



Red Cross volunteers are working with children and their parents on the promotion of vaccination. Photo credits: Red Cross Society of Bosnia and Herzegovina

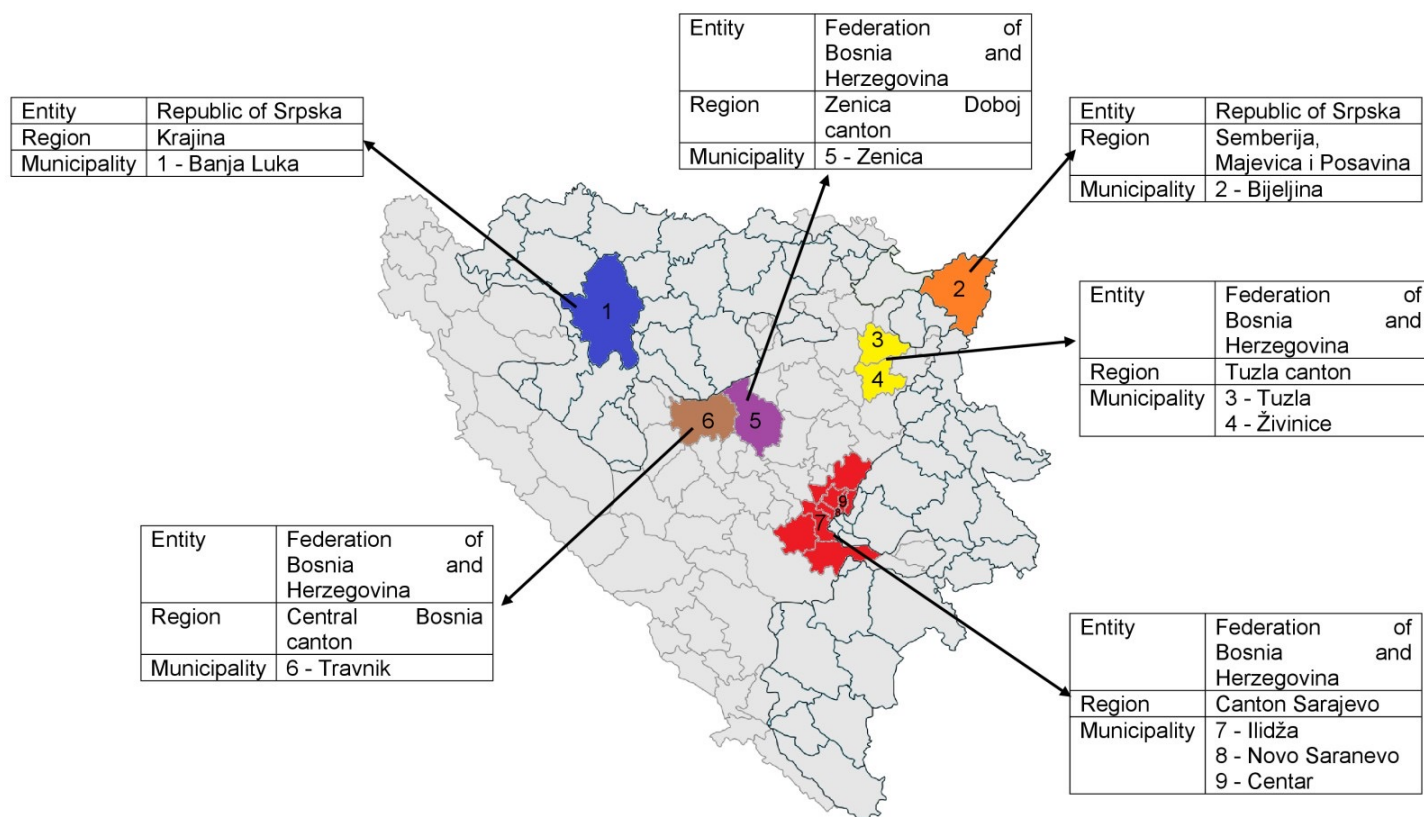
Appeal: <b>MDRBA016</b>	Country: <b>Bosnia and Herzegovina</b>	Hazard: <b>Epidemic</b>	Type of DREF: <b>Response</b>
Crisis Category: <b>Yellow</b>	Event Onset: <b>Slow</b>	DREF Allocation: <b>CHF 118,430</b>	
Glide Number: <b>EP-2024-000050-BIH</b>	People Affected: <b>15,000 people</b>	People Targeted: <b>7,650 people</b>	
Operation Start Date: <b>2024-04-20</b>	Operation Timeframe: <b>4 months</b>	Operation End Date: <b>31-08-2024</b>	DREF Published: <b>22-04-2024</b>

Targeted Areas: **Federacija Bosne i Hercegovine, Republika Srpska**

# Description of the Event

## Date when the trigger was met

2024-04-09



Map of Bosnia and Herzegovina with affected areas

## What happened, where and when?

The outbreak of measles in Bosnia and Herzegovina (BiH) began at the beginning of 2024. Initially, in January and February 2024, the highest number of cases were recorded in Bijeljina, Banja Luka, and the Tuzla Canton, specifically in the cities of Tuzla and Živinice. Subsequently, the number increased in the Sarajevo Canton, especially in mid March, where it is still on the rise. Measles cases have also been reported in the Brčko District of BiH. In addition to measles, cases of pertussis (whooping cough) and varicella (chickenpox) are also being recorded.

According to official data from the Institute of Public Health of the Federation of BiH, in the last three months, from January to April 2024, a total of 1,749 cases of measles have been reported, with the highest number in the Sarajevo Canton (1,243 cases), Tuzla Canton (423 cases), Zenica-Doboje Canton (56) and Central-Bosnia Canton (23). Comparing monthly data, a significant increase can be observed from 76 cases in January 2024 to 289 cases in February and 949 cases in March 2024. 88 cases of pertussis were also reported in the Zenica-Doboje Canton from January to March 2024. Hospital visits have now been prohibited due to this situation.

Following the epidemiological situation in Bosnia and Herzegovina through daily, weekly, and monthly reports from the Institute of Public Health, it was noted that in the last week of March 2024, the number of confirmed measles cases suddenly increased fourfold, especially in Sarajevo. Considering that the peak of the epidemic (late March) recorded 1,017 cases, and with 252 cases reported in just the first week of April, it is presumed that the number of confirmed cases will exceed the total for the previous three months. In the last week of March 2024, a meeting was held with representatives from the World Health Organization (WHO) country office in BiH. In the first week of April, another meeting was held with representatives from the Institute of Public Health. Official information from both the Institute of Public Health and the WHO country office from 9 April confirmed the need for the Red Cross Society of Bosnia and Herzegovina to be involved in supporting efforts to control epidemics and conduct promotional and educational campaigns.

Additionally, a meeting between the Red Cross Society of Bosnia and Herzegovina and the Public Health Institute of the Federation of BiH was held on April 9 regarding the current measles and epidemics in the country. During the meeting with the Public Health Institute, it



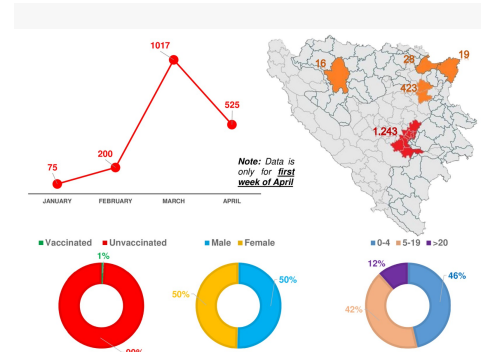
was agreed to initiate more concrete activities working with local communities and emphasize the importance of additional vaccine promotion. As a result, the meeting served as the trigger to initiate the DREF request.



Healthy Lifestyle workshops for children.  
Photo credits: RCSBiH



Red Cross working with minors in migrant camp in Sarajevo. Photo credits: RCSBiH



Epidemiological chart of Measles outbreak

## Scope and Scale

Nationwide data has indicated that there have been 99 cases of measles among children aged 0-1 years old, 731 among children aged 1-4 years old, and 483 cases among children aged 5-9 years old. Additionally, there have been 130 cases of measles reported among individuals aged 30 to 65 years.

By the end of the first week of April, a total of 1,243 cases of measles have been reported in the Sarajevo Canton. The majority of cases were among children aged 1 to 4 years (42.4%), followed by the age group of 5 to 9 years (29%) and the age group of 10 to 14 years (11%). Two deaths from these diseases have been confirmed in Sarajevo.

Due to the high number of cases, a measles epidemic was declared in the Sarajevo Canton on 10 February 2024. In addition to the measles outbreak, Sarajevo Canton has also been burdened with a higher number of pertussis cases. The Ministry of Health of the Sarajevo Canton declared an epidemic of pertussis, also known as whooping cough, on March 12 for the territory of the canton. A total of 112 cases of pertussis were recorded in the Sarajevo Canton from January to March 2024.

A measles epidemic was also declared in Bijeljina in February 2024, followed by one in Banja Luka. According to official data from the Institute of Public Health of Republika Srpska, there have been 40 cases of measles and 125 cases of pertussis reported. The highest number of pertussis cases was recorded in Banja Luka, totaling 105 people. In the Brčko District of BiH, 28 cases of measles have been reported. According to official data, the vaccination rate in this area is only 52 per cent.

Finally, due to the deteriorating epidemiological situation in the Tuzla Canton, the Ministry of Health of the Tuzla Canton issued an order declaring a measles epidemic on 23 February 2024, upon the proposal of the Institute of Public Health of the Tuzla Canton. In addition to measles, 69 cases of pertussis were recorded in the Tuzla Canton from January to March 2024.

Additional complications arose due to high rates of chickenpox infections. During the period from January to March 2024, close to 1,500 cases of chickenpox were recorded in BiH. The highest numbers were reported in the Sarajevo Canton (357), Tuzla Canton (308), Una-Sana Canton (296), and Herzegovina (260). This data represents the situation for January and February 2024.

The measles outbreak is expected to lead to increased cases of severe illness, hospitalizations, and fatalities, especially among unvaccinated or under-vaccinated individuals, infants, children, and those with compromised immune systems, as evidenced by the two fatalities already confirmed.

The national healthcare infrastructure is also experiencing additional strain due to increased demand for medical services, hospital beds, and medications. Public health systems may face challenges in managing the outbreak effectively. People who have not received the recommended measles and pertussis vaccinations are at higher risk of contracting and spreading the diseases, particularly infants who are too young to be fully vaccinated. Young children, especially those under 1 year old, are highly vulnerable to severe complications from measles and pertussis, and they may require intensive medical care and are at risk of long-term health effects.

Furthermore, families may face economic strain due to healthcare costs, missed workdays to care for sick family members, and disruptions in childcare arrangements. The outbreak also impacts people's mental health, causing significant stress, anxiety, and fear among the population, particularly parents worrying about the health of their children and the overall community's health.



According to the national health authorities, less than 60 per cent of the population in BiH is vaccinated against measles and rubella. In 2022, BiH achieved a vaccination rate of 60 per cent with two doses of the measles vaccine, which is significantly below the prescribed level of the World Health Organization. According to the World Health Organization, at least 95 percent of children must be fully vaccinated, meaning they should receive two doses of the MMR (measles, mumps, rubella) vaccine to achieve herd immunity and prevent further spread of the epidemic. Historically, prior to the COVID-19 pandemic, vaccination rates were significantly higher, resulting in isolated and very low case numbers of communicable diseases. However, following the pandemic, there has been a decline in trust of vaccines and the public healthcare system due to the mis- and disinformation, including various myths, especially those suggesting vaccines cause autism and various autoimmune diseases. This distrust is evident by the fact that currently, among people infected with measles, the vaccination rate is around 0.5 per cent.

## Source Information

Source Name	Source Link
1. Public Health Institute of Federation BiH	<a href="https://www.zzjzfbih.ba/">https://www.zzjzfbih.ba/</a>
2. Public Health Institute of Republika Srpska	<a href="https://www.phi.rs.ba/">https://www.phi.rs.ba/</a>
3. Public Health Institute of Sarajevo Canton	<a href="https://zzjzks.ba/">https://zzjzks.ba/</a>

## Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population group?	-
Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-

**If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:**

-

### Lessons learned:

Although the Red Cross Society of Bosnia and Herzegovina (RCSBiH) has not previously dealt with operations in response to measles epidemics, the organization has extensive experience in responding to the COVID-19 pandemic. This experience was gained through project implementation in collaboration with UNICEF, USAID, WHO, and through the IFRC COVID-19 Emergency Appeal. Lessons learned from the COVID-19 pandemic have further strengthened the national society's capabilities in creating sensitized vaccination campaigns and preventing the spread of infections. Additionally, as a major player in the COVID-19 pandemic, RCSBiH has built an image and position among health and other authorities as a representative organization for promoting and protecting public health.

In addition, due to frequent floods, several DREF operations have been conducted with IFRC support. In the last two years, through two DREFs, RCSBiH has focused on community health, health promotion, and prevention of infections due to contaminated food and water within flood response frameworks. Attention has also been given to the WASH component. These activities have underscored the significance of community health care in every crisis situation.

All experiences from previous DREFs and other operations will be utilized as an additional value for the implementation of this DREF operation.



# Current National Society Actions

## Start date of National Society actions

2024-04-03

<b>Health</b>	<p>When a drastic increase in cases was observed at the end of March, RCSBiH collaborated with Public Health Institutes in both Republika Srpska and the Federation of BiH to determine necessary actions. These institutes requested support in promoting health, emphasizing the importance of vaccination, and conducting educational activities in communities.</p> <p>During the last week of March, the headquarters of the Red Cross Society of Bosnia and Herzegovina, as well as the entity health coordinators, were in contact with public health institutes coordinating and observing the situation. Additionally, a meeting was held with the World Health Organization office in BiH on March 29, as well as with the Public Health Institute of the Federation of BiH on April 9, regarding the current measles and pertussis epidemics in the country.</p> <p>During the meeting with the Public Health Institute, it was agreed to initiate more concrete activities working with local communities and emphasize the importance of additional vaccine promotion. These joint efforts aimed to decide when to activate a response to the outbreak.</p> <p>In collaboration with the the Red Cross of the Federation of Bosnia and Herzegovina and the Red Cross of Republika Srpska, data was analysed from the Public Health Institute regarding the current epidemiological situation and the number of recorded cases.</p> <p>In response to the epidemics and the identified low vaccination rates, the Red Cross Society of Bosnia and Herzegovina held a press conference highlighting the importance of vaccinations to improve the situation with measles for World Health Day (7 April).</p>
<b>Community Engagement And Accountability</b>	<p>The Red Cross of Federation of BiH and Red Cross of Republika Srpska have established coordination with the Public Health Institutes have begun to respond to the crisis at the national and regional levels.</p> <p>Field assessments have been conducted on April 2 and updated on April 4, and secondary data on cases have been collected, along with an analysis of the affected population's demographics. Vulnerable categories of people have been identified, leading to the development of an action plan based on the established needs and vulnerabilities.</p> <p>Due to significant misinformation and disinformation about vaccines among the population, an increasing number of young parents are deciding not to vaccinate their children out of fear that it may worsen their children's health conditions, lead to autism, and similar concerns.</p> <p>The COVID-19 pandemic has led to a decrease in public trust in vaccines, contributing to low vaccination rates and a general reluctance to accept all vaccines. Significant efforts are needed to promote and preserve health, emphasize the importance of immunization, and prevent diseases.</p> <p>An assessment of the Red Cross' structural needs for crisis response has been conducted, along with the development of a crisis communication plan. Initial research has been conducted on knowledge, behaviors, and beliefs among the population regarding vaccinations to identify common myths, misunderstandings, and misinformation related to measles and pertussis vaccines. Channels for disseminating vaccination information have been identified, along with establishing communication with communities through various channels.</p>



# IFRC Network Actions Related To The Current Event

<b>Secretariat</b>	<p>The IFRC has a well established presence in the country as the Country Cluster Delegation for Central and Southeastern Europe (CCD CSEE) is located in Sarajevo, BiH. The IFRC is providing technical support with the preparation of this DREF application. The Red Cross Society of BiH has also informed the Health team at the IFRC Regional Office for Europe and Central Asia about the current measles epidemic and its DREF application.</p>
<b>Participating National Societies</b>	<p>The Turkish Red Crescent is present in country as well as the Swiss Red Cross. However, they are not involved directly in this response.</p>

# ICRC Actions Related To The Current Event

The ICRC is present in country, but not involved in this response.

# Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	<p>No</p>
<b>National authorities</b>	<p>The Federal Public Health Institute, Public Health Institute of the Republika Srpska, Health department of the Brčko District BiH, Ministries of Health in both Republika Srpska and the Federation of BiH, and Public Health Institutes of Sarajevo and Tuzla Cantons are providing data on the number of affected people. They also coordinate with primary health centers in the immunization process.</p> <p>When a drastic increase in cases was observed at the end of March, RCSBiH collaborated with Public Health Institutes in both Republika Srpska and the Federation of BiH, responding to their request for support in promoting health and emphasizing the importance of vaccination, as well as conducting educational activities in communities.</p> <p>During the last week of March, the headquarters of RCSBiH, along with entity health coordinators, maintained contact with public health institutes, aiming to urgently address the current situation. Additionally, meetings were held with the World Health Organization office in BiH on March 29 and with the Public Health Institute of the Federation of BiH on April 9, focusing on the ongoing measles and pertussis epidemics in the country. During the meeting with the Public Health Institute, it was agreed to initiate more concrete activities working with local communities and emphasize the importance of additional vaccine promotion.</p>
<b>UN or other actors</b>	<p>WHO country office and UNICEF are providing general support to Public Health Institutes with the immunization process, and offering advice during this outbreak. Communication is also established between these organizations and the RCSBiH.</p>

# Needs (Gaps) Identified



The healthcare system in Bosnia and Herzegovina (BiH) is a complex mix of public and private providers, with significant variations between entities and regions due to the country's decentralized structure. Public healthcare in BiH is funded through compulsory health insurance contributions, which cover a portion of the population. However, there are challenges with funding, resource allocation, and



infrastructure in many areas. Public hospitals are often overburdened and may face shortages of medical supplies and equipment. The healthcare system faces challenges such as unequal access to healthcare between urban and rural areas, an aging population, limited resources, and the need for modernization and investment in healthcare infrastructure. There is no Ministry of Health at the national level and the Ministry of Civil Affairs is in charge for the coordination of MoHs in Republika Srpska and Federation of BiH. Additional complex situation is in Federation of BiH where each of 10 Cantons has their own Cantonal Ministry of Health and Public Health Institute.

According to the national health authorities, less than 60 per cent of the population in BiH is vaccinated against measles and rubella. In 2022, BiH achieved a vaccination rate of 60 per cent with two doses of the measles vaccine, which is significantly below the prescribed level of the World Health Organization. According to the World Health Organization, at least 95 percent of children must be fully vaccinated, meaning they should receive two doses of the MMR (measles, mumps, rubella) vaccine to achieve herd immunity and prevent further spread of the epidemic.

The Institute of Public Health of the Federation of Bosnia and Herzegovina and the Institute of Public Health of Republika Srpska conduct occasional promotional campaigns for routine immunization and ad hoc promotions according to current needs, but there is plenty of room for improvement. Additionally, Public Health Institutes are limited in terms of human and other resources. According to the Law on the Red Cross Society of Bosnia and Herzegovina and the laws on the Red Cross of the Federation of Bosnia and Herzegovina and the Red Cross of Republika Srpska, one of their public mandates is the promotion and protection of public health during natural disasters, epidemics, and pandemics. In this regard, Public Health Institutes have expressed interest in active involvement of the Red Cross in educational and promotional activities in this situation.

It is necessary to develop various public health promotion campaigns focusing on overall health protection and vaccination promotion. The low vaccination rates among the national population is particularly concerning. It is necessary to educate Red Cross volunteers in the areas of health in emergencies, public health, vaccinations and risk communication. By educating volunteers and forming Community Health mobile teams in affected areas (9 cities/municipalities in 6 cantons/regions) RCSBiH will be able to deliver timely and effectively proper messages and work on promotion and education of population on the importance of regular immunization.

The entire situation, with an increasing number of confirmed cases among children and older adults, along with misinformation about vaccines and negative personal experiences from the COVID-19 pandemic, fear, stress, etc., indicates the need to develop methodologies and concrete actions for communities in the field of Mental Health and Psychosocial Support (MHPSS).



## Community Engagement And Accountability

Due to significant misinformation and disinformation about vaccines among the population, an increasing number of young parents are deciding not to vaccinate their children, fearing potential health conditions like autism. Additionally, the COVID-19 pandemic has led to a decrease in public trust in vaccines, contributing to low vaccination rates. There is a need for increased efforts to promote health, emphasize the importance of immunization, and prevent diseases.

It is essential to raise awareness about vaccines and their effectiveness within the population while building trust through open, honest, and timely communication. Collaborating with community members and volunteers to identify key influencers and engage them in advocating for vaccination is needed. Establishing feedback channels to address questions, concerns, and misinformation, along with taking action to respond promptly, will be crucial.

Kindergartens and schools, where close interactions among children occur, are potential transmission hubs. Therefore, raising awareness about vaccination and ensuring accessibility is crucial in these settings.

Parents, particularly young parents, play a significant role in vaccination decisions as primary caregivers. However, misinformation presents challenges that need to be addressed. Addressing parental concerns is essential to promote vaccination.

Children aged 0 to 10 Years constitute the majority of affected individuals, making vaccination coverage within this age group crucial for outbreak containment.

Additionally, Bosnia and Herzegovina hosts a significant migrant population. The priority is to ensure vaccination access for migrant families, including children and parents; as well as targeted vaccination efforts directed towards children without parents. Furthermore, awareness campaigns need to be tailored to reach young single women among the migrant population.

In addition to targeting young children, prioritizing vaccination efforts among the Roma population is essential. The Roma community faces unique challenges, including cultural barriers, language differences, and historical marginalization.

In response to the measles outbreak, it is crucial to prioritize three key areas: i) accessibility, ensuring vaccines are readily available to the population; ii) accurate information, dispelling myths and providing reliable details to combat misinformation; and iii) community



engagement, by involving local leaders, conducting targeted awareness campaigns, community sessions, and implementing feedback mechanisms, as this aspect has been overlooked. Establishing a feedback mechanism and communication channel for the wider population is essential.

Information on parental vaccine hesitancy, as well as fears among pregnant women and young mothers, was gathered from the Institute of Public Health and WHO, drawing on their field experiences. Furthermore, based on official data from the Institute of Public Health, there is notable vaccine resistance within Roma communities. To address this, the Institute has advised RCSBiH to collaborate with Roma NGOs and conduct activities through these organizations. A rapid assessment of vaccine refusal reasons will be conducted during the first week of DREF operations.

## **Any identified gaps/limitations in the assessment**

There are discrepancies and limitations in reporting by public health authorities of infection cases by month, gender, and vaccination status (the reporting method is not standardised in both entities and in all cantons).

### [Assessment Report](#)

# **Operational Strategy**

## **Overall objective of the operation**

The overall objective of the response supported by the DREF is to directly assist 7,650 people affected by the measles epidemic in BiH (and over 600,000 indirectly through information campaigns), covering a four-month period. The response will focus on specific geographic areas in the Federation of BiH: the Sarajevo Canton, where two epidemics have been declared (measles and pertussis), Tuzla Canton (city of Tuzla and city of Živinice), Zenica-Doboj Canton (city of Zenica), and Central-Bosnia Canton (city of Travnik); and in Republika Srpska: the Krajina Region (City of Banja Luka) and Semberija Region (city of Bijeljina).

Support will be centered on providing reliable information through various health promotion campaigns and events, engaging in activities within local communities to raise awareness about epidemics and disseminate accurate information about protection. Additionally, efforts will be made to increase public trust in vaccines and provide education for vulnerable groups, as well as to offer Mental Health and Psychosocial Support (MHPSS) to those in need.

The primary focus of operations will be on promoting the importance of immunization and raising awareness about the significance of vaccination uptake.

## **Operation strategy rationale**

During the epidemic, measures outlined in laws on the protection of the population from infectious diseases will be implemented. These measures include education on the prevention of infectious diseases, early detection of sources of infection and transmission routes, reporting and quarantining of infected patients, hospitalization, and treatment. Additionally, efforts will be made to enhance the immunization of children, with the Red Cross Society of Bosnia and Herzegovina (RCSBiH) playing a significant role.

RCSBiH plans to establish Community Health Mobile Teams (CHMTs) through the DREF operation in nine cities/municipalities where the highest numbers of measles cases are recorded. Specifically, one team will be established in the city of Banja Luka (part of Krajina region; Republika Srpska) and the city of Bijeljina (part of Semberija region; Republika Srpska). Additionally, teams will be set up in the cities of Tuzla and Živinice (part of Tuzla Canton), where an epidemic has been declared, and in the city of Zenica (part of Zenica-Doboj Canton; Federation BiH) and the city of Travnik (Central Bosnia Canton; Federation BiH), where infection cases are increasing. Furthermore, three teams will operate in the Sarajevo Canton, specifically in the local municipalities of Ilidza, Novo Sarajevo, and Centar. These teams will support the Ilidza, Novo Sarajevo, and Centar branches, which have declared both measles and pertussis epidemics and have the highest number of reported cases still on the rise.

These Community Health Mobile Teams will be tasked with working directly with local communities. Their duties will include visiting kindergartens, engaging with teachers, organizing information sessions with key community groups, and distributing educational brochures to children to take home to their parents. Additionally, the teams will organize outreach days and citizen education initiatives. The teams will also conduct surveys to understand the reasons for non-vaccination among citizens. Posters will be placed in public places and areas with high citizen traffic such as post offices, municipal halls, and health centers. Each team is planned to consist of three members, preferably with medical backgrounds.



To ensure teams are trained and equipped for their work, training in Public Health & Vaccine promotion will be organized for all team members. They will also be provided with uniforms, information stands, and tablets for conducting surveys and daily reporting using KoBo. As an integrated part of this training, there will be sessions related to Risk Communication and Community Engagement (RCCE), as well as PFA (Psychological First Aid) and basic PSS (Psychosocial Support)

One of the lessons learned from the COVID-19 pandemic is the importance of establishing a PSS helpline. Reasons such as fear of vaccines, development of illnesses, autoimmune conditions, and misinformation may prompt parents, especially young mothers, to call the PSS helpline and speak with a Red Cross psychologist. Additionally, the closure of the two largest hospitals in Sarajevo for visitors due to the measles and pertussis epidemics may result in calls from families unable to visit their loved ones in hospitals, seeking to ensure their social and emotional well-being.

The PSS helpline number will be promoted on the RCSBiH website, through social media channels (Facebook and Instagram), and entity organizations, as well as through other media outlets. Contact information will also be provided on brochures.

Simultaneously, a special component that is important in such situations, Community Based MHPSS (CBMPSS) training, will be organized for six cantons/regions experiencing active epidemics. The training will be conducted for volunteers from these areas who are not direct members of the CHMTs. It will focus on health emergency response, with MHPSS volunteers working closely with other volunteers but specifically addressing mental health and psychosocial issues and considerations. These trained volunteers will:

- Provide individualized support and calm to families through community outreach to foster collaboration in case of vaccine hesitancy, including listening, acknowledging, and respecting people's concerns while providing relevant information; building trust is essential for changing behavior.
- Provide direct support to affected persons, liaising with healthcare personnel to identify vulnerable cases and community members for inclusion in PSS activities.
- Provide PFA and PSS for affected families, setting up activities that foster "normalcy" such as play and recreational activities for children, support groups, sport and creative activities, and support for coping with acute and severe illness by acknowledging and addressing distress, facilitating communication, and ensuring respect and dignity.
- Provide psychoeducation through direct methods and social media on coping with stress related to the outbreak, normal reactions, how to support children, etc., using creative methods when appropriate.
- If appropriate and in collaboration with relevant social service authorities, provide support to orphans and vulnerable children.
- Establish links and referral mechanisms for affected people and their family members to access specialized care if needed.

Considering the fear of vaccines among the population, especially among young parents, pregnant woman and the strength of misinformation, it is important to work on this front as well. Additionally, a PSS helpline will be established at the headquarters of RCSBiH to support citizens.

To reach a larger audience, billboards will be placed at the most frequented locations in Sarajevo, Banja Luka, Bijeljina, Tuzla, Zivinice, Travnik, and Zenica. Additionally, various campaigns on social media platforms such as TikTok, Instagram, and Facebook are planned, along with media appearances.

Taking into consideration the possibility of epidemics spreading to other cities within the canton, as well as between cantons and entities, RCSBiH will adjust field operations according to current needs. All promotional activities being prepared will also be utilized in case of outbreaks in other cities. When posting on social media, we will focus on reaching the entire population of Bosnia and Herzegovina as the target audience for our promotional messages. Additionally, in collaboration with major media outlets in BiH, preventive messages will be disseminated nationwide, contributing to raising awareness and potentially preventing further spread.

Detailed assessments and additional research will be conducted, utilizing methodology such as key informant interviews, focus groups, and surveys, in order to better understand the driving causes behind vaccine hesitancy for mandatory children vaccination, taking into account local context and available expertise

All activities will be coordinated with the Public Health Institutes.

## Targeting Strategy

### Who will be targeted through this operation?

The operation will primarily target young parents, pregnant women, children, teachers in kindergartens, migrants, and the wider public. Additionally, the operation will target social institution centers/homes for orphans, delivering information materials and sessions to both residents and workers.

Targeting young parents and pregnant women is essential because they are directly responsible for making healthcare decisions for their



children. Educating them about the importance of vaccination and dispelling myths and misconceptions can help increase vaccination rates among children. Since parents are decision-makers, they will be the primary target group, particularly young parents and pregnant women.

One aspect of the program will focus on children through CBMHPSS activities, including visits to kindergartens and orphanages, as well as workshops with children. RCSBiH will distribute toys and provide education on healthy lifestyles. Additionally, the national society will distribute brochures on vaccines to parents and guardians. Teachers and caregivers in kindergartens play a crucial role in the health and well-being of young children. Educating them about vaccination protocols, symptoms to watch for, and preventive measures can help contain outbreaks in educational settings.

Migrant populations often encounter barriers to accessing healthcare services, including vaccination. Targeting migrants in vaccination campaigns ensures that this vulnerable group is not left behind, thus helping to prevent outbreaks in migrant communities and the broader population.

In addition, prioritizing vaccination efforts among the Roma population is essential. The Roma community faces unique challenges, including cultural barriers, language differences, and historical marginalization.

Additionally, general awareness campaigns targeting the public at large are essential to dispel misinformation, promote vaccination as a public health imperative, and encourage community-wide participation in vaccination programs.

All target groups will be focused on in geographic areas where epidemics have been declared, such as Canton Sarajevo (with 9 municipalities), Tuzla, Živinice, Bijeljina, and Banja Luka, as well as in the cities of Zenica and Travnik, where there has been a significant increase in measles cases.

## Explain the selection criteria for the targeted population

The selection criteria are informed by epidemiological data that highlight the higher number of infected individuals within the age group of 0 to 10 years old. This data serves as a critical indicator of where the outbreak is most prevalent and where intervention efforts can have the most significant impact on controlling the spread of the diseases.

Young children, especially those under 10 years old, are more vulnerable to measles and pertussis due to their developing immune systems. They are also more likely to experience severe complications or adverse outcomes if they contract these diseases. Targeting this age group aims to protect them directly and prevent further transmission within communities.

Children, particularly those in school or daycare settings, can contribute significantly to the spread of infectious diseases due to close contact and interactions with peers. Targeting young children not only protects them but also helps disrupt the transmission chain, ultimately reducing overall community transmission rates.

Achieving higher vaccination rates among young children is crucial for establishing herd immunity. By vaccinating a significant portion of this age group, the broader community, including vulnerable populations such as infants who are too young to be vaccinated, can also be protected indirectly.

Prioritizing vaccination efforts among young children aligns with public health principles of preventing morbidity and mortality, reducing healthcare burden, and safeguarding population health, especially among the most vulnerable segments of society.

## Total Targeted Population

Women	-	Rural	10%
Girls (under 18)	-	Urban	90%
Men	-	People with disabilities (estimated)	-
Boys (under 18)	-		
Total targeted population	7,650		



# Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
The lack of interest in vaccinating children as well as myths and rumors among population, lack of trust in vaccines, and disinformation are the main operational risks identified.	<p>Developing and disseminating various promotional and educational information to raise awareness and reduce misinformation.</p> <p>Working with teachers in kindergartens, disseminating young parents, publishing interesting post on social media, posting billboards in most frequent areas. Posting info poster in places where lot of people is circulating (post, municipality hall, primary health centers and etc)</p>

Please indicate any security and safety concerns for this operation

There are no security and safety concerns for this operation.

Has the child safeguarding risk analysis assessment been completed?

No

## Planned Intervention



Budget: CHF 40,610

Targeted Persons: 2,650

### Indicators

Title	Target
Number of CHMTs are established	9
Number of volunteers are trained in public health and vaccine promotion (incl. RCCE)	40
Number of volunteers are trained in CBMHPSS (incl. RCCE)	30
Number of health in emergencies manuals for volunteers are printed out	150
Number of people provided with PFA and MHPSS	500
Number of people indirectly reached through promotional campaigns in digital and traditional media	600,000
Number of people reached through educational workshops for communities (100 sessions in total in affected areas)	2,000
Number of people supported by PSS helpline	150



## Priority Actions

- Conducting public health & vaccines promotion trainings for mobile team members, including Risk Communication and Community Engagement (RCCE)
- Establishment of Community Health Mobile Teams (CHMTs) in nine local branches
- Providing community-based Mental Health & PSS (CBMHPSS) training for volunteers from six different regions/cantons (where affected areas are), incorporating RCCE
- Setting up a PSS helpline at the RCSBiH headquarters
- Printing out health in emergencies manuals for volunteers
- Education of the general population and vulnerable groups on public health and vaccines
- Providing psychological first aid (PFA) and MHPSS to vulnerable groups in communities
- Conducting promotional campaigns in digital and traditional media
- Organizing educational workshops for communities with medical doctors and CHMT members



## Community Engagement And Accountability

**Budget:** CHF 51,744

**Targeted Persons:** 630,000

## Indicators

Title	Target
Number of people indirectly reached through info provision campaigns including social media, dissemination of promotion materials and info day activities	630,000
Number of community members who feel that information provided by RC was timely, regularly, accessible, and clear during community outreach events	5,000
Number of community feedback received	2,000
Operational decision made based on feedback received from the community	1
Number of RCCE trained staff and volunteers	60

## Priority Actions

- Rapid research to gather primary empirical data about vaccine hesitance and to use it in designing community outreach sessions
- Organization of information days to deliver key messages to the public
- Placement of nine billboards at the most frequented areas in nine local communities
- Distribution of leaflets and brochures on the importance of vaccines and health promotion, along with setting up posters in public institutions and public places.
- Conducting a perception survey of vaccine hesitance among population using two methods: a digital survey through social media and face to face individual interviews and focus group discussions
- Creation and publication of posts on social media channels
- Development of various promotional materials
- Conducting sessions in kindergartens, migrants camps and other communities
- Establishment of a feedback channel (phone number, Viber chat, help desks, focus group discussions) together with the PSS helpline
- Conducting satisfaction/perception surveys of the information campaign provided among targeted groups.

The total for people targeted for CEA activities takes into account people indirectly targeted through information provision campaigns.



## National Society Strengthening

**Budget:** CHF 26,076

**Targeted Persons:** -



## Indicators

Title	Target
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### Priority Actions

- Support for current staff at the RCSBiH headquarters and engagement of additional skilled personnel for the smooth implementation of operations
- Field visits and monitoring, including a lessons learned workshop
- Procurement of equipment for CHMTs

## About Support Services

### How many staff and volunteers will be involved in this operation. Briefly describe their role.

A total of 20 staff members and 60 volunteers will be involved in the overall operation response.

#### Health Coordinator /DREF Focal point (FP)

The Health Coordinator/DREF FP will oversee and implement DREF operations, coordinating with IFRC and collaborating directly with Public Health Institutes, the WHO Country office, and other relevant actors for an effective response. They will manage final narrative and financial reports, reporting to the Secretary General and partners. Additionally, they will collaborate with the Comms and PR Coordinator to design health campaigns and work with the CEA Coordinator and CBMHPSS focal point for training implementations. The DREF FP will oversee all procurement procedures. Due to the broad scope of responsibilities (and considering that there is only one person in charge for the whole health, care and first aid area at the RCSBiH), engagement of a Public Health/PMER officer for this DREF operation is necessary.

#### Public Health / PMER officer

The Public Health/PMER Officer will support the Health Coordinator during DREF operations, overseeing operational activities including public health campaigns and material preparation. They will collect field reports from Community Health Mobile Teams regularly and collaborate with the CEA Coordinator and CBMHPSS focal point on training and community sessions. Additionally, they will liaise with medical professionals and educators for training materials and oversee planning, reporting, and monitoring of field operations. The Officer will also assist the Procurement Officer with necessary documentation and compile survey responses into creative reports.

#### Communications & PR Coordinator

RCSBiH HQ currently does not have employed staff for Communication and PR. For the purpose of this DREF implementation, the Communication & PR Coordinator will be engaged in order to design and create promotional campaigns, manage the official social media channels (Facebook, Instagram, LinkedIn, Twitter, Youtube, TikTok), and conduct risk communication workshops for volunteers. Additionally, the Communication & PR Coordinator will oversee field communication activities and create video and photo reports. Working on the vaccine promotion, they will collaborate with Comms Focal points in Public Health Institute and WHO country office. They will also liaise with the Comms FP at the IFRC office, facilitate interviews, and conduct rapid assessments and surveys.

#### CEA Focal point

The CEA focal point will conduct rapid assessments of the impact of the measles and pertussis outbreak in affected communities, identifying vulnerable groups, community dynamics, and communication channels. They will understand community perceptions, concerns, and information needs, supporting the development of engagement strategies with cultural sensitivity and gender inclusivity. Facilitating community sessions, they will encourage active participation and establish a toll-free hotline or feedback center. The FP will train staff and volunteers on handling feedback, conduct surveys on low vaccination rates, and collect ongoing community feedback to improve response efforts. They will evaluate community satisfaction with information dissemination and collaborate closely with DREF operations coordinator, Public Health Officer, Comms Coordinator, and CBMHPSS Officer.

#### Community-based Mental Health and PSS (CBMHPSS) Officer

A CBMHPSS Officer will be assigned at the RC of Republika Srpska and oversee CBMHPSS training and activities across six affected cantons/regions. They will design and implement tailored mental health promotion programs, including workshops and support groups, and advocate for improved mental health policies and resources. Collaborating with 30 trained volunteers, they will organize events to engage the community in mental health discussions and reduce stigma. The CBMHPSS Officer will generate targeted reports for the MHPSS area and closely collaborate with the CEA Coordinator.



Psychologist – PSS Helpline officer

One psychologist will be engaged at the RCSBiH HQ who will be in charge for the PSS helpline to offer counseling and emotional support to callers experiencing mental health challenges, crises, or distress. The helpline will provide immediate crisis intervention and suicide prevention support for callers expressing suicidal thoughts or engaging in self-harming behaviors. The helpline psychologist will educate callers about mental health issues, symptoms, coping strategies, and available mental health resources, including referrals to mental health professionals or services. The psychologist will maintain accurate and detailed records of interactions with callers, including assessments, interventions, referrals, and follow-up actions, while ensuring data protection and confidentiality. Psychologist will work closely with Health Coordinator/DREF FP and Public Health/PMER officer.

Procurement officer

Considering the lack of a dedicated procurement employee at RCSBiH, a Procurement Officer will be assigned from existing staff, necessitating additional responsibilities. Based at RCSBiH HQ, the Procurement Officer will handle all procurement tasks, including creating plans, identifying suppliers, negotiating contracts, and ensuring compliance with organizational policies and regulations. They will collaborate closely with the finance manager, Public Health/PMER Officer, and Health Coordinator/DREF FP.

Finance manager

A Finance manager will be engaged with the DREF operation, in charge of financial reporting.

## **If there is procurement, will it be done by National Society or IFRC?**

Procurement of all materials and equipment will be done by National Society. It is planned to procure uniforms and tablets for community health mobile teams, promotional materials, hotels for trainings and etc. following the procedures of the IFRC.

## **How will this operation be monitored?**

RCSBiH will monitor the entire project implementation. Field visits are planned for all nine local communities, with video reports created for social media. The DREF coordinator will invite representatives from the IFRC Cluster office to join for these field visits. The IM officer will collect daily and weekly reports, monitor the realization of activities on a daily basis, and prepare monthly reports with statistics.

## **Please briefly explain the National Societies communication strategy for this operation**

To enhance the impact of messages promoting immunization, RCSBiH will employ digital media, sharing compelling videos and photos illustrating the importance of vaccinating children against measles. Traditional media channels, including television, newspapers, and radio, will also be utilized to reach audiences who prefer these platforms. By disseminating accurate information, the campaign aims to educate young parents about the significance of immunization and counter misinformation, a factor influencing some parents' decisions to forego vaccination. Additionally, media interviews with pediatric specialists will be conducted and published in women's magazines to underscore the importance of vaccines.



# Budget Overview



## DREF OPERATION

### MDRBA016 - Red Cross Society of Bosnia and Herzegovina Measles Outbreak

#### Operating Budget

<b>Planned Operations</b>	<b>92,354</b>
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	40,610
Water, Sanitation & Hygiene	0
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	51,744
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>26,076</b>
Coordination and Partnerships	0
Secretariat Services	4,034
National Society Strengthening	22,042
<b>TOTAL BUDGET</b>	<b>118,430</b>

*all amounts in Swiss Francs (CHF)*



# Contact Information

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

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[Click here for the reference](#)

