

©UNICEF Burundi/2019/Karel Prinsloo



20 October 2019

Burundi

Ebola Situation Report #3



Situation in Numbers

Highlights

- The risk of cross-border transmission of Ebola Virus Disease (EVD) from the Democratic Republic of the Congo (DRC) to Burundi remains high with 49 new cases of EVD reported in DRC between 23 September and 20 October.
- The EVD vaccination campaign for front-line workers was launched in August 2019. As of 13 October, 3,540 front-line workers have been vaccinated.
- A total of 620 teachers, school directors and members of school management committees (including 316 women) were trained on how to prevent EVD at the school level.
- A total of 100 handwashing stations and soap was distributed in 100 schools in priority districts where more than 45,000 schoolchildren learned about Ebola prevention and control and how to use the handwashing stations for hygiene.

4.8 million
of people living in priority 1 and 2 districts
(MoH 13 September 2019)

2,451,285
of incoming travelers screened at the 21 Points of Entry
(MoH 21 October 2019)

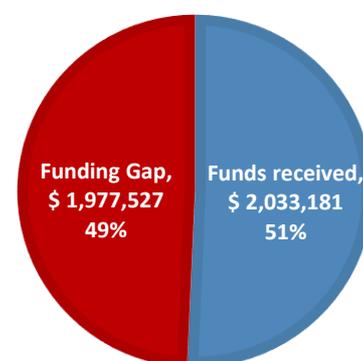
35
of alerts
(OCHA 15 October 2019)

3,540
of frontline workers immunized
(OCHA 15 October 2019)

UNICEF Actions with Partners

INDICATORS	Targets by December 31	Results to date
C4D: # of people reached with EVD related messaging through community engagement and interpersonal communication approaches in areas at risk of EVD	2,000,000	1,328,284
C4D: # of people trained to sensitize the community on EVD prevention and control	1,500	712
WASH: # of staff in health facilities trained on IPC/WASH in areas at risk of EVD	300	247
WASH: # of public spaces provided with essential WASH services	500	200
CHILD PROTECTION: # of partners' staff trained on psychosocial support and child protection services	200	82
CHILD PROTECTION: # of children sensitized on EVD	50,000	27,320
EDUCATION: # of teachers trained with EVD prevention information in schools in areas at risk of EVD	2,000	30
HEALTH: # of people for whom emergency interagency emergency health kits (IEHKs) are pre-positioned	45,000	30,300
NUTRITION: # of nutrition stakeholders oriented in Nutrition in Emergency (NiE), including EVD	200	32

UNICEF Burundi Ebola Response Funding Requirements 2019



Main gaps remain in IPC/WASH at health facilities level and RCCE in priority health districts (including schools).

Situation Overview

With the ongoing Ebola outbreak in the eastern part of the Democratic Republic of the Congo (DRC), neighbouring countries (including Burundi) are at high risk of cross-border transmission. From 23 September to 20 October, 49 new confirmed cases of Ebola virus disease (EVD) cases were reported with 43 deaths¹. During the reporting period, no cases of EVD were reported in South Kivu (less than 300 kilometres from Burundi).

Humanitarian Leadership and Coordination

Government preparedness

The National Ebola Taskforce (NTF) coordinates EVD preparedness. The NTF was set up under the leadership of the Ministry of Health (MoH) in collaboration with relevant government departments, WHO and other UN agencies (UNICEF, IOM, UNHCR, WFP and OCHA), donors (World Bank, USAID and DFID) and NGOs (ICRC and MSF-OCB). The NTF is meant to hold weekly meetings; however, the last meeting was held on 11 September 2019. In May 2019, thematic groups were established and re-structured in line with the six EVD pillars: surveillance, case management, laboratory, IPC/WASH, communication and community engagement and logistics. In June 2019, the NTF revised the National Plan through the development of a comprehensive costed plan for each pillar for preparedness activities until 31 December 2019.

Since May 2018, the national taskforce for EVD has mobilized US\$ 11.9 million to implement the preparedness plan, which represents 56 per cent of the revised planned budget (US\$ 21.5 million in total). New commitments from World Bank, DFID and USAID are being finalized.

Partner support for EVD preparedness

UN agencies (including UNICEF) operate within the government coordination and response structures. WHO and OCHA are the technical secretariat of weekly strategic EVD coordination meetings at the national level, which include participation of UN agencies, donors and NGOs. The weekly meeting is chaired by the UN Resident Coordinator. UN EVD technical meetings are also conducted on a weekly basis. Ad-hoc meetings and working sessions with UN agencies and NGOs are also convened by WHO as needed.

UNICEF actively participates in these meetings and provides technical support to the NTF and several sub-committees, including IPC/WASH, Case Management, Logistics and Risk Communication and Community Engagement (RCCE), the latter as a co-lead. Other existing UNICEF-led coordination groups such as the WASH, Child Protection and Education sectors have included preparedness as a standing item in all meetings.

UNICEF Preparedness Strategy

UNICEF Burundi's preparedness strategy is aligned with the National EVD Response and Preparedness Plan. Based on UNICEF's comparative advantage, UNICEF Burundi supports the national preparedness efforts, as well as the efforts in the 21 priority districts in the following areas:

- **Coordination:** Support for strengthening existing coordination mechanisms in collaboration with national authorities and WHO in order to ensure that the humanitarian response is timely, coordinated and complies with humanitarian principles and agreed-upon standards and benchmarks. As co-lead of the Health sector with WHO, UNICEF provides technical and financial support to the NTF in coordinating EVD preparedness and response.
- **RCCE** with the aim of promoting protective practices to prevent EVD transmission and promote timely care seeking; to reduce anxiety by communicating technically-correct messages to targeted populations; and to mobilise communities to identify and quickly report potential cases. UNICEF co-chairs the RCCE sub-committee and will continue to provide support to i) generating evidence, including through the Knowledge, Attitudes and Practices (KAP) surveys and anthropological reviews/studies; ii) developing and implementing risk communication and social mobilisation plans to ensure engagement through interpersonal communication (door-to-door) and mass awareness communication (mobile cinemas, communication caravans, mass media such as radio and TV spots and SMS); with key influencers (community leaders, cultural and religious leaders, health providers including traditional healers and teachers) and community networks (Burundi Red Cross volunteers, para-social workers, fishermen, etc.); iii) supporting the MoH in developing communication plans for preparedness and response. RCCE strategies are also planned for implementation at the school level. UNICEF will support the MoH and partners to revise the RCCE strategy to ensure a stronger community engagement component. This conceptual focus on social mobilization and community engagement aims to reinforce the community-based surveillance.

¹ WHO DRC EVD External Situation Reports 61, 62 and 63 dates of issue: 1, 8 and 15 October 2019.

- **Infection prevention and control (IPC) through WASH** with the aim of preventing EVD transmission in points of entry from the DRC and priority 1 countries, health facilities, institutions (including schools) and communities. UNICEF will continue to distribute essential WASH supplies (such as chlorine, handwashing stations, etc.), train health workers and WASH resource persons on IPC, contribute to construction and/or rehabilitation of water supply and sanitation facilities in points of entry and health facilities and enhance and promote hand washing practices in public spaces through integration of WASH and risk communication activities.
- **Support for infant and young child feeding (IYCF)** in the context of EVD, including updating national guidelines and protocols, developing implementation tools and building the capacity of frontline health workers and implementing partners in high-risk districts to provide lifesaving nutrition services for infants and young children affected by Ebola.
- **Child protection, including psychosocial support** for children affected by EVD, is still not considered a pillar of the National EVD Contingency Plan. UNICEF advocates for the review of the plan in order to include this activity and will develop a minimum response package together with sectoral protection groups held at national level. Training of implementing partners on psychosocial support and individual child protection services in case of EVD have started.

Summary Update of Programme Preparedness Activities

Risk Communication, Social Mobilization and Community Engagement (RCCE)

UNICEF-led RCCE interventions have reached over 1.3 million people since January 2019. UNICEF is supporting the MoH to operationalise community engagement activities in the 21 at-risk health districts. The RCCE subcommittee has been revitalised and is now holding two regular biweekly meetings. Through a partnership with the Burundi Red Cross, UNICEF has supported the training of 2,003 traditional healers, religious leaders and journalists, 646 community leaders and 1,095 teachers to conduct EVD awareness among their communities. In addition, and collaboratively with the surveillance pillar, community surveillance committees are being set up to cover the priority one and two districts. UNICEF is collaborating with IOM to train facilitators, community mobilizers at points of entry and hotline operators on risk communication, and community engagement to boost the delivery of relevant EVD prevention messages to mobile audiences using appropriate approaches. In the coming months, UNICEF will support the MoH to strengthen evidence generation to improve preparedness efforts through a KAP survey as well as an anthropological study to understand the unique social cultural contexts. Results will inform the development and further refinement of the RCCE preparedness strategy.

Infection Prevention and Control/WASH

As of October, UNICEF has supported a campaign on EVD awareness and appropriate hygiene practices in 16 out of 21 points of entry and in neighbouring communities. With UNICEF support, door-to-door awareness campaigns were conducted by community health workers and reached 504,030 people. UNICEF has so far supported the training of 390 community leaders, 150 health staff from 50 health centres in priority one districts, and 150 teachers from 50 schools in priority one districts on IPC and WASH and the training of 97 health centre hygienists on chlorine solution preparation. With UNICEF support, 30 local communities in priority one districts developed EVD prevention and response plans. During the month of October, UNICEF supported its partner AIDE to distribute 100 handwashing stations and soap in 100 schools in priority districts where about 45,088 school children (22,950 girls and 22,138 boys) learned about Ebola prevention and control and actively use the handwashing station for hygiene. With the MoH, 100 handwashing stations have also been distributed in public places to raise the awareness of the population on handwashing practices in public places.

In collaboration with the MoH, 150 health centres in priority one and two districts were identified to benefit from the distribution of handwashing stations and chlorine. These activities are being carried out by UNICEF partner's AIDE and the Department of Hygiene of the MoH.

In October, UNICEF also signed a contract for the construction of three blocks of latrines at points of entry in Makamba, Kayanza and Muyinga. The IPC/WASH minimum package of services in health facilities, jointly developed by WHO and UNICEF, has been validated technically by the MoH and is now used for fundraising purposes.

Psychosocial Support, Including Child Protection

Since January 2019, social workers trained by UNICEF have reached 27,320 children (10,890 girls and 16,430 boys) with EVD prevention awareness messages in four out of the six priority one districts (Bujumbura Nord, Bujumbura Centre, Cibitoke and Isale). Through a partnership with the Platform of Actors involved in Mental Health and Psychosocial Support (PPSM), UNICEF is reviewing the mapping of other childcare centres, including orphanages, to be included in EVD preparedness activities in priority one and two districts, to ensure that more centres are available for EVD response. During the reporting period, 40 organizations have been identified in five of the six priority one districts with the capacity

to provide psychosocial support services to more than 6,000 children. Mapping is underway in the Isale health district and will continue in the priority two districts. The second phase will begin in early November and will involve strengthening the capacities of these organizations to provide quality psychosocial support and EVD messages to children. The Child Protection Section supported education stakeholders to train teachers by delivering a module on psychosocial support and psychological first aid in the context of EVD.

UNICEF Funding

UNICEF Burundi has mobilized US\$ 2 million, including US\$ 620,000 from DFID, US\$ 150,000 from the German NatCom, US\$ 200,000 from the Republic of Korea (through the global thematic fund for emergencies), US\$ 340,000 from the US Fund, US\$ 600,000 from CERF and US\$ 200,000 from the Regional Office as part of the Global Thematic Humanitarian Response. The Country Office has updated its preparedness plan and concept note for resource mobilization to address emerging needs and gaps identified during implementation, as well as to align with the revised national contingency plan. UNICEF Burundi still has a funding gap of US\$ 1.9 million for Ebola preparedness efforts.

Estimated Funding Requirements for Ebola Response (September 2018 - December 2019)				
Pillars	UNICEF Expertise	Requirements	Funds received	Funding Gap
Coordination	Cross sectoral technical assistance	\$122,000	\$30,000	\$92,000
Case management/IPC/WASH	WASH/IPC	\$1,776,932	\$933,079	\$843,853
	Support to case management	\$435,000	\$139,561	\$295,439
	Infant and young child feeding (Nutrition)	\$65,000	\$75,000	\$0,000
Risk communication and community engagement	Communication for development (including at school)	\$1,461,776	\$814,863	\$646,913
	Psychosocial support and child protection	\$150,000	\$90,678	\$59,322
Total		\$4,010,708	\$2,083,181	\$1,927,527

Next SitRep: 20 November 2019

**Who to
contact for
further
information:**

Jeremy Hopkins
Representative
Burundi
Tel: +257 22202010
Email: jhopkins@unicef.org

Marjan Montazemi
Deputy Representative
Burundi
Tel: +257 22202020
Email: mmontazemi@unicef.org

Audrey Lecomte
Emergency Specialist
Burundi
Tel: +257 22202013
Email: alecomte@unicef.org