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Emergency Plan of Action Operation Update

Ukraine: Measles Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation n° MDRUA009 EPoA Operation Update n° 1	GLIDE n° EP-2019-000017-UKR
Date of issue: 9 July 2019	Timeframe covered by this update: 4 March 2019 - 31 May 2019 (13 weeks)
Operation start date: 4 March 2019	Operation timeframe: 6 months in total (with a 2-month extension) Operation end date: 4 September 2019
Overall operation budget: CHF 109,054	
N° of people being assisted: 189,000 people from the measles risk groups to be reached via the informational campaigns (initial target: 90,000)	
Red Cross Red Crescent Movement partners currently actively involved in the operation: URCS is working in close cooperation with and supported by the International Federation of Red Cross and Red Crescent Societies (IFRC) in this operation. There are six Partner National Societies, namely German RC, Finnish RC, Austrian RC, Danish RC, Luxemburg RC and French RC that have permanent presence in Ukraine and are informed on the measles.	
Other partner organizations actively involved in the operation: Ministry of Health (MoH), Public Health Centre (PHC), World Health Organisation (WHO), UNICEF	

Summary of major revisions made to emergency plan of action:

The DREF operation is being extended from 4 to 6 months operational timeframe, and the coverage is being extended by the URCS from 5 to 8 regions. The covered regions are: Ivano-Frankivsk, Vynnytsya, Ternopil, Odesa, Chernivtsy, now extended with *Kyiv city, Kyiv and Kharkiv*.

With the planned revision, the URCS will be able to reach twice as many people in the risk groups. The previously planned target was 90,000, whereas the new target estimate involves 189,000 people.

The revision will not require additional funding, as significant savings occurred during the implementation. Savings in vaccination, insurance of volunteers and RDRT deployment budget lines, together with the informational campaign savings are reallocated to cover additional regions, to increase budget for transportation and to bring onboard a fulltime project coordinator who will oversee the timely integration of the three additional regions in the project and ensure proper coordination between and reporting in the 8 covered regions.

The number of volunteers trained and mobilized to provide support in the immunization activities will be increased from 100 to 200, and the number of leaflets printed and distributed in five regions will be increased from 50,000 to 160,000.

An operation review has been also included in the revised budget to reflect the learnings into similar health emergency operations in the future.

A. SITUATION ANALYSIS

Description of the disaster

The measles outbreak in Ukraine has significantly worsened in 2018, as Ukraine reported more measles cases than all EU countries in the same year.¹ Large-scale outbreak response measures have been undertaken since the start of

¹ Ukraine accounted for more than 54,000 measles cases out of the 83,000 cases reported in the European Region by the World Health Organization in 2018 – WHO, 2019.

the outbreak in 2017 to curb further spread of the disease and restore high routine immunization coverage, however, in 2018 the amount of the confirmed cases has increased tenfold. In 2018, an average weekly increase of 11.2 per cent brought the total number of measles cases to 54,481 (20,204 adults and 34,277 children), with 16 deaths. Since the beginning of 2019 and as of the end of May, already 52,034 cases were registered (24,534 adults and 27,500 children), and despite positive trends since the start of the year in majority of the regions, 2019 will reach the record number of measles cases recorded for the country.

Table 1. Timeline of the recorded measles cases per month per region from January 2019 to June 2019

Region	January			February			March			April			May		
	Total	Adults	Children	Total	Adults	Children	Total	Adults	Children	Total	Adults	Children	Total	Adults	Children
Vinnitsya	1383	588	795	956	426	530	532	241	291	553	259	294	265	117	148
Volyn	661	307	354	534	245	289	301	115	186	245	96	149	170	58	112
Dnipro	127	59	68	101	47	54	306	196	110	398	282	116	299	159	140
Donetsk	181	96	85	164	96	68	211	132	79	222	171	51	195	134	61
Zhytomyr	473	202	271	379	161	218	246	171	75	321	169	152	207	110	97
Zakarpattia	761	237	524	383	164	219	291	109	182	304	126	178	261	122	139
Zaporizhia	86	59	27	208	157	51	252	185	67	137	106	31	122	92	30
Ivano-Frankivsk	936	258	678	548	206	342	261	-59	320	287	51	236	105	22	83
Kyivska	762	402	360	909	521	388	681	406	275	793	459	334	553	289	264
Kirovograd	61	41	20	67	41	26	94	60	34	130	87	43	87	41	46
Lugansk	38	21	17	21	17	4	13	10	3	23	17	6	41	23	18
L'viv	2651	908	1743	1370	427	943	699	183	516	608	182	426	393	100	293
Mykolaiv	196	132	64	259	171	88	302	233	69	272	198	74	113	70	43
Odesa	394	159	235	290	122	168	324	194	130	306	162	144	248	105	143
Poltava	59	47	12	76	67	9	141	96	45	34	31	3	59	34	25
Rivne	1389	457	932	910	351	559	414	132	282	651	162	489	363	94	269
Sumy	45	30	15	36	24	12	59	53	6	86	62	24	19	16	3
Ternopil	879	354	525	503	183	320	739	135	604	910	270	640	502	164	338
Kharkiv	394	237	157	638	470	168	421	256	165	1338	972	366	1222	852	370
Kherson	68	48	20	51	38	13	87	65	22	140	104	36	217	141	76
Khmelnitsk	1058	583	475	949	490	459	771	382	389	769	387	382	522	189	333
Cherkasy	213	98	115	171	79	92	111	109	2	115	90	25	53	41	12
Chernivtsi	960	347	613	668	178	490	208	103	105	318	111	207	135	42	93
Chernigiv	116	64	52	152	89	63	102	97	5	131	87	44	95	48	47
Kyiv	1204	630	574	1106	663	443	892	485	407	1054	594	460	641	350	291
Ukraine	15095	6364	8731	11449	5433	6016	8458	4089	4369	10145	5235	4910	6887	3413	3474

*Data source: Public Health Centre (PHC) of Ukraine

Despite the efforts of the national Measles Task Force (involving the Ministry of Health (MoH), key stakeholders and partners such as WHO, UNDP and the UNICEF) since 2017 to vaccinate every eligible child with the measles-mumps-rubella vaccine (MMR) as they reach the appropriate vaccination age according to the national routine immunization schedule, the vaccination rate for 2018 decreased.

Multiple sources indicate a combination of possible reasons for low vaccination rates and the spread of the virus, such as: low immunization rates in rural settlements due to high transportation costs; low vaccination awareness; high number of people in risk groups (HIV, TB, Chernobyl victims, etc.) with weakened immune system. Also, vaccine refusal becomes increasingly common in Ukraine, with parents correlating vaccination with potential health consequences for their children or have distrust in the quality of vaccines.

Summary of current response

Overview of Host National Society

As it was initially projected, with its nation-wide presence and well-coordinated network of volunteers, Emergency Response Teams (ERTs) and trained First Aid volunteers, the Ukrainian Red Cross Society was able to mobilize immediately and respond to the needs in the targeted regions. Since the start of the emergency operation in early March 2019, significant coordination efforts were undertaken with national and local health authorities in the five selected regions of Ivano-Frankivsk, Ternopil, Odesa, Vinnitsya, Chernivtsy. Coordination with key stakeholders in the nationwide action, such as UNICEF, WHO and MoH was also established. The URCS received verbal and written appreciation and/or requests for assistance from local authorities that appreciated the importance of the vaccination information campaigns.

Figure 1. Number of measles cases recorded in 2019 per covered by the response regions per month

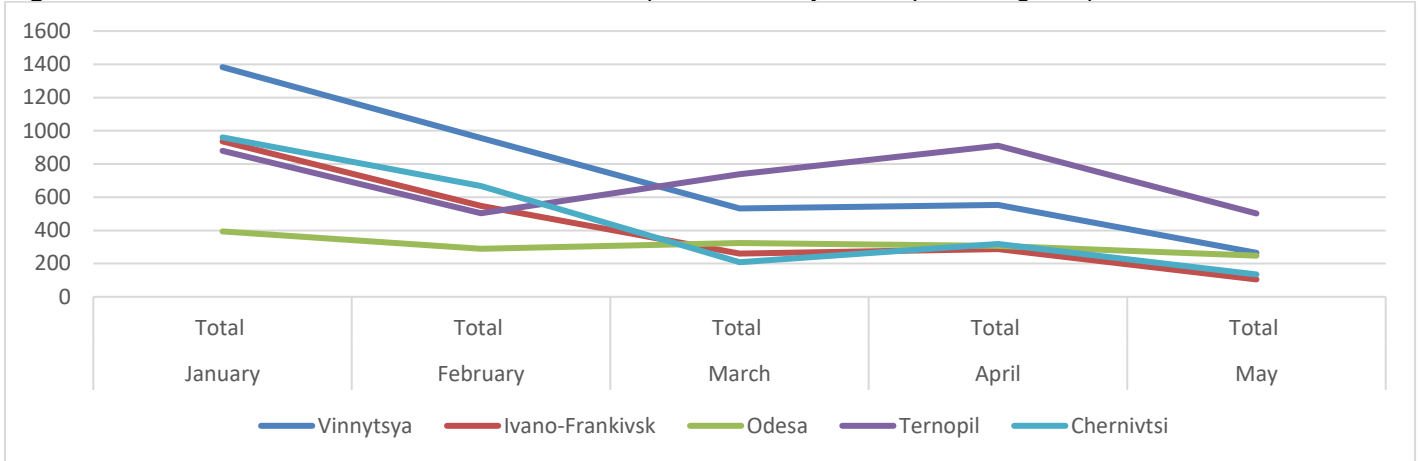


Figure 2. Number of measles cases recorded in 2019 per month, per the newly added regions (previously not covered)

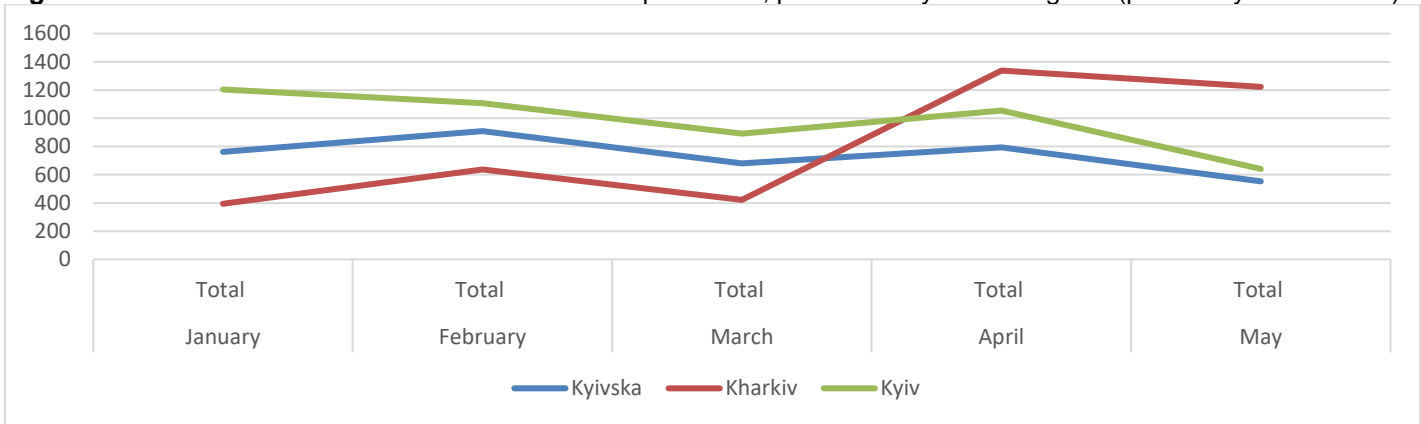


Image 1. Examples of the printing design developed with UNICEF, WHO, MoH and URCS that is being used during the informational campaigns and outreach of volunteers.

ВАКЦИНАЦІЯ КПК В УКРАЇНІ

0 немає щеплення

1 щеплення

2 щеплення

Дитина має імунітет проти кору, паротиту та краснухи!

Кір убиває. Вакцинація захищає

Спадкові кору мають циклічний характер і відбуваються кожні 2-3 роки. Більша частина світових – мільяри людей не мають спадкової імунітету до цих вірусів. Проте захворювання можна запобігти. Єдиний надійний метод профілактики – вакцинація.

Кір має серйозні ускладнення

Захворювання може призвести до пневмонії, уражень інфекції, запалення мозку – енцефаліту, інших серйозних ускладнень, а також до інвалідності та смерті.

2 дози вакцини захищають від кору

Якщо з календарем, у 12 місяців проводиться перша щеплення від кору, а в 6 років – планова ревакцинація, 92% дітей захищені від кору.

Коллективний імунітет потрібен усім

Вірус не знають кордонів. Одним вищомірним показником є середня щільність охоплення вакцинацією не менше за 95%, хвороба не буде поширюватися. Складовими вакцинаційою формує колективний імунітет.

Про що треба повідомити лікаря, коли ви прийдете на щеплення:

- чи була реакція з дитиною у разі коли щеплення;
- чи є ознаки того, що дитина хворіє;
- чи має дитина якісь інші захворювання;
- чи є у дитини будь-які інші захворювання;
- чи є ознаки того, що дитина хворіє;
- чи є ознаки того, що дитина хворіє;
- чи є ознаки того, що дитина хворіє;

Після щеплення: ваш ді

Після кожного щеплення необхідно залишатися під наглядом медичного персоналу, щоб вчасно виявити будь-які ознаки алергічної реакції на вакцину.

Реакції на вакцину – це нормально

Якщо у дитини після щеплення з'являються ознаки реакції, це означає, що імунітет розвивається. Найбільш поширені реакції – це набуття температури тіла, набуття набуття температури тіла, набуття набуття температури тіла.

Обов'язково зверніться до лікаря, якщо:

- у дитини висока температура;
- дитина не їсть, не п'є, не ходить;
- дитина не спить, не грає, не ходить;
- у дитини набуття температури тіла;
- у дитини набуття температури тіла;
- у дитини набуття температури тіла;

Пам'ятайте! Рішення щодо вакцинації, вищомірним показником є середня щільність охоплення вакцинацією не менше за 95%.

Міф: «Якщо вакцинувати дитину, це означає, що вона хворіє»

Правда: Вакцинація захищає дитину від захворювання.

Міф: «Вакцинація захищає дитину від захворювання»

Правда: Вакцинація захищає дитину від захворювання.

Міф: «Вакцинація захищає дитину від захворювання»

Правда: Вакцинація захищає дитину від захворювання.

Як захистити дитину від кору

В Україні спалах кору. У 2019 році у різних регіонах України вважалося 42 000 людей захворіли на кір. Унаслідок хвороби померли 15 людей, серед них 6 – діти.

Сьогоднішня ситуація – це велика кількість людей, не захищених проти кору.

Загалом з початку 2017 року на кір захворіли більше 100 000 людей, померли 36.

ДІЗНАЙТЕСЯ БІЛЬШЕ ПРО ВАКЦИНАЦІЮ: mo.gov.ua/immunization

USAID **Ministry of Health** **UNICEF**

Image 2. Photo collage with the examples of the awareness outreach activities done by the URCS volunteers in the regions



Overview of Red Cross Red Crescent Movement in country

The IFRC Country Office in Ukraine is facilitating tailored technical support to the URCS and advocating for the mobilisation of international support to programmes and operations led by the NS. The IFRC is supporting the NS in implementing Livelihood and PSS projects in the eastern regions of Ukraine. Organisational and Branch development is one of the priority areas where the IFRC Office is working closely with the URCS to strengthen capacities and ensure longer-term financial sustainability of the institution. The IFRC Country Office consists of the Head of Country Office, Programme and OD Coordinator, PMER Officer, Finance Manager, Admin Assistant and a Driver.

IFRC Country Office is working closely with RC/RC Movement partners in the country within the Strengthening Movement Coordination and Cooperation (SMCC) framework providing support to URCS in responding to the measles outbreak in Ukraine. Danish RC has already expressed its interest to support the efforts of URCS depending on needs and request from the NS. Hungarian RC, supported by the Hungarian Health authorities, handed over 20,000 MMR vaccines to Transcarpathia health authorities through the URCS Transcarpathian Regional Branch on 22 February 2019.

Ukraine has been selected as one of the five test countries within the SMCC process. Through this approach, the Red Cross / Red Crescent Movement is aiming to make the best use of available resources – funding, people and experience. The goals continue to be supporting well-structured coordination, reinforcing the spirit of coordination and togetherness, and increasing effectiveness and efficiency within the Movement.

Together with the Ukrainian Red Cross and in consultation with ICRC and other partners and actors, key gaps in the humanitarian response have been identified in the areas of livelihoods and healthcare. ICRC is not involved in responding to the measles outbreak.

Overview of non-RCRC actors in country

In September 2017, WHO supported the Ministry of Health to develop an Outbreak Response Plan and the plan was endorsed by the Measles Task Force as well. The key activity conducted under the response plan since September is a supplementary immunization with measles-mumps-rubella vaccine among unvaccinated or under-vaccinated children

from 2008-2015 birth cohorts. In mid-2018, vaccination was extended to all cohorts of children up to 18 years old as well as adults from high risk groups such as medical workers, military, and people attending educational institutions. Despite all these supplementary immunization efforts and the high vaccine coverage rate by routine vaccination in 2017, 2018 and 2019 outbreak has not been stopped.

To improve access to immunization services and ensure no one is left behind, WHO continues to support Ukraine in its implementation of a multiyear planning and budgeting for vaccines and supplies under routine immunization and supplementary immunization activities. UNICEF also is working closely with the Ministry of Health on capacity development, awareness raising activities and vaccines procurement.

Over the two years, with support from WHO, the Ministry of Health has:

- established a national Measles Task Force and response plan to urgently address the outbreak;
- developed a comprehensive immunization programme strategy, including a long-term plan to ensure high-quality, safe vaccines are available for every eligible child;
- in Lviv, which is one of the regions with the highest number of cases, the Ministry of Health jointly with WHO-USAID-US CDC-UNICEF has implemented an outreach vaccination of school children in the region. Preparation for this activity started in mid-December 2018 and implementation has ended on 15 March 2019. Results of the outreach vaccination of schoolchildren in Lviv' oblast will be used to plan similar activities in other districts, starting Q2 2019.

Needs analysis and scenario planning

Needs analysis

From mid-February 2019, a needs assessment was carried out in the most affected regions by URCS regional branches in coordination with the URCS HQ. The assessment surveyed the needs of the regional health facilities, the available informational campaigns, and the capacity of the regional and district/local branches to carry out an emergency response. Additional coordination was done with the IFRC Country Office to enquire detailed technical information on the potential activities that can be utilized to restrain the outbreak and the potentially declared epidemic.

In the initial five regions selected for the response (Ternopil, Chernivtsi and Ivano Frankivsk, Odesa and Vynnytsia), regional URCS organizations carried out a number of meetings with the Public Health Centres, Departments of Health Protection of the State Regional Administrations and regional branches of the Ministry of Health, prior to agreeing on the best possible and unified approach to respond to the outbreak.

In May 2019, following multiple meetings with the national health authorities, WHO and UNICEF, it was suggested that the URCS will include Kyiv city and Kyiv region in its response, given the high numbers of people affected by measles.

Kyiv city is the second most affected region in the country, and unlike Lviv region (most affected region in 2018 and thus far in 2019) that had significant decrease in the cases recorded (from 2,600 in January to 600 in April), Kyiv city did not experience any major changes in the numbers of measles cases recorded, and continues to have on average 1,000 cases registered per month. Kyiv has been added to regions of the operation because authorities have decided to vaccinate the whole population of the city.

Kyiv region, the same as Kyiv city, didn't have any significant improvements since the outbreak worsening in 2019. Kyiv region is recording, on average, 800 measles cases per month in 2019, and apart from Kharkiv region, Kyiv city and regions already covered by the DREF, had the highest number of measles cases in both April and May.

Close observation of the statistics in coordination between the URCS regional branches and HQ has also showed that Kharkiv region's recent spike in the measles outbreak should be reacted on immediately.

Kharkiv region has the highest trends in terms monthly percentage increase in the number of measles cases recorded in 2019. Kharkiv is the only region that has an increase of 1,000 cases per month comparing May 2019 with January 2019.

Table 2. 15 most affected regions in 2019, with active and additional regions in the operation

Region	Total	Adults	Children
Lviv	5,721	1,800	3,921
Kyiv	4,897	2,722	2,175
Khmelnysk	4,069	2,031	2,038
Kharkiv	4,013	2,787	1,226
Rivne	3,727	1,196	2,531
Kyivska	3,698	2,077	1,621
Vinnytsya	3,689	1,631	2,058
Ternopil	3,533	1,106	2,427
Chernivtsi	2,289	781	1,508

Ivano-Frankivsk	2,137	478	1,659
Zakarpattia	2,000	758	1,242
Volyn	1,911	821	1,090
Zhytomyr	1,626	813	813
Odesa	1,562	742	820
Dnipro	1,231	743	488

*Lviv has significant improvement in tackling the measles outbreak (large number of pilot initiatives, ex: WHO-USAID-US CDC-UNICEF)

- Additional regions covered from June (3 months)
- Currently covered by the response regions (6 months)

Identified and prioritized needs

Immediate needs: The most immediate need is to ensure access to vaccination and to raise awareness of the prevention of measles through the active involvement of local communities in this process.

Intermediate needs: To support the population and health facilities through support to communities, NS branches and volunteers with protective materials, fuel and necessary equipment.

Targeting

The targeting is based on requests of local authorities and structures to assist in their response to the measles outbreak. Vaccination awareness informational campaigns are targeting nursing homes, maternity hospitals and primary educational facilities.

The targeted group is the measles risk group - children from 0 to 6 years, people with weakened immune system and unvaccinated people of all ages. The risk group in the whole of Ukraine is estimated to be 5 million people, and in the selected regions, the risk group is estimated to be 2 million people, 13 per cent of the population (the 8 selected regions have a total population of 15.5 million).

189,000 estimated number of people to be covered from the risk groups equals 9 per cent out of the total number of the people in the risk groups in the selected 8 regions.

Operation Risk Assessment

The project's success will also be dependent on no significant changes in the following variables:

1. Absence of large to catastrophic disaster/emergency in the country.
2. Absence of major political unrest and possibilities of the armed conflict escalation in the eastern part of the country.
3. Continuation of cooperation and support from the government and local authorities.

B. OPERATIONAL STRATEGY

Implemented strategy

Overall operational objective

The overall objective of the operation is to reduce the impact of the current measles outbreaks on the most vulnerable risk groups with the aim of reducing morbidity and mortality in coordination with the government health structures.

This operation is targeting to reach a total of 189,000 people from the risk group through public awareness campaigns.

Specific objectives

- To contribute to the vaccination of at least 95 per cent of all children aged from 1 to 6 years against measles and rubella with the aim of reducing morbidity and mortality rates in Ukraine.
- To contribute to social mobilization of community members in the eight most affected regions in Ukraine through deployment of trained volunteers and staff.
- To ensure that at least 95 per cent of the targeted population is informed of the importance of being vaccinated against measles and rubella, through raising awareness campaigns in the five most affected regions in Ukraine
- To strengthen NS capacity for epidemic control and response.


Proposed strategy

This DREF allocation aims to deliver humanitarian assistance to risk groups communities of the measles outbreak under through the following approaches:

- Support the MoH efforts and local health centres in awareness raising through mobilization of volunteers, as auxiliary to the government efforts to achieve the vaccination targeted levels.
- Enhancing public education by actively disseminating timely and related information to ensure positive changes of behaviour towards early referral.
- Ensure Community based approach to Health-related interventions. Use the current capacity of the URCS CBHFA pilot project in the training of volunteers in CBHFA tools. Training materials are available and translated into Russian language.

The IFRC CEA Delegate paid a visit to Ukraine to strengthen the CBHFA training package for volunteers responding to the measles. IFRC ROE Health and care as well as Disaster Management units are closely monitoring the situation to ensure technical capacities of the project management and to support preparedness.

C. DETAILED OPERATIONAL PLAN

 <p style="text-align: center;">Health People reached so far: 20,500</p>									
Health Outcome AOF4.01: Vulnerable people's health and dignity are improved through increased access to appropriate health services.									
Health Output 4.1.5: Increased involvement of Red Cross Red Crescent volunteers in immunization activities particularly in under immunized populations									
Indicators:							Target	Actual	
# of volunteers trained and mobilized to provide support in the immunization activities							200	105	
# of regions are supported with CBHFA expertise and trainings							8	5	
% staff and volunteers covered with PPE during the response							100	100	
# of people in the risk groups reached through the informational campaign							189,000 ²	20,500	
Progress towards outcomes									
Table 3. Breakdown of achievements under Output 4.1.5 in the five initially covered regions in the first three months of implementation against set targets									
Indicators	Ternopil	Odesa	Ivano-Frankivsk	Vinnitsia	Chernivtsi	Total	Initial Target	Revised Target	
# of volunteers trained and mobilized to provide support in the immunization activities	10	55	10	19	11	105	100	200	
# of regions are supported with CBHFA expertise and trainings (Yes - 1/No - 0)	1	0	1	1	0	3	5	8	
% staff and volunteers covered with PPE during the response	100	100	100	100	100	100	100	100	
# of people in the risk groups reached through the informational campaign	4,000	7,000	4,000	5,000	500	20,500	90,000	189,000	
# of media platforms used for sharing information with community:	Facebook, print media, TV/Radio	Facebook, print media, TV/Radio	Facebook, print media, TV/Radio	Facebook, print media, TV/Radio	print media, TV/Radio	3	3	3	

² The initial target was 90,000.

Table 4. Breakdown of the informational campaign reach recorded by volunteers in the five initially covered regions, in the first three months of implementation against set targets

	# of volunteers trained	# of districts covered	# of people reached via info campaign	# of hospitals visited	# of schools visited	# of kindergartens visited	# of public informational campaigns	# of publications (radio, TV appearances)	# of leaflets distributed	Main reasons for current positive Measles trend in the region
Odessa	55	25	7,000	15	20	12	4	1	2,000	Higher public awareness of the consequences of non-vaccination.
Ternopil	10	16	4,000	0	32	0	3	2	1,000	
Ivano-Frankivsk	10	10	4000	6	6	3	2	1	800	
Chernivtsy	11	11	500	0	4	0	8	1	0	
Vynnytsia	19	24	5000	2	20	0	12	1	1,300	

Health Output 4.1.3: Communities are supported by NS to effectively detect and respond to infectious disease outbreaks

Indicators:	Target	Actual
# of leaflets printed and distributed in five regions:	160,000 ³	Distributed: 5,100 Printed: 100,000
# of volunteers trained and mobilized for community mobilization campaign:	200	105

Progress towards outcomes

Table 5. Breakdown of achievements under Output 4.1.3 in the five initially covered regions, in the first three months of implementation against set targets

Indicators	Ternopil	Odesa	Ivano-Frankivsk	Vynnytsia	Chernivtsi	Total	Initial Target	Revised Target
# of leaflets printed and distributed in five regions:	1,000	2,000	800	1,300	0	Distributed: 5,100 Printed: 100,000	50,000	160,000
# of volunteers trained and mobilized for community mobilization campaign	10	55	10	19	11	105	100	200

Strengthen National Society

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 perform

Output S1.1.4: National Societies have effective and motivated volunteers who are protected

Indicators:	Target	Actual
# of volunteers insured	200 ⁴	100
% of volunteer work minimum standards are met	100	100

Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened

# of lessons learned workshop	1	
# of operation review exercise	1	

Progress towards outcomes

³ The initial target was 50,000.

⁴ The initial target was 100.

Table 6. Breakdown of the achievements under Output S1.1.4 recorded by in the measles outbreak responding regions for 3 months of the implementation against the set targets

Indicators	Ternopil	Odesa	Ivano-Frankivsk	Vinnitsia	Chernivtsi	Total	Initial Target	Revised Target
# of volunteers insured	100	100	100	100	100	100	100	200
% of volunteer work minimum standards are met	100	100	100	100	100	100	100	100

International Disaster 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 regions covered by the RDRT ⁵	5	0
# of support visits by regional DM and Health	4	2

Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved

Indicators:	Target	Actual
# of media platforms used for sharing information with community:	3	3

Progress towards outcomes

Table 7. Breakdown of the achievements under Output S2.1.3 in the five initially covered regions, in the first three months of implementation against set targets

Indicators	Ternopil	Odesa	Ivano-Frankivsk	Vinnitsia	Chernivtsi	Total	Initial Target	Revised Target
# of media platforms used for sharing information with community:	Facebook, print media, TV/Radio	Facebook, print media, TV/Radio	Facebook, print media, TV/Radio	Facebook, print media, TV/Radio	print media, TV/Radio	3	3	3

D. BUDGET

The budget for this DREF operation is CHF 109,054. Please see the [revised budget](#) and the [interim financial report](#) attached for details.

The revision will not require additional budget, as significant savings were occurred during the implementation, particularly in the development of the informational materials - with the help of WHO, UNICEF and MoH of Ukraine that have shared their informational materials and designs for utilization under the emergency operation led by the URCS. There are minor reallocations in the budget given the clearer vision of the needs after the three months of the implementation. For instance, savings produced under the vaccination and insurance of the volunteers (vast majority was already covered) and RDRT deployment budget lines, together with the informational campaign savings are reallocated to cover additional regions, to increase costs of the transportation and to bring onboard fulltime project coordinator.

⁵ RDRT support activities and indicators are to:
of support visits by regional DM and Health Delegates – Target 4

Contact Information

For further information, specifically related to this operation please contact:

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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 (NGOs) 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.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives.
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.

DREF OPERATION
MDRUA009

09-Jul-19

Ukraine: Measles

Budget Group		Multilateral Response	Appeal Budget CHF
500	Shelter - Relief	0	0
501	Shelter - Transitional	0	0
502	Construction - Housing	0	0
503	Construction - Facilities	0	0
505	Construction - Materials	0	0
510	Clothing & Textiles	0	0
520	Food	0	0
523	Seeds & Plants	0	0
530	Water, Sanitation & Hygiene	0	0
540	Medical & First Aid	5,672	5,672
550	Teaching Materials	9,400	9,400
560	Utensils & Tools	0	0
570	Other Supplies & Services	0	0
571	Emergency Response Units	0	0
578	Cash Disbursements	0	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES		15,072	15,072
580	Land & Buildings	0	0
581	Vehicles	0	0
582	Computer & Telecom Equipment	4,960	4,960
584	Office/Household Furniture & Equipment	0	0
587	Medical Equipment	0	0
589	Other Machinery & Equipment	0	0
Total LAND, VEHICLES AND EQUIPMENT		4,960	4,960
590	Storage, Warehousing	0	0
592	Distribution & Monitoring	0	0
593	Transport & Vehicle Costs	23,660	23,660
594	Logistics Services	0	0
Total LOGISTICS, TRANSPORT AND STORAGE		23,660	23,660
600	International Staff	0	0
640	Regionally Deployed staff	0	0
661	National Staff	0	0
662	National Society Staff	21,570	21,570
667	Volunteers	90	90
669	Other Staff Benefits	0	0
Total PERSONNEL		21,660	21,660
670	Consultants	0	0
750	Professional Fees	0	0
Total CONSULTANTS & PROFESSIONAL FEES		0	0
680	Workshops & Training	9,000	9,000
Total WORKSHOP & TRAINING		9,000	9,000
700	Travel	9,000	9,000

710	Information & Public Relations	15,339	15,339
730	Office Costs	2,331	2,331
740	Communications	1,376	1,376
760	Financial Charges	0	0
790	Other General Expenses	0	0
799	Shared Office and Services Costs	0	0
Total GENERAL EXPENDITURES		28,046	28,046
		0	0
830	Partner National Societies	0	0
831	Other Partners (NGOs, UN, other)	0	0
Total TRANSFER TO PARTNERS		0	0
599	Programme and Services Support Recovery	6,656	6,656
Total INDIRECT COSTS		6,656	6,656
TOTAL BUDGET		109,054	109,054
Available Resources			
	Multilateral Contributions		0
	Bilateral Contributions		0
TOTAL AVAILABLE RESOURCES		0	0
NET EMERGENCY APPEAL NEEDS		109,054	109,054

DREF Operation

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/3-2019/5	Operation	MDRUA009
Budget Timeframe	2019/3-2019/7	Budget	APPROVED

Prepared on 19/Juin/2019

All figures are in Swiss Francs (CHF)

MDRUA009 - Ukraine - Measles Outbreak

Operating Timeframe: 03 mars 2019 to 03 juil. 2019

I. Summary

Opening Balance	0
Funds & Other Income	109 054
DREF Allocations	109 054
Expenditure	-46 829
Closing Balance	62 225

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	58 757	26 369	32 388
AOF5 - Water, sanitation and hygiene			0
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	58 757	26 369	32 388
SF11 - Strengthen National Societies	38 156	19 889	18 267
SF12 - Effective international disaster management	12 141	571	11 570
SF13 - Influence others as leading strategic partners			0
SF14 - Ensure a strong IFRC			0
Strategy for implementation Total	50 297	20 460	29 837
Grand Total	109 054	46 829	62 225

DREF Operation

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/3-2019/5	Operation	MDRUA009
Budget Timeframe	2019/3-2019/7	Budget	APPROVED

Prepared on 19/Juin/2019

All figures are in Swiss Francs (CHF)

MDRUA009 - Ukraine - Measles Outbreak

Operating Timeframe: 03 mars 2019 to 03 juil. 2019

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	57 096	6 445	50 651
Medical & First Aid	6 523	2 638	3 885
Teaching Materials	50 573	3 807	46 766
Land, vehicles & equipment	2 374	2 945	-572
Computers & Telecom	2 374	2 945	-572
Logistics, Transport & Storage	9 328	4 534	4 794
Distribution & Monitoring		194	-194
Transport & Vehicles Costs	9 328	4 340	4 988
Personnel	18 900	4 999	13 901
International Staff	10 000		10 000
National Society Staff	8 600	4 957	3 643
Volunteers	300	42	258
Workshops & Training	3 500	1 400	2 100
Workshops & Training	3 500	1 400	2 100
General Expenditure	11 201	5 281	5 919
Travel	3 800	767	3 033
Information & Public Relations	5 173	4 200	973
Office Costs	1 367	828	539
Communications	860	3	857
Financial Charges		-516	516
Operational Provisions		18 365	-18 365
Operational Provisions		18 365	-18 365
Indirect Costs	6 656	2 858	3 798
Programme & Services Support Recover	6 656	2 858	3 798
Grand Total	109 054	46 829	62 225