DREF Operation-Final Report

Liberia | Measles

DREF operation	**Operation n° MDRLR006**
Date of Issue: 10/05/2022	**Glide number**: EP-2022-000208-LBR
Operation start date: 01/06/2022	**Operation end date:** 31 October 2022
Host National Society: Liberia Red Cross **Society**	**Operation budget:** CHF 195,100
N° of people assisted: 323,162	
Red Cross Red Crescent Movement partners currently actively involved in the operation: IFRC through the Freetown Country Cluster Delegation	
Other partner organizations actively involved in the operation: Liberia Ministry of Health, NPHIL, WHO, and UNICEF	

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, Germany, 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, Fortive Corporation and other corporate and private donors. DG ECHO and the Canadian Government contributed to replenishing the DREF for this operation. On behalf of the Liberian Red Cross Society (LRCS), the IFRC would like to extend gratitude to all for their generous contributions.

A. SITUATION ANALYSIS

Description of the disaster

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

According to the Liberian Ministry of Health (MoH), the case threshold for a measles outbreak corresponded to three to five cases reported in a single location in seven days. The National Public Health Institute's weekly update between 4 and 10 April reported 135 cases and 03 deaths in only Montserrado County. 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 cases.

Overall, 5 923 suspected cases, including 5 528 confirmed and 71 deaths (CFR: 1%) were reported from 61 health dis tricts in 15 counties. Of the confirmed cases, 6.7% (369 cases) were laboratory confirmed, 9.1% (503 cases) were clin ically confirmed, and 84.0% (4 657 cases) by epidemiological link. The median age of the affected population was 6 years (range: 1 month-67 years).

Per the World Health Organization (WHO) and the United States Centre for Disease Control and Prevention (CDC), there was a 79% increase in measles cases across the world. As such, although the situation of Liberia was not unique if resources were not mobilized, the already fragile health system would have had negative consequences on the outbreak.

Summary of current response

Overview of Host National Society

Liberia Red Cross Society (LRCS) has a strong capacity in community-based programming. Experiences from the EVD and COVID-19 responses provided 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

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staff were deployed in counties and districts and conducted robust mass awareness through social mobilization and risk communication and community engagement.

Timely mobilization of National Disaster Response Teams (NDRTs) members, training of volunteers and enhancement of coordination and collaboration with the MoH and the NPHIL strengthened the relationship with the Government.

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

Through this DREF operation and coordination with Government, the following were part of the response to measle outbreak:

- Some 300 volunteers and 5 NDRT members were mobilized and put on alert to support response operation. This included 20 supervisors.
- Some 225 of the trained volunteers were deployed in the response while the 5 NDRT members supported the operation from HQ and at field level.
- Conducted public awareness and sensitization in 8 counties through LNRCS volunteers collaborating with County health structures.
- The NS supported the MoH and NPHIL to develop and produced over 3,000 pieces of assorted measles awareness IEC materials (posters), the materials were prepositioned in operational locations and later deployed to health facilitates used for the measles vaccination campaign. As of October 2022, a total of 110,764 (male-30,972, Female - 41,736) children between the ages of 9 months to 59 months were vaccinated in the 8 operational locations.
- A total of 323,162 people were reached through house-to-house awareness, and mass awareness in marketplaces, communities, and other public places.
- Training was provided to the volunteers and supervisors on Kobo collect, and assessment which supported rapid assessment.
- 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 on measles were shared.
- A total of 1,152 measles suspected cases were referred by Red Cross volunteers presenting symptoms which among others include skin rash, fever, sore in mouth and throat, and red eyes.
- LRCS logistic capacity was increased. Motorbikes and vehicles were repaired and/or serviced to enhance and strengthen the efficiency and effectiveness of the response. The logistics were used to facilitate supervision, especially during the vaccination campaign and during the routine vaccine promotions in the counties.

Community Engagement and accountability was 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) was mainstreamed, throughout the operations and integrated through specific themes to ensure gender, age, disability-specific vulnerability, and protection risk were considered in the response.

Overview of Red Cross Red Crescent Movement in country

With the recent restructuring in the Africa Region related to the IFRC's Agenda for Renewal, Liberia has since July 2021 been attached to the IFRC Freetown Country Cluster Delegation (CCD). The Delegation covers three other National Societies including Guinea, Sierra Leone, and Guinea Bissau. The Freetown Country Cluster Delegation throughout the implementation of the DREF provided technical support to the LRCS in the areas of Operations, PMER, and Finance.

On 10 May 2022, IFRC released the DREF allocation amounting to CHF 195,100 to support LRCS respond to the Measles outbreak. The aim of the support through DREF was to provide public health/community-based support to 305,000 people (50,833 households) in the eight most affected counties and support a 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.

The IFRC Senior Operations and PMER Officers supported the LRCS develop the rapid assessment tools; designing the rapid assessment; and 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 Shôken 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) run until 31st December 2022. The project is funded by the Embassy of Sweden

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(EoS) through the Swedish International Development Agency (SIDA). The Swedish Red Cross, in addition to the SIDA/EoS fund, is supporting the LRCS recovery in many of its Organizational Development (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 April 2023.

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 already started.

Overview of non-RCRC actors in country

The National Public Health Institute of Liberia (NPHIL) coordinated technical aspects of the response, whereas the Ministry of Health (MoH) led coordination, monitoring, detection, and referral of cases to health facilities, and conducted 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) ran a paediatric 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 made available a 28-bedroom isolation unit in its hospital and treated both inpatient and outpatient measles cases. MSF also treated and provided measles treatment kits to older persons who were infected with the virus.

WHO, UNICEF, and US-CDC also supported government efforts in the response, especially with 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 ensured coordination of actions through Information Management meetings at the National level and County Health Team Emergency Response meetings at the County level.

Needs analysis and scenario planning

The DREF request was launched based on initially identified needs or gaps in the response by the ministry of health, with a cost allocated to support rapid assessments to confirm findings and/or to identify new ones, hence adjusting the operation accordingly. Initially identified gaps included:

- 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.

At the onset of the response, a Rapid Assessment for the Measles Outbreak was conducted targeting health personnel at County, District, and Health Facility levels in the eight counties where the DREF was implemented. LRCS NDRT, Technical colleagues, branches, and volunteers conducted the assessment engaging 527 people from 1 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 the 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 were based on health practitioners' and communities' data collection interviews against a structured questionnaire; hence, the assessment was limited to the findings and lacks an in-depth analysis of the investigation of cases and responses.

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Key Assessment highlights:

- Measles cases in counties assessed principally occurred in unvaccinated populations in both adults and children. Medium outbreaks with low fatalities were reported and in counties that had previously eliminated or interrupted endemic transmission.
- Cases were reported in all counties, districts, and communities assessed as at risk in the 8 counties.
- Vaccination coverage and occurrence of cases were 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 highlighted 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 was crucial in increasing the understanding of community members and increasing the rate of vaccination. The increased proportion of cases among children and adults also highlighted 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 was 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 were 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 neighboring counties to support the Community Health Volunteers (CHVs) in the affected communities.

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. The Rapid assessment recommended that the Ministry of Health (MOH), County Health Team, and partners mobilize to conduct an emergency measles vaccination campaign in the eight counties assessed targeting children under 5 years. Although the assessment was limited to eight counties to be supported by IFRC Measles DREF response, 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.

Operation 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 was evident 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 outbreaks. The current health system challenges affect the outbreak, and the communities' perceptions of vaccination undermined 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 the response reported cases during the response; nevertheless, the extension of the DREF operation enabled the LNRCS to assist the government effort in laying more emphasis on the routine vaccine which contributed to stopping the measles outbreak.

The rapid assessment results show that the measles virus also affected adults (men and women) between the ages of 18 and 35 years, but the government target for the intervention focused on children aged 9-59 months for free vaccine and treatment at government health facilities, while the adults who took care of the children were left to treat themselves. This action from the government strategy triggered and promoted traditional home-based treatment.

B. OPERATIONAL STRATEGY

Proposed strategy

Overall Operational objective

The overall objective of this operation was 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.

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Rapid detection and encouragement of early health-seeking behaviours at health facilities, coupled with education to motivate the adoption of protective practices, were the LRCS's 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: 323,162
Male: 113, 886
Female: 209,276

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)	100	106
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	8	8
# of affected population reached through support with health activities	305,000	323,162
Health Outcome 4: Transmission of diseases of epidemic potential is reduced		
Indicators:	**Target**	**Actual**
# of volunteers trained in EPiC	280	325
# of trained EPiC volunteers engaged in the operation	225	225
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		
Indicators:	**Target**	**Actual**
# of cases referred by volunteers	TBD	1,152
# of visits conducted for supervision and monitoring of data collection (minimum)	6	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)	8	10
# of people reached through social mobilization for vaccination campaign	305,000	323,162
% of target population who were vaccinated during the campaign	TBD	30%
Health Output 4.6: Improved knowledge about public health issues among target population		
Indicators:	**Target**	**Actual**
# of volunteers engaged in Health promotion campaigns	225	243
# of people reached with Health promotion campaigns in affected communities	305,000	323,162
Health Outcome 6: The psychosocial impacts of the emergency are lessened		
Indicators:	**Target**	**Actual**
% of affected population provided with PSS support	TBD	59
Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff		
Indicators:	**Target**	**Actual**

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# of people in affected communities provided with PSS	TBD	323
# of staff and volunteers provided with PSS	225	140

- **Rapid assessments in highly contagious measles-affected counties:**

A Rapid assessment was conducted in 8 counties (Montserrado, Bong, Margibi, Nimba, Lofa, Grand Cape Mount, Bomi, and Grand Bassa) that were considered highly contagious according to data from the ministry of health. The assessment team was comprised of NS technical staff members including health, Disaster Management, NDRTs, PGI, Psychosocial Support (PSS), and 75 volunteers using a tool developed jointly by the NS and IFRC Freetown Country Cluster Team. The assessment targeted 86 respondents from County Health Team (CHT), District Health Team, local authorities/leaders, and community-based structures (local leaders, specific groups, etc.).

IFRC Cluster Team supporting the finalization of the assessment tool.

Findings of the rapid assessment established that measles cases in the Counties assessed principally occurred in unvaccinated populations in both adults and children. Medium outbreaks with low fatalities have been reported in counties that had previously eliminated or interrupted endemic transmission.

Cases were reported in all counties, districts, and communities assessed. Vaccination coverage and occurrence of cases were unequal within communities and demographic groups. Prior to the assessment, the Ministry of Health had 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 without the use of IEC materials.

The high proportion of cases among young adults and children above vaccination age highlighted the importance of increased public education and awareness-raising, using measles-specific IEC materials, soundtracks, and radio discussions in local dialects. It was established that robust Measles awareness among these populations had the potential to increase understanding of community members and scale up the rate of vaccination. The increasing proportion of cases among children and adults also highlighted 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 the eight counties targeted for Red Cross intervention was 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 were 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.

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Interview with a CHW during the Rapid Assessment

- **Conduct Epidemic Preparedness and Response in Communities (EPiC) with integrated Community Engagement and Accountability (CEA) training:**

A five-day training of trainers facilitated by the health and CEA teams in collaboration with the MoH and NPHIL was conducted for 20 LRCS volunteers that served as supervisors for the volunteers that were involved in the measles DREF operation in the eight counties. The training covered understanding the measles virus infection: its causes, case definitions, prevention and management, epidemic preparedness and prevention, Epidemic Control for Volunteers (ECV), health risk communication, coordination, routine vaccine, community mobilization, and Red Cross knowledge. Trainers of the five-day training cascaded training to community-based volunteers prior to their deployment to support the Ministry of Health in creating awareness of the vaccination campaign and routine vaccine uptake in their respective communities and neighboring communities.

Volunteers roll training in Bong Chapter

- **Social mobilization through community engagement and risk communication actions:**

The identification of volunteers was fast overall. The previous COVID-19 response helped to quickly achieve this goal as the volunteers were already identified. It was easy to contact and mobilize them. However, for the new counties, the interventions took time. A total of 225 volunteers and 20 supervisors were identified. The NS through the DREF operation trained and deployed 225 volunteers and 20 volunteer supervisors in the 8 operational locations. The NS team worked with the County health teams to plan and implement the sound truck system activities. The NS deployed volunteers in locations where the MoH was focused for the campaign. Volunteers deployed have supported the MoH with social mobilization through mass awareness using the sound truck system, and house-to-house engagements. Volunteers' engagement educated communities on the measles virus, raised their understanding for taking actions such as accessing the vaccines at health facilities, and reduced the myths, misconceptions and use of traditional herbs which were not proven as cures to all symptoms of the virus. Over 3,000 assorted IEC materials were developed and adopted by the NS, MoH, and NPHIL, and used by volunteers during awareness. Volunteers also cautiously conducted COVID-19 awareness sessions, especially on vaccines during their community engagement activities. Volunteers' dissemination of the COVID-19 vaccines helped to dispel myths and misconceptions, thus reducing the high level of hesitancy toward the vaccine.

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Mother engaged in home visit during the awareness.

Red cross volunteer supporting vaccination campaign.

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

During the measles response, training and town hall meetings with key community leaders were held, which build a sense of ownership of the response; these leaders supported community-level decision-making which brought out children for vaccination. In addition, key influencers (youth and women's group leaders, peer groups, and local media) were included in the dialogue sessions.

The RCCE Team of the NS were robust in strengthening community-level feedback and data collection on key misconceptions and myths about vaccines (measles and COVID-19). Some of the community concerns and questions were gathered through face-to-face meeting, live radio discussion, sound truck engagement, and social media (Facebook). Engagements were held with medical doctors and other specialists/expert to provide answers to the community concerns and questions that helped in providing appropriate feedback. Volunteers supported data collection and provided information for feedback in the communities. The NS also reproduced IEC materials: flyers, posters, banners, T-shirts, and billboards with key prevention messages for use by volunteers for awareness raising in communities. The NS also contracted national and local media institutions to support community-level information sharing through radio talk shows, and phone-in radio discussions. This helped the NS obtain feedback and provide lifesaving messages. Through our engagements, some of the feedback received and questions included:

- Fear of children being vaccinated with COVID-19 vaccine rather than the measles vaccine.
- Traditional herbs are faster than vaccines for measles.
- No treatment for measles victims and Vaccines will not cure children with signs of measles.
- They have never heard of availability of vaccines for measles only when COVID-19 vaccines are now available.
- Why is measles now affecting older people when in the past it was referred to as children's sickness?
- Whether measles vaccinated people were safe forever or risk being affected again after some years?
- Whether the Measles vaccine is effective against or could cure other childhood diseases?

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- What is the long-term health effect of a child who suffered Measles on many occasions without proper treatment?
- Can a mother continue to breastfeed her child who suffered from Measles?
- Why was the Red Cross now considering the issue of Measles as an emergency and calling for the vaccination of children?

Community was engaged to address the above feedbacks and frequently asked questions. The leaders and community meetings as well as door to door were well utilised to ensure the concerns, opinions, and interest of the communities were carefully observed and documented during the implementation, which served as a tool for further planning and information sharing with partners. Communities were also informed on the role of Red Cross in the response as a way of managing expectations and were provided with channels for feedback and complaints related to the operation. As a result of this, communities increased trust, and cooperation with the response, which added to the success of the response. Issues of belief, gender, and inclusion were treated in line with standards and commitment in emergencies and in line with the LRCS PGI policy. NS Call Centre was also used to receive feedback, offer remote PSS, and link the health and operations teams to provide appropriate responses.

Use of Sound Truck in Mass community awareness

Challenges

- Poor road networks hampered the accessibility of field teams and vaccination teams to some communities.
- Initially, there was a shortage of measles vaccines. These were later sourced from health facilities within the county.

Lessons Learned

- The measles outbreak in the eight counties and response enabled NS to understand that the measles epidemic can arise and progress rapidly. It can also cause many deaths in a very short time. As such, the intervention must be rapid, multidisciplinary, and integrate the community through the CEA approach. Community engagement is the key to timely response to measles outbreak.
- Heightened surveillance – sensitization of all health care providers to be on high alert helped to identify and report suspected measles cases as per the measles case definition, investigation, and reporting guidelines.
- Continuous laboratory tests and immediate feedback for action on suspected cases was useful in informing prompt actions to treat and curb the spread of cases.
- Case management as per measles guidelines which includes training/sensitization of all health workers on measles case management at National, County Health Teams and District Health Teams. This improved the skills and competence of the health care workers to be able to identify suspicious cases and provide quality care to identified cases.
- Strengthening of routine vaccination including outreach vaccination services especially in high-risk low coverage and hard-to-reach areas was useful in reducing the number of new infections.
- Health education/social mobilization using sound trucks to sensitize the public on the measles outbreak and their responsibilities in prevention and control helped create awareness to a wider population.

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	280	280
Output S1.1.4: National Societies have effective and motivated volunteers who are protected		
Indicators:	**Target**	**Actual**
# of volunteers insured	280	280
# volunteers provided with visibility material and protective clothing for their safety	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	225	225
Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved		
Indicators:	**Target**	**Actual**
# of CEA orientation conducted	01	01
# of feedback mechanisms setup	01	01
% of feedback responded to	100%	71%
# of documentaries produced	01	01
# of Lessons learned workshops held	01	01

Progress towards outcomes

- **Volunteers' insurance:** Volunteers that were identified, trained, and deployed were insured throughout the measles response.

- **Operating PSS Call Centres and assessment of PSS capacities at HQ and the Chapters:** Three (3) volunteers were mobilized for 3 months; they provided assistance to volunteers engaged with the response; and also collected feedback data and linked 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 conducted an online capacity assessment of the chapters to collect and analyse the available capacities in the Chapters. Information gathered informed refresher training and reactivated the Chapter PSS call Centers.

- **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 were involved with operational support including training, monitoring, and reporting. Key staff and other professional volunteers provided technical support to the operation. The deployment of NDRT provided backup support ensuring effective response.

- **Lessons Learnt workshop**: A two-day lesson learned workshop was conducted at the end of the operations facilitated by the NS and IFRC PMER units. The workshop was attended by the DREF implementing team at NS and county level, partners, and the senior management team, and brainstormed major achievements, challenges, and key recommendations. Some of the key learning points from the workshop are included under each relevant sector.

Liberia Measles response Lesson learned workshop.

Lessons Learnt

- Strengthening of Monitoring and Evaluation processes during measles response and vaccination campaigns provided a means to track on population reached while confirming the contribution of the operation in reducing the number of cases.
- Timely coordination and continuous planning with all stakeholders are crucial to ensure preparedness and effective response.

D. Financial Report

The DREF Plan of action sought 195,100 Swiss francs (CHF). The total expenditure recorded was CHF 180,562. Of the operation budget 92.5% was spent, leaving a balance of Swiss francs CHF 14,538 to be returned to the DREF pot.

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance	Variance percentage	Variance explanations
Logistics, Transport & Storage	**27,049**	**25,941**	**1,108**	**4**	
Transport & Vehicles Costs	27,049	25,941	1,108	**4**	
Personnel	**77,856**	**84,694**	**-6,837**	**-9**	The operational imperative led to prioritize volunteers' deployments and reduce some National Society staff mission which was combined to reduce the cost.
National Staff	7,615	7,363	252	**3**	
National Society Staff	19,252	9,005	10,247	**53**	
Volunteers	50,990	68,326	-17,336	**-34**	Deployment of volunteers were extended to continue the social mobilization and awareness, taking advantage of savings under other budget lines.
Workshops & Training	**59,892**	**46,726**	**13,166**	**22**	Less budget where finally used for the trainings but all the furniture and printings related to trainings was recorded under "office furniture".
Workshops & Training	59,892	46,726	13,166	**22**	
General Expenditure	**18,395**	**12,181**	**6,214**	**34**	Details below
Travel		1,866	-1,866	**-100**	Cost for supervisions and international travel by Secretariat cluster operation and PMER.
Information & Public Relations	8,256	9,896	-1,640	**-20**	Printing cost and IEC took more budget than planned.
Office Costs	2,778	5,726	-2,948	**-106**	More furniture and printings needed for sensitization, feedback collections and other volunteers' activities on the field.
Communications	6,499	4,899	1,600	**25**	Less costs needed for communication of the team and budget used to compensate travels for supervisions and office costs furniture and printings for direct sensitizations
Financial Charges	862	-10,205	11,067	**1284**	System automates charges. Low value of local currency led to significant loss, especially in December 2022.
Indirect Costs	**11,908**	**11,020**	**887**	**7**	
Programme & Services Support Recover	11,908	11,020	887	**7**	
Grand Total	**195,100**	**180,562**	**14,538**	**7**	

Contact information

Reference documents

Click here for:

- Operation Update
- Emergency Plan of Action (EPoA)

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- Operation manager, Santiago Luengo, Senior Officer, DCPRR unit Geneva; email: santiago.luengo@ifrc.org
- **DREF:** Nicolas Boyrie, DREF Lead, email: nicolas.boyrie@ifrc.org
- **DREF:** Eszter Matyeka, DREF Senior Officer, DCPRR Unit Geneva; email: eszter.matyeka@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- IFRC Africa Regional Office for Resource Mobilization and Pledge: Louise Daintrey, Head of Unit, Partnership and Resource Development, Nairobi, email: louise.daintrey@ifrc.org

For In-Kind donations and Mobilization table support:

- **IFRC Africa Regional Office for Logistics Unit:** Rishi Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

For Performance and Accountability support (planning, monitoring, evaluation, and reporting enquiries)

- **IFRC Africa Regional Office:** Beatrice Okeyo, Regional Head PMER & Quality Assurance; email**:** beatrice.okeyo@ifrc.org; phone: +254 732404022

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.

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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Selected Parameters			
Reporting Timeframe	2021/05-2023/1	Operation	MDRLR006
Budget Timeframe	2021/05-2022/10	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 28/Feb/2023

All figures are in Swiss Francs (CHF)

MDRLR006 - Liberia - Measles Outbreak

Operating Timeframe: 07 May 2022 to 31 Oct 2022

I. Summary

Opening Balance	**0**
Funds & Other Income	**195,100**
DREF Allocations	195,100
Expenditure	**-180,562**
Closing Balance	**14,538**

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			**0**
PO02 - Livelihoods			**0**
PO03 - Multi-purpose Cash			**0**
PO04 - Health	141,995	128,381	**13,614**
PO05 - Water, Sanitation & Hygiene			**0**
PO06 - Protection, Gender and Inclusion	14,189	15,104	**-915**
PO07 - Education			**0**
PO08 - Migration			**0**
PO09 - Risk Reduction, Climate Adaptation and Recovery			**0**
PO10 - Community Engagement and Accountability			**0**
PO11 - Environmental Sustainability			**0**
Planned Operations Total	**156,184**	**143,485**	**12,699**
EA01 - Coordination and Partnerships			**0**
EA02 - Secretariat Services			**0**
EA03 - National Society Strengthening	38,916	37,077	**1,839**
Enabling Approaches Total	**38,916**	**37,077**	**1,839**
Grand Total	**195,100**	**180,562**	**14,538**

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021/05-2023/1	Operation	MDRLR006
Budget Timeframe	2021/05-2022/10	Budget	APPROVED

Prepared on 28/Feb/2023

All figures are in Swiss Francs (CHF)

MDRLR006 - Liberia - Measles Outbreak

Operating Timeframe: 07 May 2022 to 31 Oct 2022

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Logistics, Transport & Storage	**27,049**	**25,941**	**1,108**
Transport & Vehicles Costs	27,049	25,941	1,108
Personnel	**77,856**	**84,694**	**-6,837**
National Staff	7,615	7,363	252
National Society Staff	19,252	9,005	10,247
Volunteers	50,990	68,326	-17,336
Workshops & Training	**59,892**	**46,726**	**13,166**
Workshops & Training	59,892	46,726	13,166
General Expenditure	**18,395**	**12,181**	**6,214**
Travel		1,866	-1,866
Information & Public Relations	8,256	9,896	-1,640
Office Costs	2,778	5,726	-2,948
Communications	6,499	4,899	1,600
Financial Charges	862	-10,205	11,067
Indirect Costs	**11,908**	**11,020**	**887**
Programme & Services Support Recover	11,908	11,020	887
Grand Total	**195,100**	**180,562**	**14,538**