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# Emergency Plan of Action Final Report

## Ukraine: Measles outbreak

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF operation n° MDRUA009</b> <b>Final Report</b>	<b>Glide number:</b> <a href="#">EP-2019-000017-UKR</a>
<b>Date of issue:</b> 20 December 2019	
<b>Operation start date:</b> 4 March 2019	<b>Operation end date:</b> 4 September 2019
<b>Host National Society:</b> Ukrainian Red Cross	<b>Operation budget:</b> CHF 109,054
<b>Number of people affected:</b> For 2019, prior the DREF operation 21,000 people affected. Estimated Risk Group 5,000,000 in Ukraine, Estimated Risk Group in the covered regions 2,000,000	<b>Number of people assisted:</b> 185,946
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> URCS was working in close cooperation with and supported by the International Federation of Red Cross and Red Crescent Societies (IFRC) in this operation. For 2020 there are discussions with PNSs on potentially funding vaccination awareness projects in Ukraine	
<b>Other partner organizations actively involved in the operation:</b> Ministry of Health (MoH), Public Health Centre (PHC), World Health Organisation (WHO), UNICEF	

## 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.<sup>1</sup> Large-scale outbreak response measures have been undertaken since the start of 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, prior the DREF launch, more than 21,000 cases (7 deaths) have been registered which is an absolute record for the country and 300 per cent increase from 2018's January and February months.

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, identified as the main factor of the low immunization, vaccine refusal become increasingly common in Ukraine, with parents correlating vaccination with potential health consequences for their children or have distrust in the quality of vaccines.

Throughout the DREF response that has lasted for six months (March – September 2019), measles outbreak statistics differed. The recorded numbers of measles cases of winter 2019 have decreased in spring and summer 2019, however, occasional monthly or weekly spikes of the caseload were recorded. Despite the mentioned, the overall trend, showed gradual decrease of the cases.

<sup>1</sup> 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.

Below is the table that provides quarterly statistics of the measles outbreak in Ukraine for 2019.

**Table 1.** Timeline of the recorded measles cases per region and per quarter of 2019

Region	Q1			Q2			Q3		
	Total	Adults	Children	Total	Adults	Children	Total	Adults	Children
Vinnitsya	2871	1255	1616	956	441	515	201	91	110
Volyn	1496	667	829	561	212	349	122	52	70
Dnipro	534	302	232	826	508	318	176	91	85
Donetsk	556	324	232	465	342	123	98	82	16
Zhytomyr	1098	534	564	649	325	324	88	67	21
Zakarpattia	1435	510	925	731	303	428	166	43	123
Zaporizhia	546	401	145	283	214	69	37	29	8
Ivano-Frankivsk	1745	405	1340	498	96	402	86	25	61
Kyiv region	2352	1329	1023	1627	879	748	169	118	51
Kirovograd	222	142	80	235	144	91	17	10	7
Lugansk	72	48	24	66	42	24	25	25	0
L'viv	4720	1518	3202	1256	367	889	98	31	67
Mykolaiv	757	536	221	421	294	127	44	35	9
Odesa	1008	475	533	688	320	368	182	95	87
Poltava	276	210	66	118	78	40	18	13	5
Rivne	2713	940	1773	1169	302	867	150	51	99
Sumy	140	107	33	109	83	26	3	3	0
Ternopil	2121	672	1449	1662	508	1154	104	33	71
Kharkiv	1453	963	490	2931	2062	869	137	99	38
Kherson	206	151	55	415	289	126	126	93	33
Khmelnysk	2778	1455	1323	1510	660	850	178	85	93
Cherkasy	495	286	209	218	166	52	31	22	9
Chernivtsi	1836	628	1208	639	203	436	155	53	102
Chernigiv	370	250	120	269	161	108	21	8	13
Kyiv city	3202	1778	1424	1996	1099	897	380	270	110
<b>Ukraine</b>	<b>35002</b>	<b>15886</b>	<b>19116</b>	<b>20298</b>	<b>10098</b>	<b>10200</b>	<b>2812</b>	<b>1524</b>	<b>1288</b>

**Table 2.** Timeline of the recorded measles cases per DREF covered region and per quarter of 2019

Region	Q1			Q2			Q3		
	Total	Adults	Children	Total	Adults	Children	Total	Adults	Children
Vinnitsya	2871	1255	1616	956	441	515	201	91	110
Ivano-Frankivsk	1745	405	1340	498	96	402	86	25	61
Odesa	1008	475	533	688	320	368	182	95	87
Ternopil	2121	672	1449	1662	508	1154	104	33	71
Chernivtsi	495	286	209	218	166	52	31	22	9
Kyiv region	2352	1329	1023	1627	879	748	169	118	51
Kharkiv	1453	963	490	2931	2062	869	137	99	38
Kyiv city	3202	1778	1424	1996	1099	897	380	270	110
<b>Total DREF regions</b>	<b>15247</b>	<b>7163</b>	<b>8084</b>	<b>10576</b>	<b>5571</b>	<b>5005</b>	<b>1290</b>	<b>753</b>	<b>537</b>

As seen in the Table 1 and 2 above, the number of recorded measles cases has been steadily decreasing in comparison to the numbers recorded in the beginning of the emergency response. Apart from the positive trend of the decreased measles cases recorded, measles-mumps-rubella vaccination rates have increased by around 3 per cent in comparison to the statistics of 2018.

## Summary of response

### Overview of Host National Society

The URCS is the member of the State Emergency Commission and has been closely monitoring the ongoing measles outbreak in 2018 and beyond. In addition, the URCS was in a constant discussion with the offices of Public Health Centres and the Ministries of Health to better understand the situation to identify the needs and gaps. As of February 2019, the URCS made a decision to intervene and support the Government of Ukraine to contain the measles outbreak, resulting in DREF application submission in the end of February.

Having the nation-wide presence and well-coordinated network of volunteers, ERTs and trained First Aid volunteers, the Ukrainian Red Cross Society was immediately mobilized to respond to the needs in the targeted regions via the vaccination awareness campaign. Initially selected regions of Ivano-Frankivsk, Ternopil, Odesa, Vinnytsia, Chernivtsy carried out response scoping in their respective regions, and the informational awareness campaign was identified as one of the key priorities for the response.

Through the DREF revision in June that occurred given suggestions from the government of Ukraine, UNICEF and WHO the emergency intervention was expanded to Kyiv city, Kyiv and Kharkiv regions (more details on the revision in the below sections).

**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.

Volunteers outreach activities to raise the awareness on the importance of vaccination and measles risks were carried out in **385 different urban and rural settlements** in the selected eight regions. Overall, **1,260 public informational campaigns** have been conducted by volunteers in the 8 regions, plus volunteers have engaged in awareness sessions and discussions on importance of the MMR vaccination in **346 kindergartens, 884 schools, 129 colleges/universities, 624 hospitals**. Overall, URCS with the help of the DREF has reached **185,946 individuals with the awareness raising in the regions**.

Both on regional and national level, there has been **60 TV and radio appearances**, explaining various related to the measles outbreak information, i.e. vaccine availability, importance of vaccination, vaccination schedules.



**Image 2.** Photo collage with the examples of the MMR vaccination information awareness activities done by the URCS



**Image 3.** Photo collage with the examples of the MMR vaccination information awareness activities done by the URCS



Besides the concentration of the response on the volunteer-led awareness campaign, on the national level the URCS has established good relations with UNICEF and WHO which advocated to include the URCS into the MoH-led Measles Task Force.

**DREF Review findings**

An Operational Review exercise took place that looked to establish to what extent the DREF operation was relevant, and identified key lessons learnt to further strengthen the preparedness to respond to similar future emergencies in the country, as well as long term programming. Consultants visited four regions of the measles emergency response and met with key staff in the URCS HQ and stakeholders from the established Measles Task Force.

It was noted that coordination with local authorities, including MoH was perceived as very effective and valuable by all health system partners encountered on both regional and national levels. Local branches have good cooperation with local health authorities. There is a high level of trust of the target population group and general, thus URCS involvement in vaccination promotion is very valuable.

Vaccination awareness has started to be integrated into different URCS activities (e.g. PSS, First Aid) and there is a strong belief that the campaign can and will continue after the end of the DREF.

Through the DREF Review it was suggested to strengthen identification and targeting of vulnerable groups (i.e. religious groups, Roma, remote locations) and consider customizing information material for specific target groups.; and also to

involve target groups in the development of the materials. A need of a national level DREF coordinator was voiced. Few gaps were also identified in training methodologies for volunteers and necessary recommendations were provided.

### **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, PMER Officer, Finance Manager, Admin Assistant and a Driver.

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.

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 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.

### **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.

### **Needs analysis and scenario planning**

From mid-February 2019, a needs assessment covering all of the country was carried out by URCS regional branches in the most affected regions 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 intervention (Ternopil, Chernivtsi and Ivano Frankivsk, Odesa and Vynnytsia) after the assessment, the respective URCS regional 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 three regions which were added through the DREF revision process, regional branches (Kyiv city, Kyiv, Kharkiv) also started consultations and scoping prior the intervention.

## Identified and prioritized needs

Immediate needs: The most immediate need was 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 was based on requests of local authorities and structures to assist in their response to the measles outbreak. Vaccination awareness informational campaigns were targeting nursing homes, maternity hospitals and primary and secondary educational facilities. Besides the mentioned, URCS public awareness campaigns and community events participation with the IEC materials was also prioritized.

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).

## Operation Risk Assessment

The project's success was 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 was to reduce the impact of the current measles outbreak on the most vulnerable risk groups with the aim of reducing morbidity and mortality in coordination with the government health structures.

This operation was targeting to reach a total of **189,000 people from the risk group** through vaccination 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

The DREF allocation aimed to deliver humanitarian assistance to the identified risk groups through:

- Support provided to 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
- Enhanced public education by actively disseminating timely and related information to ensure positive changes of behaviour towards early referral
- Ensured Community based approach to Health-related interventions, using the capacity of the URCS CBHFA pilot project in the CBHFA trained volunteers

### Addressing operational needs

The URCS, throughout the response, was in constant consultations with national and local authorities, as well as WHO and UNICEF, to ensure well sound coordination and complementarity of the vaccination awareness activities in the country. Given the support from WHO and UNICEF, initial budget for the design of the informational campaign materials was used to accommodate DREF Review. National level DREF staff for the last two months of the response and additional CBHFA trainings for volunteers in the added regions.

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 and a little to no improvement planned vaccination rate. Furthermore, Kharkiv region was also added in the DREF

revision, which, at that time, had the highest trends in terms monthly percentage increase in the number of measles cases recorded in 2019.

Via the DREF review, the national level measles awareness campaign was improved and redesigned. The improvements included:


- social media posting schedule
- constant infographics production with together with the IFRC
- paid Facebook posts (increased and targeted reach)

Reporting system was gradually established from the regions to the headquarters, and methods to calculate indicators for the response was frequently communicated.

IFRC Country Office was provided updates on the implementation on bi-weekly bases throughout the active phase of the response. IFRC Country Office staff have visited 7 out of 8 regions for the purposes project and/or financial compliance monitoring.

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 were 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;"><b>Health</b> People reached: 185,946</p>									
<b>Health Outcome AOF4.01: Vulnerable people’s health and dignity are improved through increased access to appropriate health services.</b>									
<b>Health Output 4.1.5: Increased involvement of Red Cross Red Crescent volunteers in immunization activities particularly in under immunized populations</b>									
<b>Indicators:</b>		<b>Target</b>			<b>Actual</b>				
# of volunteers trained and mobilized to provide support in the immunization activities		200			211				
# of regions are supported with CBHFA expertise and trainings		8			8				
% staff and volunteers covered with PPE during the response		100			100				
# of people in the risk groups reached through the informational campaign		189,000			185,946				
<b>Narrative description of achievements</b>									
<p>More volunteers were mobilized than initially planned, given the community interest to the topic, the response has also led for community members to seek opportunities to assist URCS in the awareness campaign and become URCS volunteer. All volunteers were provided with protective equipment that was immediately procured at the start of the response.</p> <p>Number of people reached via the awareness campaign is 2 per cent lower than initially planned.</p>									
<b>Table 3. Breakdown of achievements under Output 4.1.5 in the eight covered regions in the first three months of implementation against set targets</b>									
Indicators	Kharkiv	Vinnytsia	Ternopil	Odesa	Kyiv region	Ivano - Frankivsk	Chernivtsi	Kyiv city	Total
# of volunteers trained and mobilized to provide support in the immunization activities	25	25	20	40	21	25	25	50	<b>211</b>
% staff and volunteers covered with PPE during the response	100	100	100	100	100	100	100	100	<b>100</b>



# of people in the risk groups reached through the informational campaign	21,200	17,340	10,000	27,000	29,000	39,950	11,300	30,156	185,946
# 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	Facebook, print media, TV/Radio	Facebook, print media, TV/Radio	Facebook, print media, TV/Radio	print media, TV/Radio	3

**Table 4.** Breakdown of the informational campaign reach recorded by volunteers in the eight covered regions

	# of volunteers trained	# of districts covered	# of people reached via info campaign	# of hospitals visited	# of schools visited	# of kindergartens visited	# of publications (radio, TV appearances)	# of leaflets distributed
Kharkiv	25	24	21,200	8	49	28	1	20,000
Vinnitsia	19	64	17,340	9	53	15	5	15,000
Ternopil	10	104	10,000	9	86	21	9	5,300
Odesa	36	79	27,000	49	18	23	0	24,300
Kyiv region	16	7	29,000	2	5	5	1	27,000
Ivano - Frankivsk	10	27	39,950	439	396	114	9	30,385
Chernivtsi	21	69	11,300	51	9	37	4	10,000
Kyiv city	12	11	30,156	57	268	103	31	32,000

**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	Printed: 200,000 Distributed: 163,985
# of volunteers trained and mobilized for community mobilization campaign:	200	231

**Narrative description of achievements**

Given the significant savings in the printing budget and reduces price for the wholesale multiple copies ordered, the URCS has printed 200,000 copies of leaflets over the 160,000 budgeted. The remaining copies after the DREF response will be further used for the measles awareness activities that also will be integrated into First Aid and PSS activities.

**Table 5.** Breakdown of achievements under Output 4.1.3 in eight covered regions

Indicators	Kharkiv	Vinnitsia	Ternopil	Odesa	Kyiv region	Ivano - Frankivsk	Chernivtsi	Kyiv city	Total	Target
# of leaflets printed and distributed in five regions:	20,000	15,000	5,300	24,300	27,000	30,385	10,000	32,000	Distributed: 163,985 Printed: 200,000	160,000
# of volunteers trained and mobilized for community mobilization campaign	25	25	20	40	21	25	25	50	231	200



## Challenges

Absence of a fulltime project staff at national level, posed certain level of coordination issues, as DM department responsible for the operation found itself in a limited capacity. Moreover, assigned DREF Coordinator from URCS has resigned halfway through the response. As a mitigation, national level project manager and finance controller were hired.

CBHFA based measles awareness trainings did not occur in all of the regions (4 out of 8 regions have benefited from the trainings). As the result, not all volunteers were provided the same quality of the preparation prior the response. As it was recorded by the DREF review, it seemed that there was no standard approach to what to and how to communicate with the communities among the regional branches and all standards were based on MoH and PHC recommendations.

## Lessons Learned

### Action Points Recorded in Lessons Learnt session and DREF Review

- Vast majority of the set targets have been achieved
- Counted on numbers of volunteers in the regions was mobilized and all branches in the response were able to perform multiple activities
- URCS capacity to respond to emergencies has increased
- Skype kick-off meeting with local branches is needed in order to discuss all the aspects of the DREF jointly
- Given the URCS financial system, it is needed that there is a dedicated finance controller in the response
- Weekly skype meetings with branches for reporting and planning should be set up
- Online storage to be used (drop box, google drive, etc.) between regions for reporting and file sharing, etc.
- Develop emergency financial standard operating procedures for URCS
- Food and pocket money for volunteers was not budgeted, which became an issue during long travels for the outreach activities
- Develop standardized volunteer training module for measles (preferable for overall immunization). Evaluate and develop from present trainings (that are based on CBHFA communication tools and the measles pamphlet).
- Include Q&A for difficult to answer questions. Check training content with health communications expert. Note that social mobilization for measles campaign tools are available and could be adapted to a Ukrainian context.

## 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	100	100
% of volunteer work minimum standards are met	100	90

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

Indicators:	Target	Actual
# of lessons learned workshop	1	1
# of operation review exercise	1	1

### Narrative description of achievements

All volunteers have agreed to participate in the measles awareness activities and were provided with the necessary PPEs.

A two-day Lessons Learnt workshop for the DREF was carried out in the end of August. A DREF Review via two visits by Swedish RC Consultant and IFRC Consultant was also conducted. Findings of the review were shared with IFRC and available upon request.

## Challenges

'% of volunteer work minimum standards are met' indicator is estimated to be achieved 90 percent only as vaccination for volunteers was at times problematic and the URCS branches faced problems in identifying private clinics to provide vaccinations upon a request of volunteers in the response. Few cases were recorded when volunteers were not provided vaccination opportunity upon a request, however they referred to the government clinics. Furthermore, it

was identified that there should have been a larger budget to cover volunteers' meals during prolonged outreach activities.

### Lessons Learned

Much closer assessment and monitoring of volunteer needs has to be done prior and during the response

## 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 support visits by regional DM and Health IFRC Delegates	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

### Narrative description of achievements

There were few visits made by the IFRC ROE to oversee the DREF implementation. The visits included recommendations on the activities, discussions on the DREF revision and linkages between UNICEF, WHO and MoH were helped to be established. CEA delegate has contributed to the CBHFA training for volunteers and provided recommendations on better engagement of the communities during the CEA training in Kyiv in April.

All media platforms available to the URCS were utilized for the measles awareness campaign. Social media posting schedule was developed to control the high frequency of the messages.

**Table 6.** Breakdown of the Output S2.1.3 indicators in eight implementing regions

Indicators	Kharkiv	Vinnytsia	Ternopil	Odesa	Kyiv region	Ivano - Frankivsk	Chernivtsi	Kyiv city	Total	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	Facebook, print media, TV/Radio	Facebook, print media, TV/Radio	Facebook print media, TV/Radio	3	3

As seen in the Table 6, all regions have used three media platforms for sharing information with community, except Kyiv region that was able to utilize only print media and TV/Radio (there are no social media platforms available in the Kyiv region).

### Challenges

Initial plans to involve RDRT teams from similar response in the region had to be revised given the limited availability of the invited.

### Lessons Learned

Communications and informational activities went well throughout the response and much positive feedback was given to both regional and national teams for constant information flow.

## D. Financial report

The budget for this DREF Operation was CHF 109,054. After finalizing the operation, there remains a balance of CHF 32,591, which will be returned to the DREF account. The major savings occurred in printing of information materials, and in funding of International support visits (DREF Review, Health and DM Regional Delegates visits).

*The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, and Fortive Corporation and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.*

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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 (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.

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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**.

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# DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/03-2019/11	Operation	MDRUA009
Budget Timeframe	2019/03-2019/09	Budget	APPROVED

Prepared on 19/Dec/2019

All figures are in Swiss Francs (CHF)

## MDRUA009 - Ukraine - Measles Outbreak

Operating Timeframe: 03 Mar 2019 to 04 Sep 2019

### I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>109,054</b>
DREF Allocations	109,054
<b>Expenditure</b>	<b>-76,463</b>
<b>Closing Balance</b>	<b>32,591</b>

### 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	15,839	15,642	197
AOF5 - Water, sanitation and hygiene			0
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
<b>Area of focus Total</b>	<b>15,839</b>	<b>15,642</b>	<b>197</b>
SFI1 - Strengthen National Societies	86,612	57,745	28,867
SFI2 - Effective international disaster management	6,603	3,077	3,526
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC			0
<b>Strategy for implementation Total</b>	<b>93,215</b>	<b>60,821</b>	<b>32,394</b>
<b>Grand Total</b>	<b>109,054</b>	<b>76,463</b>	<b>32,590</b>



# DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/03-2019/11	Operation	MDRUA009
Budget Timeframe	2019/03-2019/09	Budget	APPROVED

Prepared on 19/Dec/2019

All figures are in Swiss Francs (CHF)

## MDRUA009 - Ukraine - Measles Outbreak

Operating Timeframe: 03 Mar 2019 to 04 Sep 2019

### III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
<b>Relief items, Construction, Supplies</b>	<b>15,072</b>	<b>14,902</b>	<b>170</b>
Medical & First Aid	5,672	5,774	-102
Teaching Materials	9,400	9,128	272
<b>Land, vehicles &amp; equipment</b>	<b>4,960</b>	<b>4,530</b>	<b>430</b>
Computers & Telecom	4,960	4,530	430
<b>Logistics, Transport &amp; Storage</b>	<b>23,660</b>	<b>14,492</b>	<b>9,168</b>
Distribution & Monitoring		2,097	-2,097
Transport & Vehicles Costs	23,660	12,395	11,265
<b>Personnel</b>	<b>21,660</b>	<b>15,905</b>	<b>5,755</b>
National Society Staff	21,570	15,863	5,707
Volunteers	90	42	48
<b>Workshops &amp; Training</b>	<b>9,000</b>	<b>4,460</b>	<b>4,540</b>
Workshops & Training	9,000	4,460	4,540
<b>General Expenditure</b>	<b>28,046</b>	<b>17,507</b>	<b>10,539</b>
Travel	9,000	3,505	5,495
Information & Public Relations	15,339	12,178	3,161
Office Costs	2,331	2,000	332
Communications	1,376	640	736
Financial Charges		-815	815
<b>Indirect Costs</b>	<b>6,656</b>	<b>4,667</b>	<b>1,989</b>
Programme & Services Support Recover	6,656	4,667	1,989
<b>Grand Total</b>	<b>109,054</b>	<b>76,463</b>	<b>32,590</b>