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Emergency Plan of Action (EPoA)

Liberia: Measles outbreak

International Federation of Red Cross and Red Crescent Societies

DREF Operation n°	**MDRLR006**	**Glide n°:**	EP-2022-000208-LBR
Date of issue:	**10 May 2022**	**Expected timeframe:**	**03 months**
		Expected end date:	**31 August 2022**
Category allocated to the of the disaster or crisis: Orange			
DREF allocated: CHF 195,100			
Total number of people affected:	456 people including 31 are confirmed cases, 189 probable cases, and 236 suspected cases.	**Number of people to be assisted:**	**305,000 people**
Provinces affected:	**All fifteen (15) counties of Liberia**	**Provinces/Regions targeted:**	Eight (8) Counties including Montserrado, Bong, Margibi, Nimba, Lofa, Grand Cape Mount, Bomi and Grand Bassa
Host National Society(ies) presence (n° of volunteers, staff, branches): Liberia Red Cross Society (LRCS), 15 counties, 3,672 volunteers			
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of the Red Cross and Red Crescent Societies (IFRC)			
Other partner organizations actively involved in the operation: World Health Organization (WHO), United Nations Children' Fund (UNICEF) and United States Centre for Disease Control and Prevention (US-CDC)			

A. Situation analysis

Description of the disaster

On Thursday 21 April 2022, Liberia Health Ministry declared a measles outbreak affecting 14 of the 15 counties in the country. According to the Liberian Government, the outbreak is a result of low immunization rates, due to disruption of immunization activities for COVID-19 and people's misconception on immunization. The latter, especially linked with the fear of parents to have their children inoculated with COVID-19 vaccine, rather than the measles one.

According to the Liberian Ministry of Health (MoH), the case threshold for measles outbreak corresponds to three to five cases reported in a single location in seven days. Per the National Public Health Institute's weekly update on Liberia Public Health Surveillance & Response System, covering the period 4 -10 April 2022 (Report week 14) Montserrado County only accounted for 135 cases and 03 deaths. Moreover, two County Health Teams, Nimba and Grand Bassa reported on 22 April respectively 230 and 91 cases. Total cumulative cases from these counties accounted for 456 cases including, 189 probable and 236 suspected.

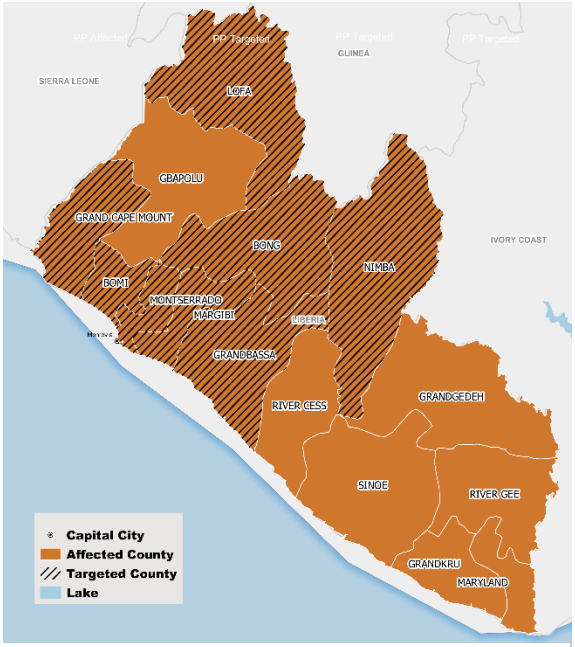


Figure 1: Overall, 14 out of 15 counties are affected while 8 are targeted through this response operation

Measles is endemic in Liberia. However, the rapid increase in number of cases and geographical scope of the outbreak highlights a spike in cases, with a need to increase and enhance the vaccination of children under five years of age.

On 2 May 2022, the Ministry of Health called on the attention of the national government to mobilize resources to strengthen the health system in responding to the outbreak.

Per the World Health Organization (WHO) and the United States Centre for Disease Control and Prevention (CDC), there is a 79% increase in measles cases across the world. As such, although the situation of Liberia is not unique, if resources are not mobilized, the already fragile health system will not be able to respond to the consequences of an outbreak.

Summary of the current response

Overview of Operating National Society Response Action

Following the declaration of the Measles Outbreak on 21 April, LRCS:

- Coordinated with 15 Field Offices (chapters) across the country to put in stand-by County Health Teams (CHTs) and 300 volunteers.
- Carried out awareness and sensitization in 08 counties through volunteers collaborating with County health structures.
- updated its National Disaster Response Team (NDRT) roster and placed its members on alert.
- Actively participated in Incident Management System (IMS) meetings hosted by the Ministry of Health, at the National Public Health Institute's Emergency Operation Centre, where updates are shared by the Government.
- Positioned itself in specialized response pillars including Risk Communication and Community Engagement (RCCE), and Infection Prevention and Control (IPC).
- Participated at county level, through Chapter offices which are part of the Country Health Teams (CHT), in meetings held at the Ministry of Health planning response preparedness actions.
- Shared information on the situation in country with the IFRC Sierra Leone Country Cluster Delegation through two Situational reports (SitReps)

Overview of Red Cross Red Crescent Movement Actions in-country
The Swedish Red Cross (SRC) is the only Movement partner in Liberia. It provides support to the National Society (NS) in terms of National Society Development through a capacity building and organizational development project implemented in three counties.

The International Federation of Red Cross and Red Crescent Societies (IFRC) through its Sierra Leone Country Cluster Delegation is providing technical support for NS capacity-building and operations.

The International Committee of the Red Cross (ICRC) Delegation for West Africa, based in Abidjan, is supporting the NS in capacity-building, emergency preparedness and response (EPR), and organizational development with a specific focus on NS auxiliary role, International Humanitarian Law (IHL), finance development, and partnership development and sustainability.

Overview of other actors' actions in-country
At the time of writing this DREF request, the Measles outbreak in Liberia has escalated across the country. The National Public Health Institute of Liberia (NPHIL) coordinates technical aspects of the response, whereas the Ministry of Health (MoH) oversees coordination, monitoring, detection, and referral of cases to health facilities, and conducting testing in various laboratories within the country. A first round of vaccination campaign is planned between 9-13 May in counties with the highest number of cases reported. At the time of drafting this DREF request, vaccine consignments have already started.

WHO, UNICEF and US-CDC support government efforts in the response especially for technical and logistical aspects. These same actors, together with a few main INGOs present in country, like Plan International and Brake Trough Action engaged in risk communication activities, ensure coordination of actions through Information Management meetings at National level and County Health Team Emergency Response meetings at County level.

UNICEF, WHO and GAVI are also engaged by the government for mobilizing additional resources..

Needs analysis, targeting, scenario planning, and risk assessment

At the time of drafting this DREF request, the following are identified needs or gaps in the response. Planned rapid assessments will allow to confirm these findings and/or to identify new ones, hence adjusting the operation accordingly:

- Lack of awareness of the population, especially those in remote locations, on availability of Measles vaccines and ways to access them.
- Misinformation and misconceptions about the COVID-19 vaccine among the population which led to replicate the same behaviour also for Measles vaccines.
- Weak social mobilization and risk communication systems.
- Lack of accurate information from the MoH on Measles vaccine stock in country which prevent to plan a response accordingly.
- Low capacity of local health structures to respond to outbreaks in terms of logistics, personnel and equipment.
- Weak community-based structure (i.e., Mothers' support groups, Community Health Development Committees, and youth groups) both in terms of ability to identify and refer Measles cases according to existing referral systems and in terms of availability. This because they are already mobilized for other health related activities (for instance COVID-19 vaccination campaigns).
- Inadequate awareness and sensitization materials for measles.

The local population is already hesitant to the ongoing vaccine campaign for COVID-19, whereas the spread and impact of the measles outbreak will accelerate across the country. The Centre for Disease Control and Prevention (CDC) has recommended that every child get two doses of Measles-Mumps-Rubella (MMR) vaccine, starting with the first dose at 12 months through 15 months of age, and the second dose at 4 years through 6 years of age. Children can receive the second dose earlier if it is at least 28 days after the first one. Due to the hesitancy rate and low level of vaccine availability in-country, children in this age range could be highly impacted and affected by the Measles outbreak.

Liberia's health system is facing serious capacity problems. It is chronically short of human resources, equipment, and drugs. The decentralization policy faces serious challenges, including the difficulty of finding professional health workers willing to deploy to far-flung areas. Liberians suffer from high mortality and morbidity, resulting from a combination of poor living conditions and lack of quality health care. Infectious diseases are a major contributor to ill health and less productivity. The current health system challenges, the particularity of the current outbreak (adolescents are infected), and the community's perceptions of vaccination caused by the Covid-19 outbreak may fuel the current epidemic if a swift response is not initiated. This DREF will be used to assist the NS in supporting the government effort to stop the ongoing measles outbreak.

Targeting
This operation aims at conducting activities in the 8 most affected counties out of the 14 affected across Liberia, including Montserrado, Bong, Margibi, Nimba, Lofa, Grand Cape Mount, Bomi and Grand Bassa. The overall population of these eight counties, i.e., approximately 305,000 people, will be reached through social mobilization and awareness sessions and RCCE.

In the selection of beneficiaries, particular attention will be given to groups at higher risk of developing severe illnesses, such as unvaccinated children under 5, pregnant and lactating women, the elderly, and people with special needs. Moreover, locations (high populated areas), level of access to health facilities and services, and exposure to already affected communities, and high vulnerability to the outbreak will be considered as selection factors. Most of the targeted areas are ascribed to low standards of living. The Government has classified the affected counties into different categories of risks in the outbreak. LRCS will focus on high-risk and highly affected ones. The exact selection of localities of intervention will be based on assessments results and done in complementarity with the Government and other stakeholders' part of the response. Moreover, taking into consideration lack of information on vaccinations for people leaving in remote locations, health community-based structure and community leaders will be involved in targeting exercises to ensure equal access to all communities affected.

There is ongoing coordination among actors participating in the response, including UNICEF, WHO, US-CDC, LRCS, Plan International and Break Through Action, under the coordination of the Government. All actors consider CEA as one of the key pillars in the response, particularly in terms of awareness and risk communication through community-based structures. Protection, gender, and inclusion (PGI) will be mainstreamed, throughout the operations and integrated through specific themes to ensure gender, age, disability-specific vulnerability, and protection risk will be considered in targeting beneficiaries.

Estimated disaggregated data for population targeted
The information is not available at the time of the development of this Emergency Plan of Action. The rapid assessments will allow to provide details, which will be updated in the Operations Update / Final report.

Scenario planning

Scenario	Humanitarian consequence	Potential Response
Scenario 1 (passive response): One to five cases of measles are detected and confirmed in the same locality over a period of 7 days.	Vaccination disruption linked with misconceptions on COVID-19 vaccine. Threat of high mortality among children. Communities lack of information on prevention measures and vaccination campaigns.	During this phase, LRCS will mobilize its volunteers and get involved with passive community-level awareness exercises; increase its Epidemic Preparedness and Response (EPR) readiness and community engagement; activate its response structures at HQ, Chapters, and communities; while externally participating in the Incident Management System (IMS) meeting and with partners operating on the ground supporting response actions, and train its volunteers and integrate PSS and PGI into risk communication and CEA. LRCS will engage community leaders and other key actors on risk communication.
Scenario 2: High numbers of confirmed cases and deaths are recorded; increased community transmissions detected in rural and urban communities.	Increased transmission; high mortality among children; health systems overwhelmed;	All activities mentioned in Scenario 1 will be scaled up significantly with regards to financial and human resources, and equipment's to be able to adequately respond to the scale of the community transmission; volunteers will be increased to cover wider areas; international and surge support will be required.

B. Operational strategy[1]

Overall Operational objective:
The overall objective of this operation is to provide public health/community-based support to 305,000 people (50,833 households) in the eight most affected counties, and support mass vaccination campaign through social mobilization activities in coordination with the Ministry of Health and other partners while improving community monitoring and reporting of Measles cases.

Rapid detection and encouragement of early health-seeking behaviours at health facilities, coupled with education to motivate on the adoption of protective practices, will be LRCS main areas of focus to prevent a further spreading of Measles in country. The DREF Operation will focus on:

- **Rapid assessments in highly contagious measles affected counties**: 11 NS staff members and volunteers, including health and psychosocial support (PSS) team members, will be mobilized for 07 days to lead rapid assessments in eight counties (Montserrado, Bong, Margibi, Nimba, Lofa, Grand Cape Mount, Bomi and Grand Bassa) considered as the highly contagious ones according to data from the government services. A total of 75 volunteers will be mobilized for 05 days to collect and analyse data. The assessment will look at the number of people affected and the risk probability. Health authorities, local leaders, and community-based structures will be involved during data collection process. Simple assessment tools such as questionnaires will be developed to collect basic information from targeted locations. The NS Chapters' capacity assessment will also form part of the exercise, to inform the appropriate operational planning processes, taking into consideration existing capacities.

- **Conduct Epidemic Preparedness and Response in Communities (EPiC) with integrated Community Engagement and Accountability (CEA) training:** 20 NS volunteers and Government health volunteers within affected communities will be identified and trained for 5 days as EPiC trainers. The same training will be cascaded to 280 volunteers who will be trained for 04 days. LRCS will ensure the provision of community-based disease control and health promotion to prevent further infection. The trained volunteers will be responsible for disseminating information in the community on Measles outbreaks and other relevant public health matters like diarrheal diseases. In close collaboration with the Ministry of Health, the NS will develop IEC and BCC materials and distribute to the affected population to prevent further infection.

[1] The plan should be prepared by the National Society, with support from the Secretariat technical departments and support services.

- **Social mobilization through community engagement and risk communication actions:** Out of the 280 volunteers trained on EPi/CEA, 255 will be mobilized for 03 days/week per 03 months to create awareness and carry-on community level response activities. Community education for Measles will include i) community education and engagement activities to encourage the adoption of protective behaviours such as isolation of those who are sick and cough etiquette; ii) social mobilization for mass vaccination, including extensive Information, Education, Communication (IEC) activities on the benefit of the measles vaccine, the routine vaccination schedule and/or Supplementary Immunization Activities (SIA) campaigns, and the importance of the vaccine's two doses; iii) rapid detection and encouragement of early health-seeking behaviours at health facilities. Communities will be engaged by volunteers through door-to-door visits, mass sensitization campaigns and focus group discussions. IEC materials will be developed and adopted throughout the implementation of the operation. A variety of communication channels will be used to reach a higher audience. Considering the still ongoing COVID-19 pandemic, while sharing information on Measles, awareness sessions on COVID-19 will also be undertaken. This, also to dispel myths and misconceptions about COVID-19 vaccines thus reducing the high level of hesitancy toward the vaccine. Parents and mothers will be encouraged to bring their children for the Measles vaccine and let them know the vaccine's efficacy.

- **Community Engagement & Accountability (CEA)and Community Feedback mechanism**s: LRCS will ensure that the already developed CEA tools, including those for COVID-19, are adopted and used to collect data, feedback, and generate ownership within the communities during the response. Community engagement will initially be done through the community leaders, with the aim of ensuring that this leads to access to the wider community. This activity will include training and working with community leaders, local media, peer groups and other key influencers including religious leaders, teachers, and local joint security teams to promote preparedness and response actions. Tools on feedback and misconceptions will enhance a proper redress of myths among the population. The NS will reproduce or print flyers, posters, banners, T-shirts, and billboards with key prevention messages for use by volunteers for awareness raising in communities while hiring the services of local media institutions to engage in phone in radio discussion to obtain feedback and provide lifesaving messages. Sound-trucks will be deployed in communities and public places.
  Feedbacks collected will inform the RCCE strategy and redirect community approaches such as messaging and community mobilization. From time to time, the NS Call Centre will be used to process feedback and provide appropriate responses. As the NS will be represented at each level of the response, working groups meetings will be the occasion to present feedbacks collected to other actors and consider joint corrective measures to address concerns. Prior to volunteers being effective in implementing feedback mechanism, as part of the EPiC training, they will receive a RCCE orientation. This will enhance their skills and knowledge both technically and practically.

- **Coordination and collaboration:** The Government of Liberia and partners have established coordination mechanisms at national, county and district levels. The NS is part of these different mechanisms and plays an active role in the national Information Management System and County Health Teams (CHT) meetings. Throughout the response, LRCS will coordinate with the Ministry of Health and partners, including WHO, UNICEF, and other health service providers collecting, sharing, and strengthening information management. Coordination will be strengthened with

- **Support MoH/NPHIL preparedness for other outbreaks, particularly measles**: The support will include joint monitoring visits and inclusion of MoH personnel in trainings, as well as contribution to specific activities that might be requested to the LRCS.

- **Operating PSS Call Centres and assessment of PSS capacities at HQ and the Chapters:** Three (3) volunteers will be mobilized for 3 months to t provide emotional assistance to LRCS volunteers, staff and families affected by Measles outbreak directly or indirectly. Volunteers will receive preparedness stress management and post response support through the NS PSS Centres, preferably online. PSS assistance will be also provided at community level, especially to families directly impacted by the outbreak. The NS will conduct a rapid PSS capacity assessment (online) of available capacities in the Chapters to establish a pool of PSS actors to support the operations. Volunteers will work with community-based structures to collect feedback and process a comprehensive complaint and feedback system. The rapid assessment will be done, and training will be integrated into the overall training of the targeted number of volunteers.

- **Activation and Deployment of NDRT**: Out of 280 volunteers trained on EPiC/CEA, 225 will be immediately mobilized, This will leave the NS with additional capacity to be deployed in case of a further increase of cases. LRCS will mobilize5five National Disaster Response Team's (NDRT) members of specialized on Health, CEA and PSS) for 03 months to support the operation. NS has a pool of trained, qualified, and experienced NDRTs that are easily mobilized and deployed into the operation at short notice. The trained

NDRT members across the country have previously supported effective disaster response, and will again be activated, and provided with orientation to support response at county level, especially for coordinating and supervising volunteers. The deployment of NDRT members will ensure effective response and maintaining NS surge capacity. Insurance for volunteers will be covered by the operation and their periderm for each deployment.

- **Communications:** The LRCS' Communications team has experience of working in similar contexts, ranging from the EVD through to COVID-19. With this level of accumulated experience, it is expected that it will provide significant support in the operation. The Communications team has 1 full-time staff (Communications Officer), supported by the CEA Coordinator and the Youth and Volunteer Management Coordinator. LRCS team will organize all communication products and share with IFRC for reference and inputs. In the event of a need, IFRC Country Cluster Communications colleagues will visit the NS during the operations.

- **PMER:** At present, LRCS has very low PMER capacity, with only one dedicated staff. As such, Freetown Cluster PMER unit will support both in remote and with regular field visits to develop tools for data collection and management, ensuring performance-based systems and the overall quality and effectiveness of the operation. Moreover, to support organizational learning, the Freetown Cluster PMER will organize ad hoc training sessions and will lead the lesson learned workshop at the end of the operation, outlining key achievements, best practices, challenges that will be referenced when responding to future epidemics. As per procedures, and the final narrative report will be produced three months after the end of the DREF implementation.

- **Logistics:** LRC has a very low logistical capacity. There are no functional and ready roadworthy vehicles in the current fleet. This situation sometimes delays planned activities thus negatively impacting humanitarian response actions. LRCS will need more logical support (fleet) to deliver materials, equipment, and staff to targeted regions. The LRCS currently has one Mercedes truck (which needs repairs and servicing), and three Land Cruiser Toyota vehicles (hard-top) that require serious maintenance. As such, there is a need to hire two vehicles to conduct rapid assessments and support movement of technical staff for conducting trainings of volunteers and providing the required supervision. In terms of staffing, the NS procurement team has one full-time staff and one volunteer, who could be overwhelmed with procurement processes. As such, the Sierra Leone Cluster Delegation will ensure support especially in terms of respect of procurement procedures.

- **Security:** Liberia's security situation remains calm. The main risk is opportunistic petty crime, though targeted incidents of violent robbery can occur in areas frequented by foreigners. Ethnic violence and the presence of militias on both sides of the Ivorian border in relation to successive conflicts have contributed to lawlessness and banditry, though this mainly affects local villages. Sporadic outbreaks of violence resulting from disputes over land, illegal mining and the exploitation of natural resources pose a potential threat to members in remote locations. There are no looming security threats that could impede implementation. LRCS has a field safety and security protocol that is applied to operations. NS will work to reduce the risk of staff, and volunteers' safety and security by referencing the IFRC's volunteers' safety and security in emergency guidelines, and other NS safety and security rules for staff and volunteers. To also reduce the risk of Red Cross Red Crescent personnel falling as victims to crime or violence, active risk mitigation measures will be communicated with staff and volunteers through induction or briefing exercise. The briefing exercise will take into consideration some potential security issues and how they can mitigate, report, or manage those issues. LRCS has made it mandatory for all staff to complete the IFRC Online Stay Safe security revised modules. For now, 60% of staff at HQ involved with the operation have completed the course, while the process continues at HQ and the Chapters. The Regional Security Unit will support in monitoring the security situation and will provide safety and security related inputs regarding the operation. There will also be close coordination between RCCE and security to ensure community feedback can also be used to inform security analysis. All personnel under IFRC security responsibility will operate in accordance with the existing IFRC security frameworks.

- **Financial management** will be done according to the LRCS finance and logistics manuals while referencing IFRC financial guidelines. The LRCS own procedures will be applied to all financial processes. To enhance proper financial management including reporting, a software (QuickBooks) is being used at the NS.

C. Detailed Operational Plan

Health

People targeted: 305,000
Male: 155,550
Female: 149,450
Requirements (CHF): 141,995

Needs analysis: The local population is already hesitant about the ongoing vaccine campaign (COVID-19); the spread and impact of the Measles outbreak will accelerate across the country. Liberia's health system is beset with serious capacity problems. It has chronically short of human resources, equipment, and drugs. The decentralization policy faces serious challenges, not least of which is the difficulty of finding professional health workers willing to deploy to far-flung areas. Liberians suffer from high mortality and morbidity, resulting from a combination of poor living conditions and lack of quality health care. Infectious diseases are a major contributor to ill health and less productivity. The current health system challenges, the particularity of the current outbreak (unvaccinated pregnant women, unvaccinated children under 5, and unvaccinated adults over 30), and the community's perceptions of vaccination caused by the Covid-19 outbreak may fuel the current epidemic if a swift response is not initiated. There are required needs for risk communication, community engagement, robust social mobilization, community and mass awareness, vaccination of cases, and access to information by the population.

Risk analysis: There is limited health literacy among local communities in Liberia, which poses a high risk of an outbreak if urgent preparedness and preventive measures are not adopted. This needs to be countered by intensified prevention training, awareness, and sensitization. These measures include, but not limited to integrating risk communication, social mobilization, and community engagement with health promotion and public awareness campaigns in communities. Structural challenges in public health and primary healthcare systems, such as limited human resources, and digital data visualization, among other, also pose huge risks to effective epidemic response.

Population to be assisted: This operation will help affected communities in the counties with a specific focus on those with high under five (5) population and affected by the outbreak. Women, child-bearing mothers, and children under five (5) will primarily benefit from the assistance. Community health structures (CHAs, CHWs, CHDC), TTMs, and community leaders will also benefit from the operation's assistance approach. Locations (high populated areas), level of access to health facilities and services, and exposure to already affected communities, and high vulnerability to the outbreak will be the selection factors. Most of the targeted areas are ascribed to low standards of living. The Government has classified the affected counties into different categories of risks in the outbreak. LRCS will focus on high-risk and highly affected communities.

Programme standards/benchmarks: The operation will seek to meet MoH and WHO standards.

P&B Output Code																	
	Health Outcome 1: The immediate risks to the health of affected populations are reduced							***% of target population reached through Measles Awareness Raising campaigns (Target: TBD)***									
	Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines							• ***# of rapid assessment conducted to identify people affected and gaps in response (Target 8)*** • ***# of affected population reached through support with health activities (Target 305,000)***									
	Activities planned Week																

AP022	In coordination with health authorities, undertake Rapid assessments to identify number of people affected and risk probability in the 8 targeted locations																
P&B Output Code	**Health Outcome 4: Transmission of diseases of epidemic potential is reduced**							• **# of volunteers trained in EPiC (Target 280)** • **# of trained EPiC volunteers engaged in the operation (Target 225)**									
	Health Output 4.1: Community-based disease control and health promotion is provided to the target population																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Conduct 5 days EPiC/CEA ToT for 20 supervisors																
AP021	Conduct 4days EPiC/CEA training for 280 volunteers																
AP084	Mobilisation of 225 volunteers * 3 days/week * 3 months to conduct health promotion for community-based disease control (with CEA integrated)																
P&B Output Code	**Health Output 4.4: Transmission is limited through early identification and referral of suspected cases using community-based surveillance, active case finding, and/or contact tracing**							• ***# of cases referred by volunteers*** • ***# of visits conducted for supervision and monitoring of data collection***									
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Establish communication and engagement with communities related to active case finding																
AP021	Determine community case definition in coordination with MoH																
AP021	Supervision and data collection/monitoring (part of regular health activities, including RCCE)																
P&B Output Code	**Health Output 4.5: Transmission of new cases is limited through support for vaccination campaigns**							• ***# of monitoring and supervision visits conducted*** • ***# of people reached through social mobilization for vaccination campaign (Target 305,000)*** • ***% of target population who were vaccinated during the campaign***									
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Social mobilisation for vaccination campaign																
AP084	CEA support for vaccination campaign																
AP021	Supervision, independent monitoring, or quality assurance for vaccination campaign																
P&B Output Code	**Health Output 4.6: Improved knowledge about public health issues among target population**							• ***# of volunteers engaged in Health promotion campaigns (Target 225)*** • ***# of people reached with Health promotion campaigns in affected communities (Target: 305,000)***									
	Activities planned	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

	Week																	
AP021	Health volunteers are identified and activated for emergency response																	
AP021	Health and hygiene promotion campaigns on prevention and control of common communicable diseases such as Malaria, Acute Watery Diarrhoea, Bloody Diarrhoeas, Dermatitis and other outbreaks likely to occur during emergency situations																	
AP021	Reproduce and distribute IEC materials on community-based disease prevention, epidemic preparedness, and health promotion, complemented using social media and youth as agents of behavioural change (YABC).																	
P&B Output Code	**Health Outcome 6: The psychosocial impacts of the emergency are lessened**							• *% of affected population provided with PSS support*										
	Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff							• *# of people in affected communities provided with PSS* • *# of staff and volunteers provided with PSS*										
	Activities planned Week	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*	*13*	*14*	*15*	*16*	
AP023	Assessment of PSS needs and resources available in the community																	
AP023	Provide PSS to people affected by the crisis/disaster																	
AP023	Provide PSS to staff and volunteers																	

Strategies for Implementation

Requirements (CHF): 53,105

P&B Output Code	**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**								*# of volunteers involved in the response (Target: 280 volunteers)*									
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected								• *# of volunteers insured (Target: 280 volunteers)* • *# volunteers provided with visibility material and protective clothing for their safety (Target: 280 volunteers)*									
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP040	Ensure that volunteers are insured																	
AP040	Provide complete briefings on volunteers' roles and the risks they face																	
AP040	Provide psychosocial support to volunteers																	

AP040	Ensure volunteers are aware of their rights and responsibilities																
AP040	Ensure volunteers' safety and wellbeing																
AP040	Ensure volunteers are properly trained																
AP040	Ensure volunteers' engagement in decision-making processes of respective projects they implement																
P&B Output Code	**Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place**							***# of volunteers provided with visibility items to support community engagement (Target; 225)***									
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP042	NS cooperate/public communication and visibility																
P&B Output Code	**Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved**							• ***# of CEA orientation conducted (Target: 1)*** • ***# of feedback mechanisms setup (Target: 1)*** • ***# of feedback responded to (Target: N/A)*** • ***# of documentaries produced (Target: 1)*** • ***# of Lessons learned workshops held (Target 1)***								
	Activities planned Week / Month														14	15	16
AP049	Ensure that the Principles and Rules, Emergency Response Framework and Emergency Appeal and DREF procedures are well understood and applied																
AP084	Methods are put in place to ensure communities can participate in the response and influence decision-making																
AP084	Community communication activities ensure people are kept informed of operational plans and progress and have they information they need about the response																
AP084	Community feedback systems (including rumour and/or perception tracking) are established, and feedback acted upon and used to improve the operation																
AP084	Collect case studies and develop short documentary to profile LNRC response and beneficiary feedback																
AP084	Conduct lessons learned workshop																
AP047	Conduct IFRC monitoring visits (3)																

Funding Requirements

The overall funding requires for implementation of this operation is CHF 195,100 as detailed in attached budget.

all amounts in Swiss Francs (CHF)

International Federation of Red Cross and Red Crescent Societies

DREF OPERATION

MDRLR005 - LIBERIA - MEASLES OUTBREAK

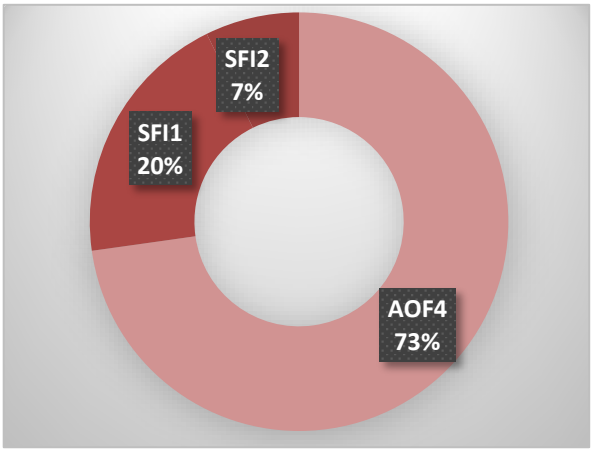
05/05/2022

Budget by Resource

Budget Group	Budget
Transport & Vehicles Costs	25,047
Logistics, Transport & Storage	**25,047**
National Staff	7,615
National Society Staff	5,230
Volunteers	12,198
Personnel	**25,042**
Workshops & Training	125,585
Workshops & Training	**125,585**
Information & Public Relations	1,437
Office Costs	2,778
Communications	2,442
Financial Charges	862
General Expenditure	**7,519**
DIRECT COSTS	183,193
INDIRECT COSTS	11,908
TOTAL BUDGET	**195,100**

Budget by Area of Intervention

AOF4	Health	141,995
SFI1	Strengthen National Societies	38,916
SFI2	Effective International Disaster Management	14,189
	TOTAL	**195,100**



Liberia - Measles Outbreak

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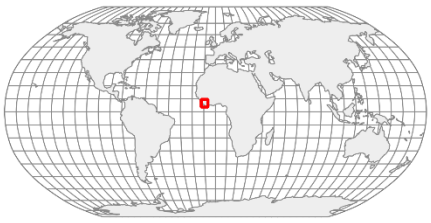

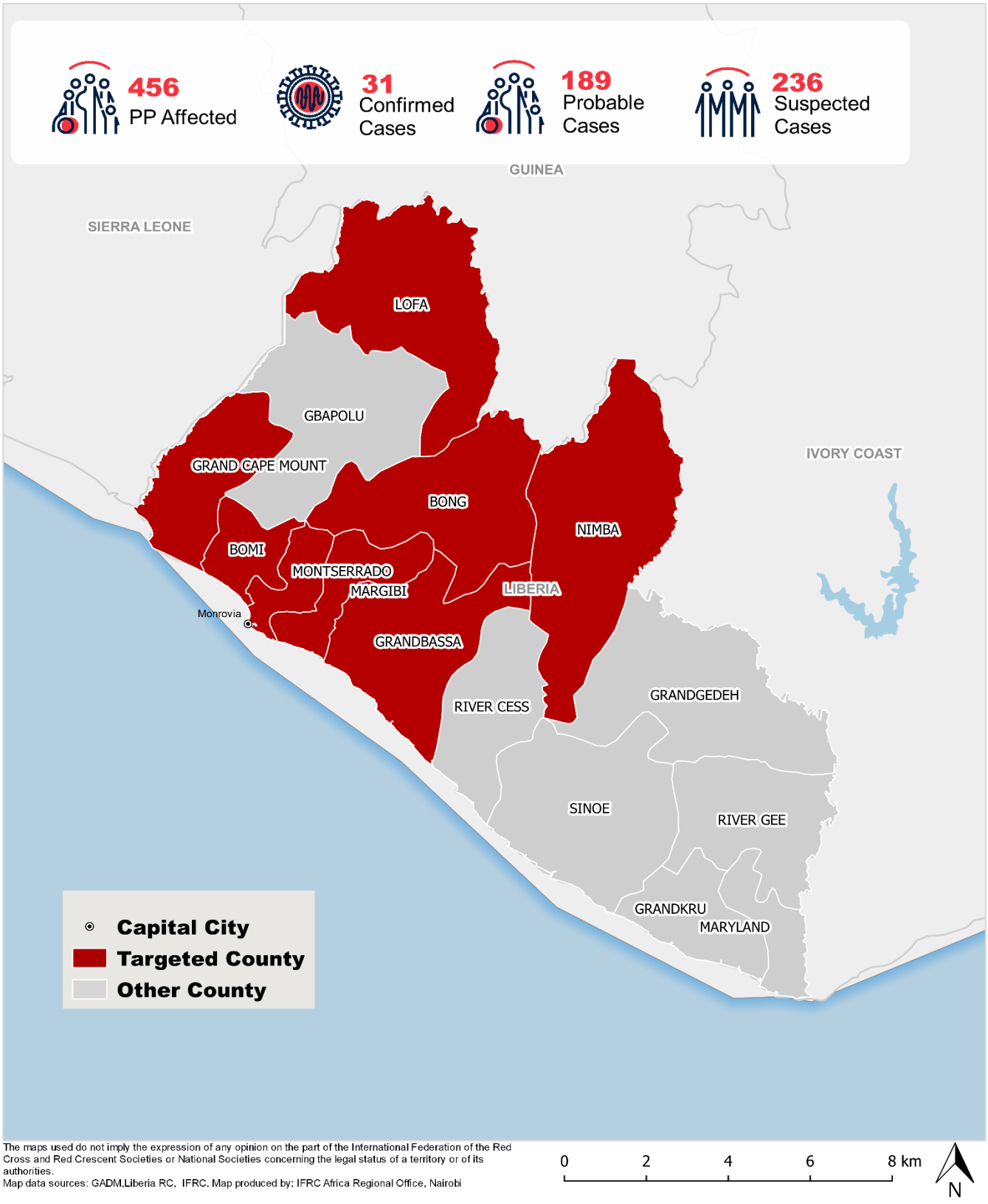

The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.
Map data sources: GADM,Liberia RC, IFRC. Map produced by: IFRC Africa Regional Office, Nairobi

Reference documents

Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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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.