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Emergency Plan of Action Operation Update 2

Burundi: Ebola Virus Disease Preparedness

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRBI015		Glide n°	
Date of issue: 25 February 2019		Expected timeframe: 5 months and two weeks	
Operation start date: 02 October 2018		Expected end date: 14 March 2019	
Category allocated to the of the disaster or crisis: Yellow			
DREF allocated: CHF 138,160	3rd allocation: CHF 32,802	2nd allocation: CHF 17,679	Initial allocation: CHF 87,679
IFRC focal point: Marshal Mukuvare, DM Delegate for East Africa Cluster, will be project manager and overall responsible for planning, implementation, monitoring, reporting and compliances		NS focal person: Venerand NZIGAMASABO, SG Assistant in charge of Disaster preparedness and response operation.	
Total number of people at risk: 834,588 people are exposed to EVD in 4 provinces		Number of people to be assisted: 166,588 people (20% of total population at risk)	
Host National Society presence (n° of volunteers, staff, branches): BRCS has 650,000 active volunteers, 11 RDRT and 120 NDRT trained staff and 2,908 local units. The DREF operation will target five (04) Provincial Committees and seven (07) Communal Committees and will involve 18 National staff (4 DM, 4 WASH, 2 Health, 2 Logisticians, 2 PMER, 2 CEA and 2 for Coordination) and 224 volunteers (32 per Commune in 7 communes) and 20 at Provincial level (5 per province) who will be directly involved in the Ebola preparedness and prevention activities and supervision on provincial level.			
Movement Partners of the Red Cross and Red Crescent Societies Present in Burundi and supporting this preparedness initiative are: the ICRC, Belgian Red Cross (Flemish and French branches); Finnish Red Cross, Luxemburg Red Cross, Netherlands Red Cross, Norwegian Red Cross and Spanish Red Cross Societies.			
Other Partner organisations actively involved in the operation: Ministry of Public Health (MoPH), WHO, UNICEF, MSF			

Summary of major revisions made to emergency plan of action:

Through this Operations Update number 2, Burundi Red Cross Society (BRCS) is requesting for an additional two weeks' timeframe extension to conduct procurement of safe and dignified burial (SDB) kits. These additional SDB kits are required because the previously procure kits were utilised in SDB trainings. The extension will also ensure continued coordination and participation in the National Taskforce on Ebola and strengthen the role and position of BRCS in Ebola preparedness. The NS will also continue implementing other outstanding activities during the timeframe extension. It is also important to note that the body bags are still held by customs awaiting a waiver of the single use plastic ban. A third allocation of 32,802 Swiss francs is required to enable the procurement and pre-positioning of the SDB kits. This will bring the total budget of the operation to 138,160 Swiss francs.

Due to the limitations of DREF, including a maximum six-month timeframe, support to preparedness activities in the WHO priority 1 countries will be achieved through the revision of the Democratic Republic of Congo Emergency Appeal to include surrounding countries in preparedness as a containment strategy. While the revision is on-going, it is being recommended that the Burundi EVD preparedness DREF is extended until 14 March to allow for operational continuity.

A. Situation analysis

Description of the disaster

On 1 August 2018, just one week after the declaration of the end of the Ebola outbreak in Equator province, the 10th Ebola epidemic of the DRC was declared in the provinces of North Kivu and Ituri, which are among the most populated provinces in the DRC that also share borders with Uganda and Rwanda.

The provinces have been experiencing intense insecurity and a worsening humanitarian crisis with over one million internally displaced people (IDPs) and a continuous influx of refugees to neighbouring countries, including Uganda, Burundi and Tanzania. Population mobility, including cross-border movements, were identified as a significant risk for disease transmission in this outbreak due to the high number of traders and miners, displaced populations and insecurity caused by rebels and militias in the area (Source IOM, 15 August 2018). Additionally, the security situation in North Kivu may hinder the implementation of response activities.

Potential risk factors for a further EVD expansion exist not only at national level, but also at regional level, among which:

- transport links between the affected areas, the rest of the country, and neighbouring countries;
- internal displacement of populations;
- low level of knowledge around Ebola modes of transmission, especially among women (according to a KAP survey done in North-Kivu)
- displacement of Congolese refugees to neighbouring countries, including Uganda.

Since EVD outbreak in DRC continues to spread, WHO has been sending Preparation Support Team (PST) missions to neighbouring countries of DRC to review EVD readiness and support preparedness strategies with government and other stakeholders including RC/RC National Societies. According to their risk profiles, the WHO has categorized four countries i.e. Rwanda, Uganda, South Sudan, and Burundi as Priority-1 and remaining five countries -- Angola, Congo, Central African Republic, Tanzania, and Zambia are Priority-2. The prioritization was done based on their capacity to manage EVD and viral haemorrhagic fever (VHF) outbreaks, and their connections and proximity to the areas currently reporting EVD cases.

The epidemiological situation of the Ebola Virus Disease as of 18 February 2019 (Source: Directorate General for Disease Control, DRC):

- Cumulative number of cases since beginning of the outbreak is 840, of which 775 are confirmed and 65 are probable. In total, there have been 537 deaths (472 confirmed and 65 probable) and 294 recoveries.
- 185 suspected cases are under investigation.
- 2 new confirmed cases of which 1 in Katwa, 1 in Butembo and 1 Vuhovi.
- 3 new confirmed deaths:
 - 1 community death in Butembo,
 - 2 deaths at the Katwa treatment centre.
- No new recovered persons have come out of the treatment centre.

The RC/RC National Societies of countries surrounding the affected area in DRC have been supporting government efforts in updating EVD contingency plans and strategies in the early detection/surveillance of cross border population movement, training of volunteers to undertake typical EVD response activities related to infection, prevention and control (IPC), risk communication, social mobilization and community engagement, Safe and Dignified Burials (SDB), Psychosocial support and National Society capacity building and preparing for future outbreaks.

The Government of Burundi does not have an EVD prevention policy but has established a National Ebola Taskforce which developed an EVD Contingency Plan. Through this taskforce Burundi Red Cross has been requested to implement and lead the SDB pillar of the contingency plan as well as supporting dissemination of EVD messages through radio spots and mobile cinemas.

The highest risk of a possible EVD outbreak will be through entry points (by road) in the north western provinces of the country, or possibly by maritime transportation on Lake Tanganyika.

Table 1: Overview of Provinces including RCRC capacities for Provinces at Risk

Provinces	Communes	Total Volunteers	Number of Volunteers to be trained at provincial level	Number of Volunteers to be trained at communal level (8 volunteers to be trained on SDB, 12 volunteers to be trained on CEA and 12 volunteers on PSS)	Total population ¹
Cibitoke	Rugombo	5,371	5	32	112,173

	Buganda	4,589		32	98,551
Bujumbura	Mutimbuzi	1,914	5	32	99,247
	Kabezi	813		32	70,048
Rumonge	Muhuta	2,212	5	32	86,549
	Rumonge	7,668		32	207,077
Makamba	Nyanza-lac	4,261	5	32	160,943
Total		26,828	20	224	834,588

Total Population¹: From the 2017 demographic survey

Overview of the Host National Society

Burundi RC is participating in the National Platform coordinating Ebola preparedness activities. This platform has requested that the Red Cross leads Safe and Dignified Burials (SDB). In addition to SDB activities, the NS contributed to the response by dispatching 35 tents from its pre-positioned stocks which are being used by the surveillance teams in 17 entry points. The Burundi Red Cross also installed 4 bladders and 34 hand washing facilities at entry points: Ruhwa (in Cibitoke Province), Gatumba (Bujumbura Rural Province), Rumonge and Kabonga in Nyanza-Lac Commune.

The NS has three staff members (PMER, Information Management and CEA) who deployed to the DRC to support the DRC Red Cross EVD response operation in the Equateur Region. The capacity gained while deployed in DRC has enhanced the quality of this DREF operation, especially as the scope of the operation mainly focuses on community engagement and social mobilization. Indeed, the deployed members of BRCS are providing their technical support to the current operation in their relevant technical fields.

The NS also engaged and has trained staff and volunteers in SDB -- 20 people received ToT training on SDB. The BRCS also established and trained SDB teams in the priority Provinces which are Cibitoke, Bujumbura, Rumonge and Makamba. The implementation is supported by Branch Coordinators, Regional DM Coordinator and Communal Secretaries. Four of the branch staff in Gatumba are trained as National Disaster Response Team members and two others are Regional Disaster Response Team members. At national level, BRCS has three (3) WASH-trained Regional Disaster Response Team (RDRT) members, two of whom are currently deployed as part of the National Society's response to this situation. This timeframe extension will enable NS select 224 volunteers at provincial and communal level in preparation of activities to be continued as part of the EVD revised Emergency Appeal.

BRCS is an active member of the National Platform in charge of the coordination of humanitarian actors, which is managed under the Ministry of Security. The National Platform is divided in nine (9) sectors, of which the BRCS is lead for two - relief and dead body management.

Overview of Red Cross Red Crescent Movement in country

In-country Movement partners of the BRCS include the ICRC and Partner National Societies (PNS) which are the Belgium-Flanders and Francophone, Finnish, Luxemburg, Netherlands, Norwegian and Spanish Red Cross Societies.

The IFRC has a Country Cluster Support Team Office (for Eastern Africa) and a Regional Office for Africa, in Nairobi. BRCS is constantly in contact with the IFRC and has been giving updates as the humanitarian situation unfolds.

The BRCS is supported by ICRC in developing its contingency plan for May – December 2018 period (NS expects other possible natural disasters including floods and epidemics such as malaria and cholera, as well as possible political unrest during that period). This document will help BRCS to better respond to potential natural disasters and conflict situations in Burundi.

Overview of Non-RCRC Actors in Country

The main non-Red Cross Red Crescent actors present and active in the area include UN agencies such as FAO, IOM, UNICEF, UNFPA, WHO and WFP which are involved in the 9 sectorial groups of the National Platform. All sectorial groups are led by the representatives of Technical Ministries in their specific areas. UNICEF is involved in WASH in emergencies and nutrition (high energy biscuits), IOM in shelter and NFI, UNFPA in Reproductive Sexual Health and distribution of dignity kits, WFP in food distribution and WHO in health. Other humanitarian actors are NGOs like CARITAS, ACTION AID and CARE.

The Ministry of Health is coordinating the Ebola Response Plan and had provided the national Ebola Treatment Centre and other treatment centres in health districts, medical staff: Doctors, nurses, laboratory technicians, ambulances, etc. The Ministry of Health had also nominated a National Task Force and Burundi Red Cross is represented in six (6) technical commissions: Coordination, Operations (ETC and a Laboratory), PMER, Finances and Logistic, Prevention and Infections Control and CEA.

The authorities are putting in place basic information and prevention measures at the Bujumbura international airport and others main entry points.

Needs analysis, targeting, scenario planning and risk assessment

Needs Analysis

The current EVD outbreak is in North Kivu/ DRC, at about 452 kilometres from the Burundi/DRC borders. The EVD is a serious, often fatal disease in humans, with average Case Fatality Rate (CFR) being around 50%. The virus is transmitted to humans from wild animals and spreads through human-to-human transmission through direct contact with bodily fluids, blood secretions and organs of infected people or with surfaces or clothing contaminated with the fluids of an infected person or deceased body. There are no proven treatments yet, but experimental vaccines and therapeutics have been developed and successfully tested in previous and current DRC outbreaks.

Vigilance against spread is important due to potential population movement. An emphasis on contact tracing and active case finding at community level for early detection as well safe management of burials of suspected and confirmed cases to prevent and limit spread of the disease is important. This will, in turn, require community understanding and support for Ebola prevention, through risk communication, social mobilization and community engagement. As such, it is extremely important and urgent to prepare for a potential outbreak at any targeted area/ district of the country, to prevent the disease and limit its impact. Volunteers are willing to support but have limited means and tools.

The proximity of DRC to Burundi has created growing fears among the authorities and the National Society and within the general public, particularly in the capital Bujumbura. There is a need in psychosocial support in terms of skills and preparation especially for the volunteers and staff involved as well as the affected families.

There is limited health literacy; low knowledge about EVD which poses a high risk if not adopting urgent preparedness and preventive measures should Ebola spread into the country. This needs to be countered by intensified prevention training around EVD, social mobilization, with promotion and public awareness campaigns through selected evidence-based social behavioural change communication (SBCC) and CEA strategies and actions. Enhancing national capacity in safe and dignified burial protocols is essential in the event of an outbreak.

Some statistics and information on population movement between Burundi and DRC (through the at-risk locations) – indicate 3,388 daily arrivals. It should however be noted that there are no official numbers to prove.

The Burundi government requested BRCS to lead the SDB activities which are a priority in the National Contingency Plan for EVD, approved in September 2018. Although not highlighted in the National Plan, PSS activities are essential especially for the families of the deceased, staff and volunteers who will potentially respond as part of the SDB teams. BRCS will therefore implement PSS activities for its volunteers. In the event of an outbreak, BRCS will also explore opportunities to support affected families with PSS.

Targeting

Risk communication, social mobilization and community engagement activities will be conducted in 9 communities from 4 provinces bordering DRC as seen in below table:

Provinces	Communities
Cibitoke	Rugombo
	Buganda
Bujumbura Rural & Bujumbura Mairie	Mutimbuzi
	Kabezi
	Ntahangwa
	Mukaza
Rumonge	Muhuta
	Rumonge

MAKAMBA

Nyanza-lac

The NS will target 20% (166,588) of total population in targeted area the following activities;

- 76 people (20 staff and 56 volunteers) trained in SDB,
- Training staff and volunteers in PSS
- Procurement and prepositioning of SDB kits and body bags
- Social mobilization on EVD through mobile cinemas

In addition, BRC will focus the intervention on the travellers at the Rumonge, Nyanza-Lac and Mutimbuzi border points.

Scenario planning

This emergency plan of action is based on the possibility of an Ebola outbreak in Burundi. The preventive approach adopted here relies essentially on the success of social mobilisation and CEA, which if not properly implemented to ensure proper preparedness is in place, the epidemic may not be easily controlled within any short to medium period and could spread to communities within the target Provinces into others with possibility of spreading into neighbouring communities.

Scenario: Best (1), Probable (2) and Worst (3)

Best Scenario 1: A suspected or confirmed case is detected at an entry point

Preparedness : Establishment of a multi-sectoral Ebola crisis committee and its thematic commissions with an activation and coordination mechanism, including all local actors operating on the ground and supporting Ebola preparedness actions; Strengthening surveillance at the level of health facilities, entry points and at the community level; Set up an early detection system (primary and secondary screening), swap/ packaging and transport of samples; Establishment of an isolation mechanism; Prepositioning of a secure transport device of cases, mechanism for taking care of the first cases. Focus on awareness raising sessions/ training of health workers and actors, communities at the entree points of the country. Setting up operational SDB teams (trained teams with supervision, activation and mobilisation mechanisms and materials).

Planning hypothesis: One (1) case detected (at one of the entry points) to be treated with about 30 contacts (or 100 to 150 contacts in the case of a flight) to trace. This case could either die with need to manage the body or heal with need to manage the sequelae. Epidemic located at an entry point.

Most probable Scenario 2 : One to five cases of the EVD are detected at health facility with a contamination of a health staff.

Preparedness : Establishment of a multi-sectoral Ebola crisis committee and its thematic commissions with an activation and coordination mechanism, including all local actors operating on the ground and supporting Ebola preparedness actions ; Strengthening surveillance at the level of health facilities, entry points and at the community level; Set up an early detection system (primary and secondary screening), swap/ packaging and transport of samples; Establishment of an isolation mechanism; Prepositioning of a secure transport device of cases, mechanism for taking care of the first cases. Focus on awareness raising sessions/ training of health workers and actors, risk communication, Infection prevention and control at all levels. Establishment of operational SDB teams in key location (trained teams with adequate supervision, activation and mobilisation mechanisms and materials).

Planning hypothesis: One to five cases detected (in a health facility) with about 30 cases to be traced and one to four dead bodies to be managed (health staff included). Epidemic localized to a community.

Worst Scenario 3 : Groups of cases are detected in rural / urban communities with reports of unexplained deaths or deaths due to haemorrhagic syndrome

Preparedness: Establishment of a multi-sectoral Ebola crisis committee and its thematic commissions with an activation and coordination mechanism including all local actors operating on the ground and supporting Ebola preparedness actions; Strengthening surveillance at the level of health facilities, entry points and at the community level ; Set up an early detection system (primary and secondary screening), swap/ packaging and transport of samples; Establishment of an isolation mechanism; Pre-positioning of a secure transport device of cases, case care mechanism; Focus on Risk Communication and Training of Health Workers, IPC, Effective National Coordination including at decentralized levels. Establishment of operational SDB teams in key locations (trained teams with adequate supervision, activation and mobilisation mechanisms and materials).

Planning hypothesis: A dozen cases reported and detected, possibly in a wider area, with about 50-100 contacts to trace. About three to nine deaths to manage.

Operation Risk Assessment

In the event of a confirmed outbreak in Burundi, this DREF preparedness operation would need to be revised in order to ensure that the NS is properly resourced and supported to cope with larger scale operational prevention, control and response activities which may lead to the launching of an Emergency Appeal and the deployment of technical surge support to be able to respond to the outbreak.

In case there is an outbreak, it is important to note that if the National Society staff and volunteers are not properly prepared and protected, this could lead to huge consequences if one of the staff members and volunteers are incidentally infected with the virus, as some of them are engaged in the high-risk activities of SDB and IPC. This risk will be mitigated through proper training on SDB by RC experts and experienced RDRT who would be deployed to support the operation in case Ebola reaches Burundi. In addition, the IFRC volunteer insurance scheme (or alternative) would be provided to ensure coverage to volunteers in case of work-related accidents. Burundi Red Cross doesn't have skilled persons on PSS activities; as such, an external personnel resource would be very appreciated. Although BRCS had trained a number of volunteers on CEA through the long-term CEA strengthening project, it will be good to conduct a refresher to emphasize specificities linked to risk communication and community engagement related to Ebola.

B. Operational Strategy

The proposed operation is aligned with the Regional EVD Strategic Plan and hence focuses on the below four key pillars:

1. Risk communication and community engagement
2. Infection, prevention and control (IPC), specifically SDB
3. Psychosocial support (PSS)
4. National Society capacity strengthening

The IFRC Regional Strategic Plan will complement EVD preparedness measures in terms of standard IEC materials, prepositioning of personal protective equipment (PPE) and their proper use. In addition, the regional strategy will promote standard training curriculum and materials to be used to country context.

Overall Operational objective:

To strengthen the existing BRCS EVD response structures and mechanisms, allowing timely and effective implementation of risk mitigation, detection and response measures in the event of suspected EVD cases in the five (5) provinces (Cibitoke, Bujumbura Rural, Bujumbura Mairie, Rumonge and Makamba) in Burundi.

The Preparedness DREF operation focuses on the following, which have already been implemented, to complement other actors' actions to date:

- Some 12 sessions were held to help understand community perceptions and beliefs in relation to Ebola;
- 420,000 were reached with community based epidemic prevention and control activities
- Eighty-four (84) community volunteers have so far been trained on how they can engage with communities (CEA) around Ebola;
- As at now, volunteers have received training/refreshers on SOPs on the use of PPE (nose cones and gloves), WASH (at PoEs: bladders and handwashing facilities) and Safe and Dignified Burials (SDB);
- Contributed to designing key messages and approaches on EVD together with MoH, which address what people think and feel;
- Engaged and worked with community and opinion leaders, including religious leaders, traditional healers, women's groups, youth, etc, to promote social mobilization;
- Innovative approaches to social mobilization such as radio spots and mobile cinemas have also been adopted. Indeed, 54 radio spots and 16 mobile cinema sessions have so far been conducted;
- Some 20 trainers and 84 community educators have received training on psychosocial support;
- Two (02) simulation exercises on PSS related to EVD have been conducted, however, simulation of SDB activities is yet to be conducted;

Visibility materials for the volunteers including T shirts and face caps, as well as other basic NFIs such as megaphones and batteries for community mobilization have been procured.

Activities which still need to be conducted or that are ongoing include:

- Mass IEC training of staff and volunteers involved in the operation on social mobilization (SM) and CEA on basic EVD prevention and training workshops specifically targeting;
- Establish a feedback system for tracking, analysing and responding to community rumours – this is a big issue for Ebola and can impact the effectiveness of social mobilization these groups;
- Training and equipment of staff and volunteers on mobile data collection;
- Production of prevention posters, as well as procurement of SDB kits (plastic boots, gloves, sprayers (15 litres), chlorine, stretchers,-antiseptic soap, pickaxes, bibs), body bags, boots and other items as per the SOPs needed for SDB is yet to be completed:

Logistics and Procurement

Procurement: Local procurement will be carried out in accordance with the IFRC standard procurement procedures. Current procurement plans will include the sourcing of SDB kits, Body bags and PPE kits for training and preparedness activities. As these items will not be available locally, they shall be procured via LPSCM Africa Unit with support from Geneva Medical procurement team. These items will be prepositioned in Burundi ready to be deployed in the event of an outbreak:

- 5 x PPE kits / 3 x SDB kits / 2 x SDB starter Kits / 60 x body bags


For training purposes 3 x PPE kits and 1 x SDB kits will be used for volunteer trainings.

Warehousing: Warehousing plays a significant role in this operation. The National Society will use their national warehouse to store items in advance of training or response activities.

Security

To reduce the risk of RCRC personnel falling victim to crime or violence, active risk mitigation measures must be adopted. This includes situation monitoring and implementation of minimum-security standards. All RCRC personnel actively involved in the operations must have completed the respective IFRC security e-learning courses (i.e. Stay Safe Personal Security, Security Management, or Volunteer Security).

C. Detailed Operational Plan

 <p>Health People targeted: 166,588 people Male: 66,635 Female: 99,953 Requirements (CHF): 92,686</p>		
Outcome 1.1: The immediate risks to the health of affected populations are reduced		
Indicators:	Target	Actual
# of people reached with community-based epidemic prevention and control activities (Target: 166,588)	166,588	420,000
Output 1.2: Epidemic prevention and control measures are carried out.		
Indicators:	Target	Actual
# of volunteers trained in SDB and contact tracing (Target: 56)	56	56
# of volunteers trained on risk communication, social mobilization and community engagement (Target: 84)	84	84
# of flyers distributed (Target: 3,000)	3,000	0

# of district branches supported in the planning and implementation of EVD prevention activities (Target: 11 branches)	11	0
# of contact tracing and community surveillance teams set up (Target: 11)	11	0
Progress towards outcomes		
<p>Training of Trainers (ToT) on SDB and burial protocols on going: The SDB TOT training started on 4 December 2018 in Bubanza, with 20 participants (17 males and 3 females) from the provinces of Cibitoke, Bujumbura rural, Makamba, Bubanza and the national headquarters. After the training the 20 will deliver trainings to volunteers in the targeted communities. The training was supported by a Health profile deployed as surge support to Burundi RC.</p> <p>Following the ToT training on SDB and burial protocols BRCS staff cascaded the training to the priority four (4) branches reaching 56 volunteers from Cibitoke, Bujumbura rural, Rumonge and Makamba. BRCS maintains oversight on the trained SDB volunteers to ensure they are available and ready to deploy. Four (4) SDB teams are currently trained but not fully equipped in Rugombo, Buganda, Mutimbuzi, Rumonge and Nyanza-Lac. Another team will be established at Bujumbura-Centre because of the risk of outbreak in the capital.</p> <p>Four BRCS staff were trained by UNICEF to manage the hotline number and handle calls related to EVD. The hotline handlers are well trained on the protocols of handling calls and updating the Coordinator of the Ebola Taskforce on all calls received.</p> <p>As member of the Ebola National Taskforce, Burundi Red Cross is attending all weekly meeting organised each Wednesday, also BRC has organised a meeting just to keep all partners informed about activities.</p> <p>Eighty (80) T-shirts and other visibility materials have been procured to be used by staff and volunteers in the response.</p> <p>Procurement of 2 starter kit, 5 personal protective equipment (PPE) kits, 3 SDB kits for use in the operation trainings and 50 body bags for prepositioning. The procured materials will however need to be replenished as some of the items in the kits were utilised in the training. Additional materials, which is requested through this Ops Update, will also be required to enable refresher trainings for the SDB teams.</p> <p>The NS with support from MoH is planning to establish community-based surveillance/active case-finding teams in at risk locations.</p> <p>The distribution of flyers and posters with Ebola messages to the targeted communities, is still outstanding as BRCS is waiting for the validation of the drafts by the MoH.</p>		
Challenges		
BRCS used SDB materials in trainings and are no longer in a position to implement any SDB activities in the event of an outbreak in Burundi. The NS has requested support to procure new materials and IFRC will support the NS with the needed equipment as well as further capacity strengthening to ensure proper use of SDB materials.		

Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population		
Indicators:	Target	Actual
# of volunteers trained on CEA (target: 84 volunteers)	84	84
% of 7 targeted communes have a team of 12 volunteers trained on CEA (target:100%)	100%	100
% of targeted population are reached by CEA activities especially door to door visit (target:80%)	80%	60
% of targeted provinces conduct 8 sessions of mobile cinema per month (Target:100%)	100%	80
# of radio shows done (Target: 2 shows per month)	6	54

Progress towards outcomes

Eighty-four (84) volunteers were trained in CEA, the focus of the training was on the Ebola Virus Disease, importance of social mobilization and community involvement in the response to EVD. 21 people (7 communal leaders, 7 BRC communal leaders, 7 communal community health leaders) were trained in rumour tracking and feedback mechanisms.

Fourteen (14) out of the 48 planned mobile cinema sessions have been conducted in January 2019. The implementation of awareness sessions using mobile cinemas are on-going and will be continued as long as the risk of an outbreak remains. The mobile cinemas messaging is all in Kirundi the local language.

The production of educational materials to be disseminated via radio shows has been completed and will start in February 2019.

BRCS is currently working on establishing a rumour and feedback tracking mechanism.

BRCS partnered with three radio stations (the National station and two communitarian radio stations) for dissemination of EVD related information. Each of the stations has so far broadcasted 18 spots, leading to a total of 54 spots broadcast.

Health Output 1.5: Psychosocial support provided to the target population**Indicators:**

of volunteers and staff trainers trained in psychosocial support (Target: 104; 20 ToT and 84 volunteers)

Target

Actual

104

90

Progress towards outcomes

A ToT for staff in psychosocial support (PSS) was done reaching 20 NS staff. The training was further provided to 70 BRCS community-based volunteers (48 women and 22 men).

BRCS is currently developing a PSS implementation plan which will be completed by February 2019. The implementation plan will also include multiplication of PSS communication tools and a refresher training to be done in March 2019.

S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and p**Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened****Indicators:**

reviews done on NS epidemic contingency/preparedness

Target

Actual

1

0

Progress towards outcomes

Activity still to be initiated.

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.**Indicators:**

of monitoring field monitoring trips conducted

Target

Actual

1

1

Progress towards outcomes

The IFRC deployed the Surge EVD Health delegate to assess the capacity of the NS as well as make recommendations on areas of improvement. The identified gaps which will be prioritized in the implementation of the preparedness activities include:

- Develop and validate SDB SOPs
- Establishment regular drills on SDB to ensure enhanced capacity of SDB teams
- Reconstitute the SDB kits following use of some of the materials in trainings
- Develop a longer-term preparedness plan beyond the DREF operation

- Enhanced coordination with other actors
- Strengthening the CEA, PSS and logistics capacity of the NS for EVD response

Outcome S2.1: Effective and coordinated international disaster response is ensured

Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained

Indicators:	Target	Actual
# of trainings supported by IFRC (Target: 2)	2	2

Progress towards outcomes

Surge capacity deployed to Burundi to support the NS implement preparedness capacity.

- SDB surge support deployed November – December 2018
- Health surge support deployed January – February 2019
- Surge EVD Health Delegate deployed to assess preparedness capacity of the NS, as well as recommending areas for improvement and further strengthening. This mission allowed to note gaps in the availability of emergency SDB kits for a potential outbreak, given that the ones previously procured had been utilized for trainings. The EVD health delegate recommended the procurement of the kits for which funding is being requested through this operations update. In addition, the health delegate recommended BRCS to secure official partnerships with public structures (ETC, CTC, health facilities) to establish temporary operational basis, to finalize SOPs in case of SDB alerts, ideally integrating logistics, finance and health amongst others, as well as work on the readiness of the national SDB team, including regular drills and simulation exercises.

D. BUDGET

This Operation Update is requesting for a supplementary 32,802 Swiss francs as third allocation. The total budget for the operation will thus amount to 138,160 Swiss francs.

Reference documents



Click here for:

- [Previous Appeals and updates](#)
- [Emergency Plan of Action \(EPoA\)](#)

For further information, specifically related to this operation please contact: In the Burundi Red Cross Society:

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- **IFRC Africa Regional Office for Logistics Unit:** RISHI Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries):

- **IFRC Africa Regional Office:** Fiona Gatere, PMER Coordinator, email: Fiona.gatere@ifrc.org, phone: +254 780 771 139

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

DREF OPERATION
BURUNDI: EBOLA PREPAREDNESS

15/02/2019

Budget Group	DREF Grant Budget
Water, Sanitation & Hygiene	1,800
Medical & First Aid	53,850
Teaching Materials	3,400
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	59,050
	-
Distribution & Monitoring	4,000
Transport & Vehicle Costs	4,950
Total LOGISTICS, TRANSPORT AND STORAGE	8,950
National Society Staff	18,492
Total PERSONNEL	18,492
Workshops & Training	32,906
Total WORKSHOP & TRAINING	32,906
Information & Public Relations	9,160
Communications	270
Financial Charges	900
Total GENERAL EXPENDITURES	10,330
Programme and Services Support Recovery	8,432
Total INDIRECT COSTS	8,432
TOTAL BUDGET	138,160