

Emergency Plan of Action Operation Update

Liberia: Measles outbreak

DREF n° MDRLR006	GLIDE n° EP-2022-000208-LBR
Operation update n° 1; Date of issue: 30 August 2022	Timeframe covered by this update: 7 May 2022 to 15 August 2022
Operation start date:	Operation timeframe: 05 months and end date 31 October 2022.
Funding requirements (CHF): N/A	DREF amount initially allocated: CHF 195,100
N° of people being assisted: 97,781 people reached, and 110,764 children aged 9-59 months vaccinated during the ongoing campaign. Target: 305,000 people to be assisted	
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of the Red Cross and Red Crescent Societies (IFRC) supporting Liberia Red Cross Society (LNRCS) present in 15 counties, with 3,672 volunteers	
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)	

This update is to inform stakeholders of Liberia Measles DREF response progress from 7 May to August 2022 and extend the time frame for 02 additional months. The new end date is 31 October 2022 for a total duration of 05 months.

The budget and strategy remain the same as the DREF Plan of Action. Most of the activities (around 60%) planned have been completed and the extension is to allow the completion of the following ones:

- Support the Government with social mobilization during a planned nationwide immunization campaign for measles which was delayed due to logistical challenges.
- The NS finalizes the process of developing and concluding contracts with national and local media institutions to support community-level information sharing through radio talk shows, and phone-in radio discussions. This will help the NS obtain feedback and provide lifesaving messages.
- IFRC monitoring visit involving the PMER and Operations Officers to monitor the quality of implementation, and support Post distribution monitoring and lessons learnt workshop
- Support Lessons learned workshop (LLW) to generate learning from the operations, facilitated by IFRC PMER Officer

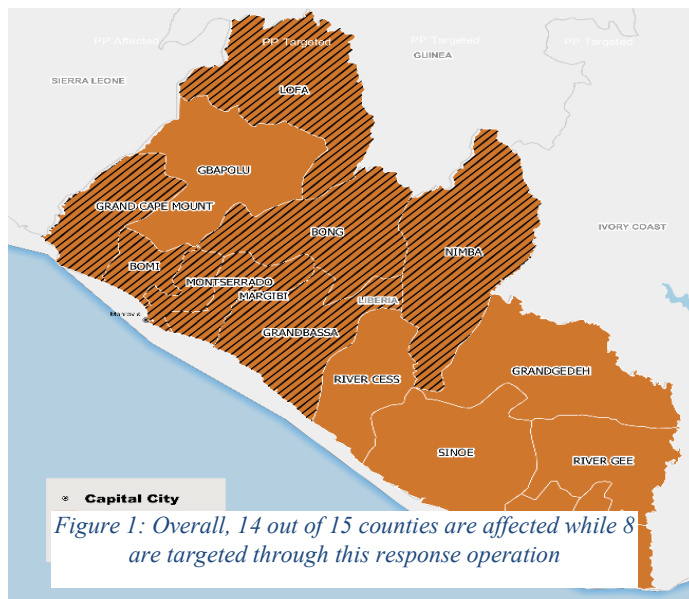
The extension is required because of the delay in implementation due to challenges in the response by the government and the NS needed to align its measles campaign and outreach activities with the government strategy and scheduled county-wide campaign (which did not start until early July). Also, our social mobilization effort is to support the government during immunization. Moreover, the LNRCS was and is still the only partner with the MoH doing social mobilization and community-level outreach and awareness for the measles vaccination campaign and the routine uptake. There is a planned nationwide campaign in September with the government relying on the strength of the Red Cross for success as the only organization currently supporting awareness raising and social

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. 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.



As of 20 July 2022, [5 923 suspected cases, including 5 528 confirmed](#) and 71 deaths (CFR: 1%) were reported from 61 health districts in 15 counties. Of the confirmed cases, 6.7% (369 cases) were laboratory confirmed, 9.1% (503 cases) were clinically confirmed, and 84.0% (4 657 cases) by epidemiological link. The median age of the affected population is 6 years (range: 1 month-67 years).

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.

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 Host National Society

LNRCs has a strong capacity in community-based programming. Experiences from the EVD and COVID-19 responses provide the NS with the requisite credentials and testimonials for effectiveness in risk communication and community engagement, PSS, and social mobilization for response actions. Trained volunteers and staff are deployed in counties and districts, and they are conducting robust mass awareness through social mobilization and risk communication and community engagement.

Timely mobilization of NDRTs, training of volunteers and enhancement of coordination and collaboration with the MoH and the NPHIL has strengthened the relationship with the Government.

Through its nationwide presence and structural presence in all 15 counties of Liberia, coordination has also improved at the county level where staff and volunteers are working closely with the County Health Teams (CHTs). All 8 field Officers in the counties are working with 225 volunteers for the response.

Following the declaration of the measles outbreak on 21 April, NS has work to strengthen his coordination with external partners and engage the response as follow:

- Some 300 volunteers and 5 NDRT members were mobilized and put on alert for response operation. This includes 20 supervisors
- Trainings have been provided to the volunteers and supervisors on Kobo collect, and assessment.

- Some 225 of the trained volunteers are currently deployed in the response while the 5 NDRTs are supporting the operation from HQ and at the field level.
- **A total of 97,781** people reached through house-to-house awareness, mass awareness in marketplaces, communities, and other public places,
- The MoH announce the total number of children vaccinated in the recent measles vaccination campaign. The County Health Teams (CHT) in the 8 operational locations have reported the vaccination of **110,764** children between the ages of 9 months to 59 months. The LNRCS's awareness has contribute to promote engagement of communities, through its volunteer's actions, and local leaders to increase the vaccination acceptance
- The NS has supported the MoH and NPHIL to develop, and produce over 3,000 pieces of assorted measles awareness IEC materials (they include banners, posters, flyers, etc.), the materials are prepositioned in operational locations and later deployed to health facilities used for the measles vaccination campaign
- Furthermore, to enhance the LNRCS' intervention, megaphones, batteries, rain gears are deployed with volunteers and staff
- LNRCS logistic capacity has been increased. Motorbikes and vehicles have been repaired and or serviced to enhance and strengthen efficiency and effectiveness of the response. The logistics are being used to facilitate supervision, especially during the vaccination campaign and now for the routine vaccine promotions ongoing in the counties.

The NS is working on strengthened coordination with the national health actors including the MoH and the NPHIL at the national and county levels. Actions engaged by the National Society includes update to partners through various coordination mechanism in place and working groups. The LNRCS is involved with the Incident Management System (IMS) meetings hosted by the Ministry of Health at the National Public Health Institute's Emergency Operation Centre. LNRCS is also currently a key and permanent member of the Risk Communication and Community Engagement (RCCE) Pillar/taskforce for epidemic preparedness and response at the MoH and the NPHIL. The NS participated and provided technical assistance to the revision of the measles IEC materials currently in use for the response.

CEA is 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) is being mainstreamed, throughout the operations and integrated through specific themes to ensure gender, age, disability-specific vulnerability, and protection risk are considered in the activities.

Overview of Red Cross Red Crescent Movement in country

IFRC, through its Country Cluster Delegation (CCD) in Freetown, Sierra Leone, is providing technical support for NS capacity-building and operations management.

The CCD Senior Operations Officer and PMER Senior Officer supported the LNRCS develop the rapid assessment tools; designing the rapid assessment; conducted the rapid assessment in all 8 counties. The CCD team also provided a one-day training for NS staff and volunteers on the Kobo data collection toolkit. The Kobo collect tool was used for the rapid assessment. The CCD is supporting the NS to implement a current CBF project on Systems Safeguarding, while applications for NSIA and Empress Shöken have also been facilitated and supported.

The Swedish Red Cross (SRC) is the only Movement partner in Liberia. A 3-year NSD project ended in June of 2022 however, a Non-Cost Extension (NCE) runs until 31st December. The project is funded by the Embassy of Sweden (EoS) through the Swedish International Development Agency (SIDA). The Swedish Red Cross, in addition to the SIDA/EoS fund, is supporting the LNRCS recovery in many of its OD priorities including finance development, strengthening PMER, resource mobilization, safeguarding, volunteer management, policy development, and core cost (salaries, etc.) among other things. At the moment, there are prospects for another 3-year climate change adaptation and disaster risk reduction project targeting 3 counties in the southeast of Liberia, with support of the Swedish Embassy in Liberia. Concept Note, entitled "Green, Inclusive, and Resilient Liberian Communities (GIRL) project has been submitted and approved by the EoS. A detailed community assessment using the Enhanced Vulnerability and Capacity Assessment (EVCA) approach is expected to take place in mid-September.

ICRC Delegation for West Coast, based in Abidjan, is supporting the NS in capacity-building, emergency preparedness and response (EPR), and organizational development with a specific focus on NS's auxiliary role, International Humanitarian Law (IHL), RFL, finance development, and partnership development and sustainability. Planning processes for 2023 between the ICRC and LNRCS have started already.

Overview of non-RCRC actors in the country

The National Public Health Institute of Liberia (NPHIL) has been coordinating technical aspects of the response, whereas the Ministry of Health (MoH) oversees the coordination, monitoring, detection, and referral of cases to health facilities,

and conducts testing in various laboratories within the country. The first round of vaccination campaign was done between 9-13 May in counties with the highest number of cases reported.

Doctors Without Borders/ Médecins Sans Frontières (MSF) runs a pediatric hospital in the Barnesville suburb of Monrovia, one of the most affected health districts (Somalia Drive Health District) in Montserrado. To support the MoH response to the outbreak, MSF has made available a 28-bedroom isolation unit in its hospital and is currently treating both inpatient and outpatient measles cases. MFS is also treating and providing measles treatment kits to older persons who are infected with the virus.

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

Needs analysis, beneficiary selection, risk assessment, and scenario planning

Needs Assessments & Analysis

A rapid needs assessment to support an effective and efficient response was conducted in all 8 counties targeted for the operation. and has generally confirmed the key needs and gaps below:

- Lack of awareness of the population, especially those in remote locations, on the availability of Measles vaccines and ways to access them.
- Misinformation and misconceptions about the COVID-19 vaccine among the population which led to replicating the same behavior also for Measles vaccines.
- Weak social mobilization and risk communication systems.
- Lack of accurate information from the MoH on Measles vaccine stock in the country which prevents planning 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 is because they are already mobilized for other health-related activities (for instance COVID-19 vaccination campaigns).
- Inadequate awareness and sensitization materials for measles.

As stated in the EPoA, a Rapid Assessment for the Measles Outbreak was conducted targeting health personnel at County, District, and Health Facility levels in the eight counties implementing DREF. LNRC NDRT, Technical colleagues, branches, and volunteers conducted the assessment engaging 527 people from 1st to 8 May 2022. The team used a structured questionnaire provided by the Health and PMER unit for the interview recording the responses. The overall purpose of the Rapid Assessment was to determine the magnitude of a crisis, the degree of impact on the population, and the state of the disaster response at Counties and district levels. Assessing coordination, identification of gaps, and supporting a national response plan also formed part of the assessment objectives.

The Assessment findings are based on health practitioners' and communities' data collection interviews against a structured questionnaire; hence, the assessment is limited to the findings and lacks an in-depth analysis of the investigation of cases and response.

Key Assessment highlights:

- Measles cases in the Counties assessed principally occur in unvaccinated populations in both adults and children. Medium outbreaks with low fatalities have since been reported and are ongoing in these counties that had previously eliminated or interrupted endemic transmission.
- Cases have been reported in all counties, districts and communities assessed as at risk in the 8 counties.
- Vaccination coverage and occurrence of cases are however unequal within communities and demographic groups. The Ministry of Health recently conducted a nationwide vaccination campaign for five days. Though it increased the vaccination coverage among the unvaccinated population, the campaign was not fully supported by many partners and was associated with limited public education and awareness-raising especially using IEC materials.
- The high proportion of cases among young adults and children above vaccination age highlights the importance of public education and awareness-raising using measles-specific IEC materials, soundtracks, and radio discussions using local dialects. Robust Measles awareness among these populations has the potential to increase the understanding of community members and increase the rate of vaccination. The increasing

proportion of cases among children and adults also highlights the need to consider catch-up Campaigns to reach out to more children who missed out on the first rounds of the measles vaccination.

- The healthcare delivery system in eight counties is visibly weak and overstretched and unable to respond to the measles outbreaks without humanitarian support from partners. Generally, districts and communities highly hit by measles are amongst those with the lowest basic social services indicators where health facilities are of low standards and far apart in vast areas. Poor infrastructure and insecurity challenges in the districts made it difficult for communities to access primary health care services. Measles campaigns are very complex and labor intensive thus to conduct an effective measles campaign, Health supervisors and health workers need to be deployed from neighbouring counties to support the CHVs in the affected communities.

The Rapid assessment recommended that the Ministry of Health (MOH), County Health Team, and partners mobilize to conduct emergency measles vaccination campaign in the eight counties assessed targeting children under 5 years as a matter of urgency. A vaccination campaign supported by public education and awareness-raising for communities to avail their children to take the vaccine was identified as the main priority in containing the outbreak. Although the assessment was limited to eight counties to be supported by IFRC Measles DREF, the immunization campaign should be extended to all counties where cases have been reported to interrupt the spread of the disease to other communities that have not reported cases.

Also, the assessment team learned there is a high reluctance among mothers to take their children for the vaccine. Discussion with mothers in some of the communities visited shared, that a major reason for the reluctance of people to take their children to health facilities for the vaccine is the distance to health facilities and the time it takes to be attended to and get the necessary treatment. Some mothers shared, that they use up to two hours to arrive at the nearest health facilities, and it will take a relatively long period to be attended to, with many preferring to stay at home and use traditional means.

While it was confirmed discussion for mass measles vaccination is underway at the national and County level, it is recommended that Red Cross volunteers work closely with Community Health Volunteers using megaphones, and IEC materials to pass on useful information about the measles outbreak and support social mobilization to encourage mothers and community members to take their children for measles vaccine. Also, adults and children outside the vaccination age to be engaged on need for visiting the health facilities immediately after they notice symptoms of measles. Again, the CHVs have undergone training that has acquired them with capacity on both preventive and curative of some common illnesses including malaria, diarrhea, and pneumonia; they can test, and administer initial drugs and do referrals, these CHVs need to be trained in the Red Cross fundamental principles and Code of Conduct to support in areas there are no community-based volunteers.

Targeting

The Government classified the 8 counties (Montserrado, Margibi, Bong, Bomi, Nimba, Lofa, Grand Cape Mount, and Grand Bassa) as high-risk, based on the infection rate reported in the early days of the spread of the measles.

According to the needs and scope of the population at risk identified, the response operation targeted the above 8 counties and planned **to reach approximately 305,000 people** through social mobilization, awareness sessions, risk communication, and community engagement. Key beneficiaries are children, and older persons that got the viral infection. In the selection of beneficiaries, particular attention was given to groups at higher risk of developing severe illnesses, especially unvaccinated children under 5 years and infants. Moreover, locations (highly populated areas), level of access to health facilities and services, exposure to already affected communities, and high vulnerability to the outbreak were considered. LNRCS is also considered very remote (hard to reach) communities, highly populated urban and semi-urban areas that were reporting a high number of infections.

However, to date, the LNRCS has reached a total of **97,781** people through the activities already conducted and ongoing.

The coordination among actors participating in the response is kept and centralized as essential to this response. UNICEF, WHO, US-CDC, LRCS, Plan International and Break Through Action all worked under the coordination of the Government.

Risk Assessment

Liberia's health system is facing serious capacity problems. Decentralization is facing tremendous challenges including in the health sector. Access to adequate and affordable health services remains extremely critical to the future and the current outbreak. The delay in the Government conducting the measles vaccination campaign is evident proof that the country is still faced with structural and epidemic preparedness and response challenges. Poor community health preparedness and response capabilities, coupled with poor living conditions and inadequate health system capabilities

pose a serious threat to child survival during future outbreaks as such. The current health system challenges affect the current outbreak, and the communities' perceptions of vaccination tend to undermine the effectiveness of the response and the achievement of the planned targets. MoH and NPHIL vaccination campaign did not cover all of the counties; other counties not targeted by this current response have started reporting cases; nevertheless, the extension of the DREF operation might enable the LNRCS to assist the government effort in laying more emphasis on the routine vaccine to stop the ongoing measles outbreak.

The rapid assessment results show that the measles virus is also affecting adults (men and women) between the ages of 18 and 35 years, but the government target for the intervention focuses on children aged 9-59 months for free vaccine and treatment at government health facilities, while the adults who take care of the children are left to treat themselves. This action from the government strategy is triggering and promoting the traditional home-based treatment, especially among the greatest number of the populations with standard financial standing.

Scenario planning

The scenario developed in the EPoA has not changed and can be accessed [here](#). This operation extension will ensure continuity of the proposed response in scenario 1. LNRCS works with volunteers to cover community-based awareness's, RCCE and strengthened coordination mechanism in place.

B. Operational strategy¹


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, are the LNRCS main areas of focus to prevent a further spreading of Measles in the country.

Strategy developed to achieve the above results remain unchanged. Please refer to the section B in the plan of action published [here](#) for more details and for key achievements to date, kindly go to section C below.

C. DETAILED OPERATIONAL PLAN

	Health People reached: 208,545 Male: 106,358 Female: 102,187	
Health Outcome 1: The immediate risks to the health of affected populations are reduced		
Indicators:	Target	Actual
% of target population reached through Measles Awareness Raising campaigns (Target: TBD)	TBD	97,781 people
Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines		
Indicators:	Target	Actual
# of rapid assessment conducted to identify people affected and gaps in response (Target 8)	8	8
# of affected population reached through support with health activities (Target 305,000)	305,000	208,545
Health Outcome 4: Transmission of diseases of epidemic potential is reduced		

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

Indicators:	Target	Actual
# of cases referred by volunteers	TBD	TBD
# of visits conducted for supervision and monitoring of data collection (minimum)	TBD	8
Health Output 4.5: Transmission of new cases is limited through support for vaccination campaigns		
Indicators:	Target	Actual
# of monitoring and supervision visits conducted (field and HQ)	As necessary	10
# of people reached through social mobilization for vaccination campaign (Target 305,000)	305,000	208,545
% of target population who were vaccinated during the campaign	305,000	110,764
Health Output 4.6: Improved knowledge about public health issues among target population		
Indicators:	Target	Actual
# of volunteers engaged in Health promotion campaigns (Target 225)	225	225
# of people reached with Health promotion campaigns in affected communities (Target: 305,000)	305,000	97,781 people
Health Outcome 6: The psychosocial impacts of the emergency are lessened		
Indicators:	Target	Actual
% of affected population provided with PSS support	As necessary	TBD
Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff		
Indicators:	Target	Actual
# of people in affected communities provided with PSS	As necessary	TBD
# of staff and volunteers provided with PSS	280	280
<p>i. Rapid assessments in highly contagious measles-affected counties: Rapid assessment has been conducted in 8 counties (Montserrado, Bong, Margibi, Nimba, Lofa, Grand Cape Mount, Bomi, and Grand Bassa) considered the highly contagious ones according to data from the government services. Key findings are detailed in the need analysis section.</p> <p>Some 86 persons were engaged in the assessment, include NS technical staff members: health, DM, NDRTs, PGI, and Psychosocial Support (PSS). A total of 75 volunteers were mobilized for five days to support the data collection in the houses with targeted children and populations at risk. Data were also collected from County Health Team (CHT) local authorities/leaders, and community-based structures (local leaders, specific groups, etc.). IFRC Freetown Country Cluster supported the LNRCs to develop the tools for the rapid assessment during the onset of the operation; additionally, a team (The cluster Senior Operation Officer and PMER Senior Officer) conducted a one-day training for NS colleagues on the use of the Kobo collect data collection tools. The cluster team was physically involved with the rapid assessment data collection exercises in the operational locations.</p>		
<p>i. Conduct Epidemic Preparedness and Response in Communities (EPiC) with integrated Community Engagement and Accountability (CEA) training: The health and CEA teams in collaboration with the MoH and NPHIL completed a five-day ToT training for 20 LNRCs volunteers that are currently serving as supervisors for the volunteers involved with the measles DREF operation in Nimba, Bong, Bomi, Margibi, Montserrado, Grand Bassa, Grand Cape Mount. The training topics included understanding the measles virus infection, its causes, prevention, and management. Others are epidemic preparedness and prevention, Epidemic Control for Volunteers (ECV), health risk communication, community engagement, coordination, routine vaccine campaign awareness raising, case definition of measles, community mobilization, and RC knowledge. The Trainers has then cascaded these trainings to volunteers. As such, to date, 180 volunteers have been trained and deployed in the eight operational locations (Montserrado, Lofa, Bong Margibi, Grand Bassa, Bomi, Grand Cape Mount, and Nimba) and are currently supporting the MoH in creating awareness on the vaccination campaign and routine vaccine up-take.</p>		
<p>ii. Social mobilization through community engagement and risk communication actions: The Ministry of Health (MoH) launched a nationwide measles vaccination campaign in early July 2022. Before the launch, the NS already had deployed its volunteers and supervisors on high alert to support the County health teams. The NS has deployed 225 volunteers plus 20 supervisors in the 8 operation locations to support the MoH and create social mobilization. The NS' teams are deployed in the communities three days before the actual campaign days. The</p>		

NS supported the vaccination campaign through mass awareness using the sound truck system, and house-to-house engagements, The NS team is working with the County health teams to plan and implement the sound truck system activities; additionally, the NS deployed volunteers in locations where the MoH was focused for the campaign. As the result of the LNRCS volunteers involved in the measles vaccination campaign, the MoH has reported the vaccination of 110,764 children aged 9-59 months in the 8 locations, LNRCS and the MoH are still collecting data from the field; therefore, the number of children reached with the vaccination campaign is expected to increase.

iii. **Community Engagement & Accountability (CEA) and Community Feedback mechanisms:**

RCCE team is working with the NS Health colleagues to strengthen community-level feedback and data collection on key misconceptions and myths about vaccines (measles and COVID-19).

Training and town hall meetings with key community leaders are taking place. The training and community dialogue forum will help build a sense of ownership of the current response; these leaders are discussing how they can support community-level decision-making to bring out children for vaccination.

In addition, key influencers (youth and women's group leaders, peer groups, and local media) are also included in these dialogues. Volunteers are supported to collect data and provide information for feedback in the communities.

The NS has reproduced 3,000 information supports: flyers, posters, banners, T-shirts, and billboards with key prevention messages for use by volunteers for awareness raising in communities.

The NS is also in the process of developing and concluding contracts with national and local media institutions to support community-level information sharing through radio talk shows, and phone-in radio discussions. This will help the NS obtain feedback and provide lifesaving messages.

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

Indicators:	Target	Actual
# of volunteers involved in the response (Target: 280 volunteers)	280	280

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

Indicators:	Target	Actual
# of volunteers insured (Target: 280 volunteers)	280	280
# volunteers provided with visibility material and protective clothing for their safety (Target: 280 volunteers)	280	280

Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place

Indicators:	Target	Actual
# of volunteers provided with visibility items to support community engagement (Target; 225)	225	225

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

Indicators:	Target	Actual
# of CEA orientation conducted (Target: 1)	01	01
# of feedback mechanisms setup (Target: 1)	01	01
% of feedback responded to (Target: N/A)	100%	30%
# of documentaries produced (Target: 1)	01	01
# of Lessons learned workshops held (Target 1)	01	01

Progress towards outcomes

Most of the activities are completed and a continuous monitoring, technical and operational support is provided. The extension will allow the team to catching up the delay in implementation due to challenges in the response of the government on which NS response need to be aligned. Mainly regarding the alignment with Government strategy and calendar it is essential to coordinate appropriately and efficiently the county-wide vaccination campaign and outreach activities. This took until July to be in place and another round is planned for September.

The NS social mobilization effort is to support the government during immunization campaign. Moreover, the LNRCS was and is still the only partner with the MoH doing social mobilization and community-level outreach and awareness

for the measles vaccination campaign and the routine uptake. There is a planned nationwide campaign in September with the government relying on the strength of the Red Cross for success as the only organization currently supporting awareness raising and social mobilization. This proposed date falls outside the approved DREF time frame, thus the need for an extension.

Coordination and collaboration: The LNRCS are involved with the Incident Management System (IMS) meetings hosted by the Ministry of Health at the National Public Health Institute's Emergency Operation Centre. NS is also currently a key and permanent member on the Risk Communication and Community Engagement (RCCE) Pillar/taskforce for epidemic preparedness and response at the MoH and the NPHIL. The NS participated and provided technical assistance to the revision of the measles IEC materials currently in use for the response. The National Public Health Institute of Liberia (NPHIL) coordinates technical aspects of the response, whereas the Ministry of Health (MoH) oversees the coordination, monitoring, detection, and referral of cases to public health facilities; the MoH is also undertaking mass vaccination across the response counties.

Doctors Without Borders/ Médecins Sans Frontières (MSF) runs a pediatric hospital in the Barnesville suburb of Monrovia, one of the most affected health districts (Somalia Drive Health District) in Montserrado. To support the MoH response to the outbreak, MSF has made available a 28-bedroom isolation unit in its hospital and is currently treating both inpatient and outpatient measles cases. MFS is also treating and providing measles treatment kits to older persons who are infected with the virus. LRCS is collaborating with NPHIL in responding to the measles

Support MoH/NPHIL preparedness for other outbreaks, particularly measles: The LNRC and the MoH/NPHIL are yet to conduct a joint monitoring visit to the operational counties; however, all the trainings are jointly conducted and facilitated by the NS and the MoH/NPHIL including the County Health teams. The NS and the MoH/NPHIL and the CHTs jointly developed and or revised the current response tools including IEC materials.

Operating PSS Call Centres and assessment of PSS capacities at HQ and the Chapters: Three (3) volunteers have been mobilized for 3 months; they are currently providing assistance to volunteers engaged with the response; they are also collecting feedback data and linking the health, RCCE, and the operations teams with local community people and families affected by the measles outbreak directly and or indirectly. The volunteers received two-day coaching on stress management. The PSS team has already conducted an online capacity assessment of the chapters to collect and analyse the available capacities in the Chapters. The team is already utilizing the information to conduct refresher courses and reactivate the Chapter PSS Call Centers in those Chapters.

Activation and Deployment of NDRT: At the onset of the response operation, the NS mobilized 5 NDRTs of relevant profiles (health, DM, PSS, PMER, Communication/RCCE) to support the implementation. They are currently involved with operational support including training, monitoring, and reporting. Key staff and other professional volunteers are providing technical support to the operation. The deployment of NDRT has provided backup support ensuring effective response.

Communications: One of the NDRTs (Communications/RCCE) is currently attached to the Communications and CEA teams to provide surge support; to strengthen visibility and public communication on the imaging of the NS, the Communication team has produced billboards and graphics at the HQ of the NS. The billboards depict the NS activities and provide the public the opportunity to easily locate the NS. All printed materials are co-branded with the NS logo/emblem; these include flyers, banners, posters, billboards,

PMER: A monitoring and reporting NDRT is attached to the PMER Unit to provide additional capacity support. In strengthening the PMER capacity and the NS, the Freetown Cluster PMER Team continues to provide remote support in developing tools for data collection and management, to ensure performance-based systems and the overall quality and effectiveness of the operation. To support organizational learning, the Freetown Cluster PMER organized an ad hoc training session with key NS staff and volunteers on data collection and management during the rapid assessment planning and implementation. It is expected that the Freetown Cluster PMER will lead the lesson learned workshop at the end of the operation, outlining key achievements, best practices, and challenges that will be referenced when responding to future epidemics. The final narrative report will be produced three months after the end of the DREF implementation.

Logistics: LNRCS' logistical capacity remains challenged due to low capability and inadequate support. Four (4) vehicles and 10 motorcycles have been repaired to support operational priorities; while the NS also rented private vehicles to augment the operational capacity, especially for field monitoring and implementation of the activities. The procurement team remains challenged by having one staff to provide support to the operation and at the same time to other ongoing NS programs and projects.

D. Financial Report

The budget, published at the launch of the DREF operation and the DREF allocation remains unchanged (CHF CHF195,100). Total expenditure to date is CHF 106,348 with a balance of CHF 73,652.

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

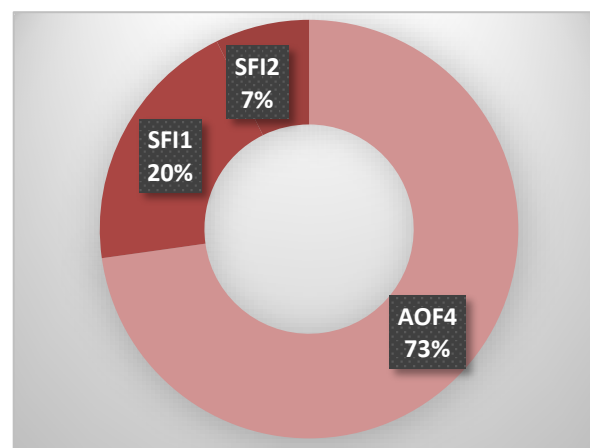
05/05/2022

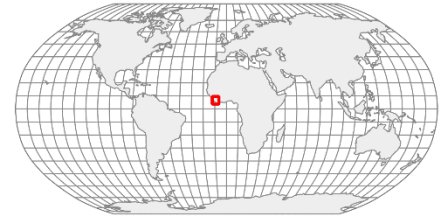
Budget by Resource

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

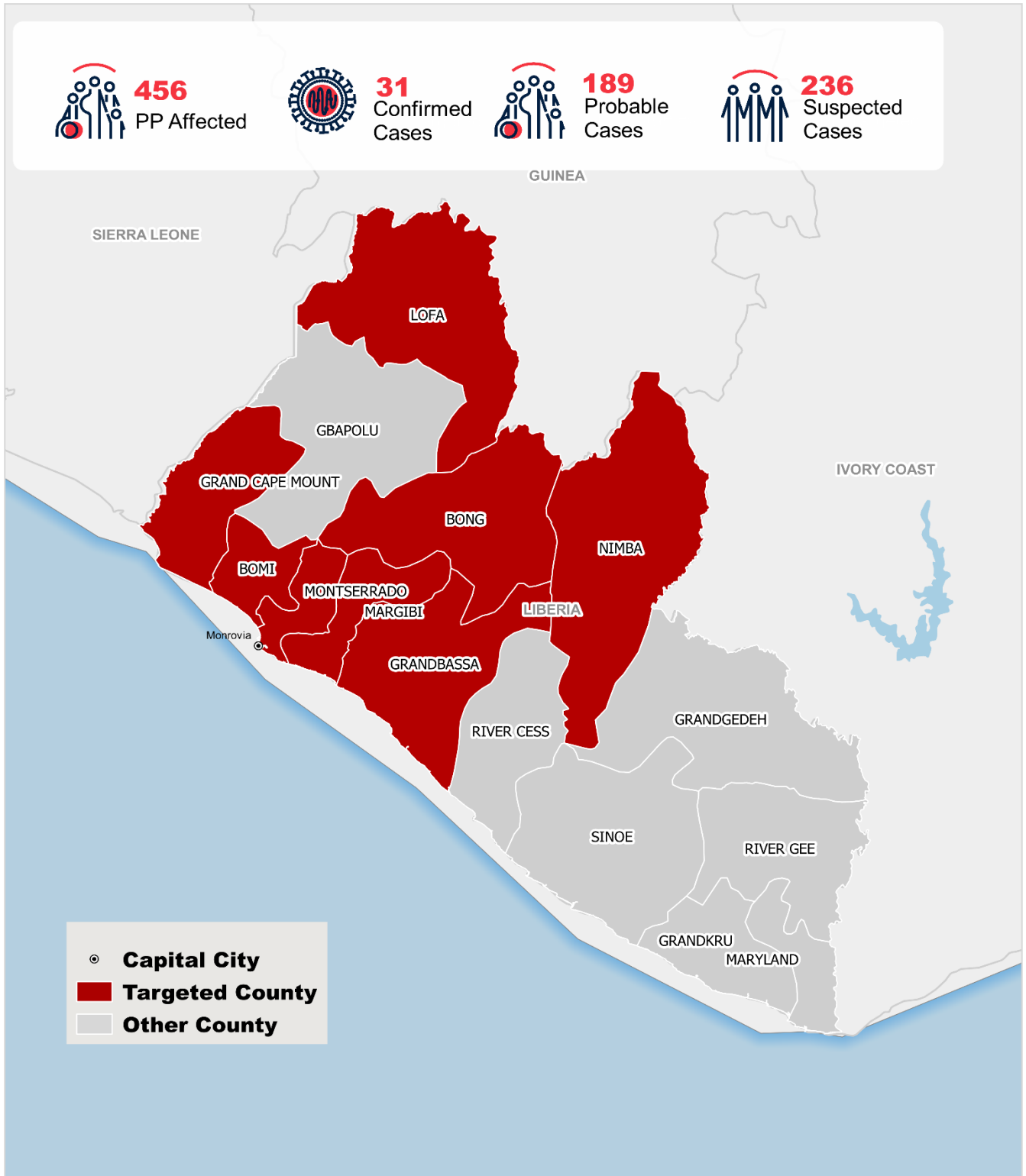
AOF4	Health	141,995
SFI1	Strengthen National Societies	38,916
SFI2	Effective International Disaster Management	14,189
TOTAL		195,100





Liberia - Measles Outbreak

5 May 2022 • EP-2022-000208-LBR



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.