. Tha certificate of insurance have been shared with Burundi Red Cross

## National Society Strengthening

**Budget:** CHF 36,892
**Targeted Persons:** 30
**Targeted Male:** 0
**Targeted Female:** 0

### Indicators

| Title | Target | Actual |
|---|---|---|
| # field mission conducted | 2 | 1 |
| # of lessons workshop conducted | 1 | 0 |
| # of kick-off meeting organized | 1 | 1 |

### Progress Towards Outcome

Even before the planned training sessions were conducted, the Burundi Red Cross proactively mobilized and deployed volunteers to support Ebola preparedness and prevention activities in priority districts. These early interventions focused on community awareness, risk communication and community engagement (RCCE), community-based surveillance, and the dissemination of key prevention messages, thereby strengthening preparedness while awaiting the completion of capacity-building activities.

In parallel, the National Society deployed a dedicated team of staff to coordinate and oversee the implementation of preparedness activities. This team has been providing technical guidance, operational supervision, and coordination with the Ministry of Public Health and other partners to ensure the timely and effective implementation of the preparedness plan. The kick off meeting have been organized with the COUSP.

# About Support Services

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

The operation is being implemented through a combination of Burundi Red Cross staff and volunteers at national, branch, and community levels. Approximately 100 volunteers and 16 staff members directly participate in preparedness activities across the 12 priority health districts and selected high-risk points of entry.

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

The operation is being 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 supervise field implementation and volunteer management, while technical support and oversight are being provided by the IFRC Country Cluster Delegation and relevant regional technical teams as required.

The operation is being 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 are 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 also prioritizes 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 helps 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 are receiving 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? Please provide the role profile needed.

One national surge is mobilized to support the operation.

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

Procurement activities under this operation are being 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 mainly involves 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 are being procured for pre-positioning and preparedness purposes.
Whenever possible, procurement is being 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.

Most of the procurement activities carried out by the Burundi Red Cross (BRC) focused on training tools, communication materials, and visibility items, including Information, Education and Communication (IEC) materials intended to support preparedness activities.

However, the specialized equipment required for Safe and Dignified Burial (SDB) activities is not available on the local market and has therefore been procured by IFRC. These items are intended to support the planned SDB training activities and to establish a pre-positioned preparedness stock that can be rapidly deployed in the event of an Ebola case or any other public health event requiring their use.

## How will this operation be monitored?

The operation is being 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 the operational level, branch and district teams are 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 are used to track implementation progress and assess the quality of activities.

Monitoring focuses 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 is consolidating and analyzing data received from branches and health districts to monitor progress against operational targets and identify any implementation gaps requiring corrective action. Regular review meetings are being organized to assess achievements, challenges, lessons learned, and preparedness readiness levels.

The IFRC Country Cluster Delegation is providing technical support and oversight throughout the implementation period. Joint monitoring and supervision visits are being 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 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 are being 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 are being 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 are being 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 is being analyzed regularly and used to adapt communication approaches and address community concerns promptly.

The BRCS communication team is documenting 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 is providing 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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