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Emergency Plan of Action (EPoA) Burundi: Ebola Preparedness

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRBI015 / PBI027	Glide n° XX
DREF; Date of issue: 03 October 2018	Expected timeframe: 03 months
Operation start date: 02 October 2018	Expected end date: 02 January 2019
Category allocated to the of the disaster or crisis: Yellow	
DREF allocated: 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 exposed: 834,588 people are exposed to EVD in 5 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	

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. Latest numbers as of 29 September are as seen below:

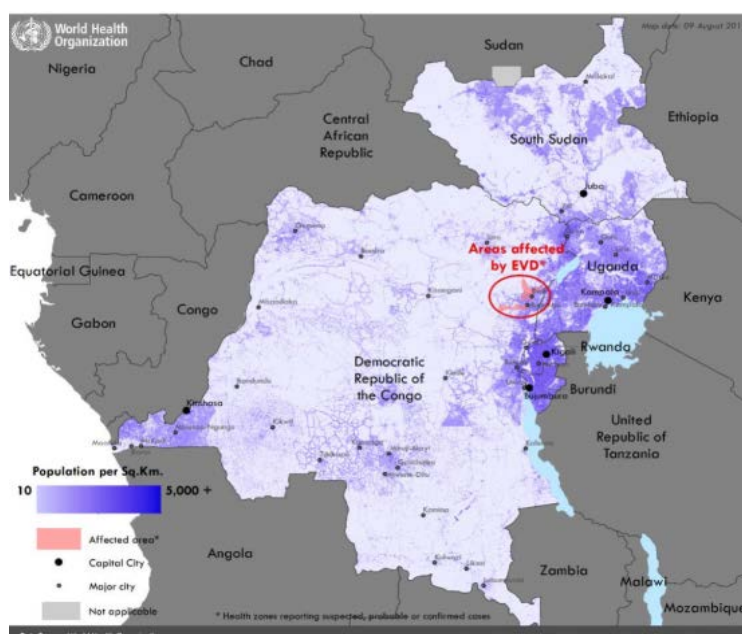
Total cases: 159

- Confirmed cases: 127
- Probable cases: 32

Deaths: 104

- Confirmed: 72
- Probable: 32

The provinces have been experiencing intense insecurity and a worsening humanitarian crisis with over one million internally displaced people (IDPs) and a continuous efflux of refugees to neighbouring countries, including Uganda, Burundi and Tanzania. Population mobility, including cross-border



Map showing affected areas of the 10th EVD outbreak in DRC and proximity to Burundi ©WHO

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 RC/RC National Societies 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 and the Burundi Red Cross has reached out to the IFRC for support to develop its Ebola preparedness and prevention strategy. BRCS requested for DREF support late as the government was yet to finalize the National Ebola Contingency Plan which outlined the roles and areas in which BRCS was mandated. The plan was finally approved in September, after which BRCS could request support from the DREF.

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
CIBITOKÉ	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 is contributing 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 will also install 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 will enhance the quality of the proposed DREF operation, as the scope of the operation will mainly focus on community engagement and social mobilization.

The NS will engage and deploy 224 volunteers at provincial and communal level and 40 ToT as supervisors and team leaders (20 SDB and 20 PSS) in the four at risk Provinces which are Cibitoke, Bujumbura, Rumonge and Makamba and which will be targeted by the EVD preparedness activities. The implementation will also be 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.

The National Society also has emergency stocks available which contains soap, jerry cans, Aqua tabs, tarpaulins and family tents used for temporary shelter. 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 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
	Ntangwa
	Mukaza
	Muhuta
Rumonge	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, with large compensation costs if one of the staff 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. n. 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 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 will focus on the following to complement other actors' actions to date:

- Mass training for IEC to staff and volunteers involved in the operation on social mobilization (SM) and CEA on basic EVD prevention and training workshops specifically targeting these groups
- Understanding community perceptions and beliefs in relation to Ebola
- Training for community volunteers on how they can engage with communities (CEA) around Ebola
- Training on SOPs on the use of PPE, WASH and Safe and Dignified Burials (SDB)
- Establishing key messages and approaches on EVD, such as addressing what people think and feel now if social mobilization is to work and be accepted by communities
- Engage and work closely with community and opinion leaders, including religious leaders, traditional healers, women's groups, youth, etc.
- 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
- Use of innovative approaches to social mobilization, using radio shows and mobile cinemas
- Training of trainers and community educators training on psychosocial support
- Simulation exercises on EVD activities especially on SDB as well as PSS
- Training and equipment of staff and volunteers on mobile data collection
- Procurement of visibility materials for the volunteers, production of prevention posters, SDB kits, body bags, boots and other items as per the SOPs needed for SDB
- Other basic NFIs such as megaphones, batteries, plastic boots, gloves, sprayers (15 litres), chlorine, stretchers, antiseptic soap, pickaxes, bibs, etc.

The procurement of personal protective equipment will be done with the support of IFRC logistics office in Nairobi as well as the skilled persons for training of BRCS staff and volunteers.

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



Health

People targeted: 166,588 people

Male: 66,635

Female: 99,953

Requirements (CHF): 81,404

- **Needs analysis:** For two years, BRCS has been a co-leader of dead body management committee in the National Platforms for risk prevention and disaster management. According to the recently updated national contingency plan, BRCS is responsible for SDB activities. That said, Burundi has never experienced an EVD outbreak, thus, it will need technical support for volunteers and staff training on SDB. Training of trainers and community educators training on psychosocial support is also required along with simulation exercises on EVD activities on SDB and PSS. Risk communication and community engagement on key Ebola messages, community perceptions and community feedback are also important in the social mobilization activities.

The main activities to be implemented will be focussed on:

- Request a technical support in SDB as well as in PSS for training for two weeks
- Staff and volunteers training on SDB, PSS, CEA
- Establishing operational team for SDB (trained team with supervision, alert and mobilisation system, materials, reporting) Implementation of CEA activities (mobile cinema, radio show), rumour and feedback tracking mechanisms
- Procurement of NFIs such as SDB kits and other materials for SDB as well as to support RCCE activities
- Conduct simulation exercises on SDB
- Establish community-based surveillance/active case-finding teams in affected and surrounding villages (if affected persons) – this activity could be integrated to RCCE activities at community level

Population to be assisted: At national level, 20 trainers (5 persons per province) will be trained by the external skilled person on SDB. At local level, two teams of 8 volunteers per commune which means 56 volunteers will be trained by the trainers on SDB. These trained volunteers will regularly do the simulation exercises on SDB process. In addition, 84 volunteers will be trained on CEA. 20 volunteers will be trained as ToT on PSS and 84 volunteers will also be trained on PSS at commune level..

Programme standards/benchmarks: The activities under this section will follow strictly WHO regulations and standards for preventing and controlling the spread of Ebola virus.

P&B Output Code	Health Outcome 1: The immediate risks to the health of affected populations are reduced	# of people reached with community-based epidemic prevention and control activities (Target: 166,588)
	Health Output 1.2: Epidemic prevention and control measures are carried out.	- # of volunteers trained in SDB and contact tracing (Target: 56)

		<ul style="list-style-type: none"> - # of volunteers trained on risk communication, social mobilization and community engagement (Target: 84) - # of flyers distributed (Target: 3,000) - # of district branches supported in the planning and implementation of EVD prevention activities (Target: 11 branches) - # of contact tracing and community surveillance teams set up (Target: 11) 															
Activities planned Week		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Training of Trainers (ToT) on SDB and burial protocols	█	█														
AP021	Training of staff and volunteers on SDB and burial protocols			█													
AP021	Distribute flyers and posters with Ebola messages to the communities in 3 weeks.		█	█	█	█											
AP021	Provide support to the Branch in the planning and implementation of EVD prevention activities	█	█	█	█	█	█	█	█	█	█	█	█				
AP021	Carry out community-based surveillance and contact tracing (if affected persons) using mobile phone for data collection	█	█	█	█	█	█	█	█	█	█	█	█				
AP021	Establish community-based surveillance/active case-finding teams in affected and surrounding villages (if affected persons)	█	█	█	█	█	█	█	█	█	█	█	█				
AP021	Participate in coordination meetings	█	█	█	█	█	█	█	█	█	█	█	█				
AP021	Procurement of visibility material for staff and volunteers (T shirt, jacket)		█	█													
AP021	Procurement of 1 starter kit, 10 personal protective equipment (PPE) kits, 10 SDB kits for use in the operation trainings and 50 body bags for prepositioning		█	█													

P&B Output Code	Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population	<ul style="list-style-type: none"> - # of volunteers trained on CEA (target: 84 volunteers)
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D. Budget

The overall budget for this operation is CHF 87,679 as detailed in below budget.

BURUNDI: EBOLA PREPAREDNESS

Budget Group	DREF Grant Budget
Water, Sanitation & Hygiene	1,800
Medical & First Aid	23,050
Teaching Materials	3,400
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	28,250
	-
Distribution & Monitoring	2,000
Transport & Vehicle Costs	4,950
Total LOGISTICS, TRANSPORT AND STORAGE	6,950
National Society Staff	3,892
Total PERSONNEL	3,892
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	5,351
Total INDIRECT COSTS	5,351
TOTAL BUDGET	87,679



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