DREF Final Report

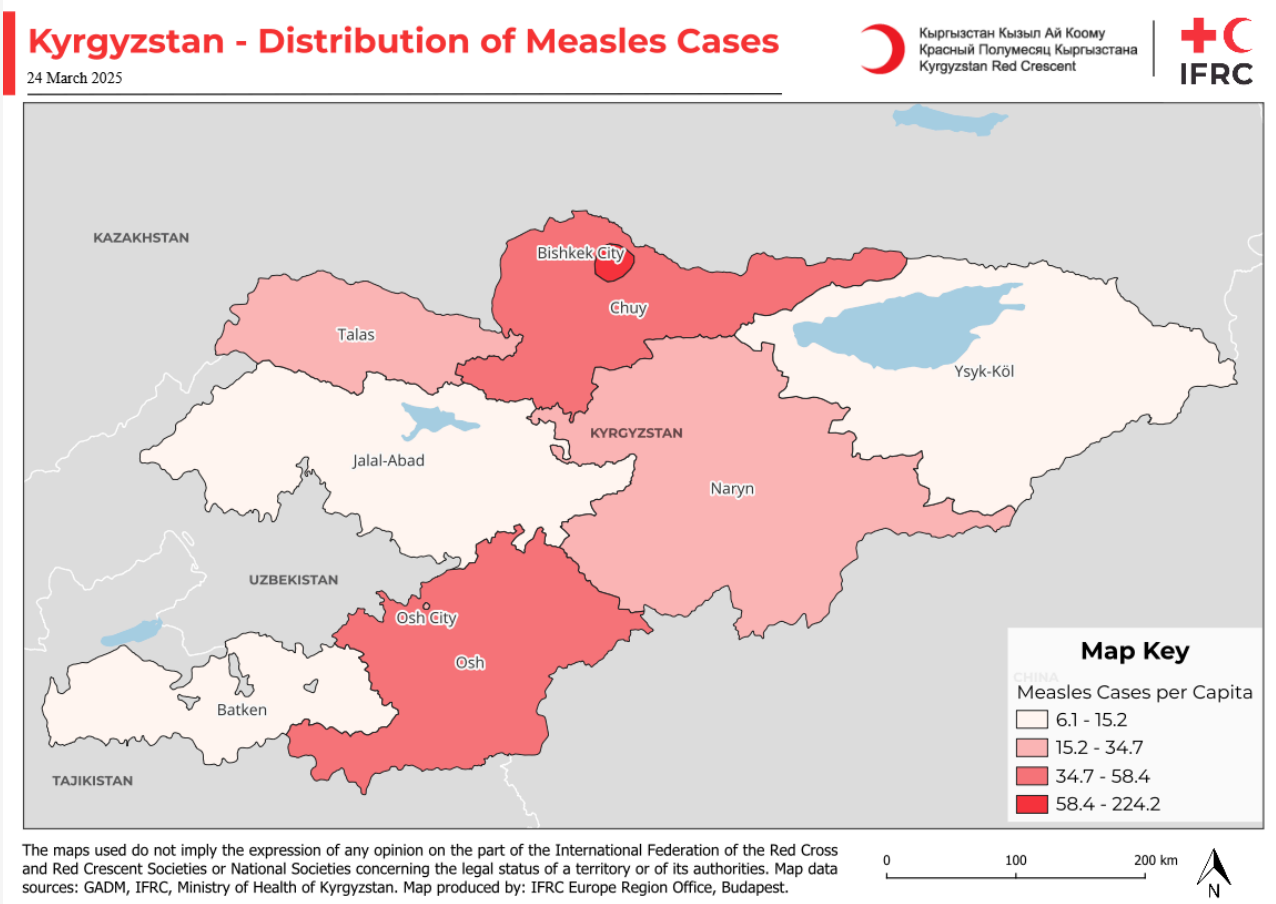
Kyrgyzstan: Measles Situation 2025

Vaccination campaign at a kindergarten, Jalal-Abad city. Photo: RCSK

Appeal: **MDRKG021**	Total DREF Allocation: **CHF 398,554**	Crisis Category: Yellow	Hazard: **Epidemic**
Glide Number: **EP-2025-000030-KGZ**	People Affected: **815,000 people**	People Targeted: **81,500 people**	People Assisted: **127,985 people**
Event Onset: **Sudden**	Operation Start Date: **01-04-2025**	Operational End Date: **31-10-2025**	Total Operating Timeframe: **6 months**

Targeted Regions: **Bishkek City, Chuy, Jalal-Abad, Osh, Osh City**

Description of the Event



Distribution of Measles Cases in Kyrgyzstan, 2025.

Date of event

30-09-2025

What happened, where and when?

According to the Republican Center for Immunoprophylaxis (RCI) of the Ministry of Health of the Kyrgyz Republic, the measles situation in the country deteriorated sharply in early 2025. As of 18 March 2025, 4,369 suspected cases of measles and rubella were reported, of which 4,055 were classified as measles and 8 deaths were confirmed, mainly among unvaccinated children under one year old.

The highest number of cases were concentrated in Bishkek City (2,567 cases), followed by Chui Region (545), Osh Region (303) and Osh City (211), with Bishkek registering an incidence rate exceeding 220 per 100,000 population. Approximately 86% of all cases occurred among children under nine years of age. The situation was primarily driven by sub-optimal immunization coverage, growing vaccine hesitancy, and high internal migration, particularly among residents of newly expanded peri-urban settlements around Bishkek.

The peak of measles transmission was observed in March 2025, after which a gradual decline in new cases was recorded due to intensified vaccination and communication activities implemented across the country.

By 30 September 2025, epidemiological data indicated a total of 9,284 suspected cases, of which 8,928 were classified as measles and 3 as rubella, corresponding to a cumulative incidence rate of 122.9 per 100,000 population. The majority of cases (5,120 or 57%) were reported in Bishkek City, followed by Chui Region (1,041), Osh Region (712), Osh City (663), and Jalal-Abad Region (552). Other regions reported lower case numbers: Batken (326), Talas (243), Naryn (175), and Issyk-Kul (117).

Children under nine years of age remained the most affected group, accounting for 75% of all reported cases. The age distribution was as follows:

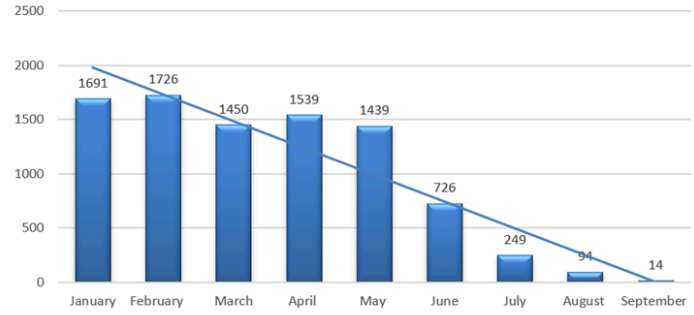
Under 1 year: 2,746 cases (31%)

-1–4 years: 3,345 cases (38%)
-5–9 years: 1,428 cases (16%)
-10–14 years: 439 cases (5%)
-15–19 years: 192 cases (2%)
-20–29 years: 388 cases (4%)
-30 years and older: 411 cases (4%)

The analysis of vaccination status revealed that 94% of all reported cases were unvaccinated. Among these, 43% were due to vaccination refusals, 31% had not yet reached the vaccine-eligible age, 8% had medical exemptions, and 2% were linked to migration. Only 6% of cases (559 individuals) had received one or two doses of the measles-mumps-rubella (MMR) vaccine.

Compared to the same period in 2024, when 13,380 measles cases were recorded, the total number of cases in 2025 decreased significantly. The largest reduction was observed in September 2025, when reported cases were 2–3 times lower than in September 2024. This reduction was achieved thanks to the collective efforts of the Ministry of Health, UNICEF, WHO, the Red Crescent Society of Kyrgyzstan, and other partners, who jointly conducted vaccination, communication, and community engagement activities throughout the country.

Geographical areas targeted by the DREF operation (MDRKG021)



Number of measles cases in 2025 by month

Scope and Scale

According to the Republican Center for Immunoprophylaxis (RCI) of the Ministry of Health, the measles situation in Kyrgyzstan intensified in early 2025, reaching its peak in March 2025. As of 18 March 2025, a total of 4,369 suspected cases of measles and rubella were reported nationwide, of which 4,055 were classified as measles, and 8 deaths were confirmed. The majority of cases affected children under nine years old, particularly unvaccinated infants.

By 30 September 2025, RCI data indicated a cumulative total of 9,284 suspected cases, of which 8,928 were classified as measles. The highest number of confirmed cases as of this date was reported in Bishkek City (5,120 cases / 57%), followed by Chui Region (1,041), Osh Region (712), Osh City (663) and Jalal-Abad Region (552). Other regions recorded considerably lower numbers, including Batken (326), Talas (243), Naryn (175) and Issyk-Kul (117).

The concentration of cases in Bishkek is explained in RCI's analytical notes by several contextual factors, including rapid urbanization, population growth and the expansion of peri-urban settlements following the 2024 administrative reform. These newly incorporated communities include large numbers of internal migrants who may have limited access to health services or irregular registration within the primary healthcare system, contributing to immunization gaps.

In the southern regions, case numbers recorded by 30 September 2025 remained higher in Osh City and Osh Region, with mobility between districts, socio-economic factors and varying levels of vaccine acceptance influencing transmission patterns.

Age-specific incidence rates reported by RCI for the period January–September 2025 show that the highest disease burden occurred among infants under 1 year of age (1,901.9 per 100,000) and children aged 1–4 years (538.6 per 100,000). These groups include both children too young to be vaccinated and those who missed routine immunizations.

RCI's analysis of vaccination status for January–September 2025 indicates that 94% of reported measles cases were unvaccinated. Among these:

-43% were linked to parental refusals,
-31% involved children who had not yet reached the vaccine-eligible age,
-8% had medical exemptions, and
-2% were connected to migration-related factors.
- Only 6% (559 individuals) had received one or two doses of the measles-mumps-rubella (MMR) vaccine.

A clear downward trend in new cases was observed between August and September 2025, when monthly case numbers were 2–3 times lower than during the same period in 2024. This improvement reflects the combined efforts of the Ministry of Health, RCI, RCHP, UNICEF, WHO, RCSK, and other partners, who collectively implemented intensified vaccination, social mobilization, risk communication activities and case management measures throughout the year.

Source Information

Source Name	Source Link
1. Analysis of Measles in the Kyrgyz Republic as of 30 September 2025 (confidential information)	https://drive.google.com/drive/folders/1eYdYpcLwek1QsSsY3Oje_LB1LogYei8b
2. 24Kg	https://24.kg/english/347197_Nearly_9000_measles_cases_registered_in_Kyrgyzstan_since_beginning_of_2025/?utm_source

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	Yes
Please provide a brief description of those additional activities	In addition to the activities implemented under the DREF operation, the National Society also carried out vaccination-related interventions through other ongoing projects. Under the ECHO-funded Pilot Programmatic Partnership (PPP), RCSK mobilized additional trained volunteers to support vaccination teams in Osh and Chui regions, assisted with community awareness sessions, and contributed to strengthening epidemic preparedness capacities at the community level. Through the UNICEF-supported immunization project, the National Society conducted social mobilization activities, information sessions for parents and caregivers, and awareness campaigns aimed at increasing routine vaccination uptake, including measles vaccination. These activities complemented the DREF operation but were implemented and financed separately.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC Country Cluster Delegation for Central Asia is based in Bishkek, Kyrgyzstan and is part of the movement coordination team in country. IFRC CCD has been supporting the National Society on the development of the DREF application, managing the operations and providing technical support, as well in coordination with other key players such as the WHO and UNICEF. During the first months of the operation, weekly meetings were held with the National Society's project management team and as the activities have streamlined, the meetings are held on bi-weekly basis.

	The CCD plans to draw on additional technical expertise of IM and CBS consultants in the remaining months of the operation. The IFRC delegation is a member of the international health development partner's forum. The IFRC Regional Office for Europe, also covering Central Asia has been providing technical support on Health and MHPSS and operational support from the Regional Operations team and Regional DREF Focal Point.
Participating National Societies	Swiss Red Cross, German Red Cross, Italian Red Cross and Turkish Red Crescent are part of the in-country Movement Coordination platform. Senior Health Specialist of the Australian Red Cross who is specialized in Community based surveillance has provided technical advice on the planning of the Community-based Surveillance (CBS) component of the current operations. The RCSK uses the NYSS platform for its CBS activities and since the NYSS platform is developed and maintained by the Norwegian Red Cross, RCSK has been in regular communication with the Norwegian Red Cross for any troubleshooting related with the NYSS.

ICRC Actions Related To The Current Event

The International Committee of the Red Cross (ICRC) is present in the country. The ICRC is not engaged in response to this situation. ICRC is not planning any interventions to tackle the measles situation in the country, as this is beyond its institutional mandate.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	Between February and September 2025, the Ministry of Health (MoH), together with the Republican Center for Immunoprophylaxis (RCI), WHO and UNICEF, undertook several coordinated actions to strengthen immunization and improve measles surveillance across the country. In early 2025, MoH organized national and regional trainings for healthcare workers on updated immunization guidelines, as well as a series of communication activities aimed at increasing public trust in vaccines, including collaboration with media and religious leaders. With UNICEF and WHO support, RCI launched a large-scale catch-up vaccination campaign, beginning on 12 May 2025, to address immunity gaps among children who missed routine vaccinations in previous years. Due to an increase in measles cases in Jalal-Abad Region, additional vaccination teams and resources were deployed to the oblast.
UN or other actors	The World Health Organization and UNICEF continued to work closely with the Ministry of Health and national partners to ensure that immunization and communication efforts were well-coordinated and aligned with national priorities. Both agencies provided ongoing technical support throughout 2025, particularly in surveillance, vaccination planning, and strengthening public health communication. With support from WHO and UNICEF, the Republican Center for Immunoprophylaxis (RCI) launched a nationwide catch-up vaccination initiative starting in May 2025. This effort focused on reaching children who had missed routine immunizations in previous years and on restoring vaccination coverage levels across the country.

	UNICEF also supported a range of activities aimed at promoting child immunization, including the training of healthcare workers and community leaders, development of communication materials, and strengthening risk communication across regions. In addition, as part of routine immunization support, UNICEF has been assisting the RCSK in implementing a community-based vaccine promotion project in selected settlements of Bishkek. This initiative aims to encourage parents to vaccinate their children and foster positive attitudes toward immunization at the community level.

Are there major coordination mechanism in place?

RCSK participates in the national coordination platform on the measles situation, led by MoH. The platform includes representatives from MoH, RCI, RCHP, WHO, UNICEF and IFRC.
Regular coordination meetings are held to review the situation, discuss challenges, and plan joint activities to ensure alignment of partners' efforts at national and regional levels.

Needs (Gaps) Identified

Health

The most immediate need as identified by the RCSK is as follows:
a) Lack of awareness among the parents and caregivers of children under eight years, especially among under-immunized or zero-dose children, on the importance of vaccinating their children with measles-containing vaccines.
In 2024, the Ministry of Health of the Kyrgyz Republic has lowered a vaccine eligible age for the first dose of pentavalent vaccine, which contains vaccine against measles, from two years to one-year old and for the second dose, from six years old to two-year old in 2024. There is a lack of awareness among the population of the revised immunization schedule and many children who were above the age of two in 2024 remain in the risk group.
There is a need to increase awareness on the importance of timely vaccinations among migrants (for more details see the "Scope and Scale" section of this document).
b) Lack of capacities of the local health facilities to conduct social mobilization activities at a scale during the mass vaccination campaigns. The primary health care centers in remote locations are poorly equipped and lack basic furniture to make comfortable for people waiting for vaccinations.
c) Lack of early detection of suspected cases of measles. Measles symptoms are not specific and when the children get sick with high fever and rash, the parents do not necessarily suspect measles and delay their visit to health centers.
The situation in Jalal-Abad mirrors the challenges observed in other measles-affected regions of Kyrgyzstan, including Chui, Osh, Bishkek, and Osh City.

Protection, Gender And Inclusion

According to the 2024 Perception Study on Routine Immunization in Kyrgyzstan conducted by the Red Crescent Society with the support of IFRC, there are certain gender differences in parental attitudes toward childhood vaccinations in Kyrgyzstan. Men often participate in healthcare decisions, but in households where they oppose vaccination, their views tend to dominate due to traditional norms. Women, particularly those with lower education levels, are more vulnerable to misinformation and fear surrounding vaccines. Their decisions are influenced by the communication from healthcare providers and their trust in medical professionals. Men who support immunization also value scientific evidence, but those who are vaccine hesitant often express distrust in pharmaceutical companies and concerns about vaccine safety. Cultural expectations that men should protect their families can either encourage or discourage vaccination, depending on their beliefs.
Both genders are influenced by religious and community leaders, whose support for immunization can significantly improve vaccine uptake. Engaging these leaders is seen as a crucial strategy to address gender-based differences in vaccine perceptions and to promote more equitable decision-making within families.
Source: https://communityengagementhub.org/wp-content/uploads/sites/2/2024/05/RCSK-Second-Perception-Study-Report.pdf.

Community Engagement And Accountability

Vaccine hesitancy is a significant barrier to improving immunization coverage, particularly among parents and caregivers of young children. There is a widespread misconception and deep-rooted distrust toward vaccines, which extends beyond new vaccines to include routine childhood immunizations. This distrust is largely driven by misinformation, which spreads rapidly through social media, community conversations, and influential figures who oppose vaccination.
A major issue is the lack of accessible, clear, and science-based communication that directly addresses the public's concerns in a language and format they understand. Without timely and effective health messaging from trusted sources, parents often turn to unreliable information, which fuels their fears about vaccine safety and effectiveness.
The problem is further complicated by the limited proactive involvement of healthcare workers and local health authorities in directly engaging hesitant families. When health communication is inconsistent or poorly coordinated, it further undermines public trust in vaccination campaigns.
Even though the Ministry of Health has made substantial efforts to increase vaccination awareness, a core group of hesitant parents remains, many of whom have zero-dose or under-immunized children. These families require personalized, one-on-one communication approaches where volunteers and healthcare providers practice active listening, provide emotional reassurance, and offer customized, accurate information tailored to each family's specific fears and misunderstandings.

Operational Strategy

Overall objective of the operation

The overall objective of the DREF operation was to reduce the transmission and health impact of the measles outbreak among the most vulnerable populations in Kyrgyzstan, particularly children under seven years of age, by increasing vaccination awareness, improving early detection of cases, and strengthening coordination between RCSK, health authorities, and community structures.
The operation sought to mitigate the spread of the disease through an integrated approach combining health promotion, community engagement, psychosocial support, and community-based surveillance, in close coordination with MoH, WHO, and UNICEF.

Operation strategy rationale

The DREF-supported response (1 April-30 September 2025) was initially focused on the four most affected regions: Bishkek City, Osh, Osh Region, and Chui Region — identified as epidemiological hotspots due to high population density, migration, and low vaccination coverage. However, in July 2025, Jalal-Abad Region was added to the operation as a result of an increase in measles cases reported in the region, surpassing the threshold for intervention. By September 2025, the operation was extended to cover five regions, with continued support to the initial high-risk areas and new activities targeting the outbreak in Jalal-Abad.

The RCSK mobilized 380 volunteers (including 350 under DREF and 30 under the ECHO-funded Pilot Programmatic Partnership) to conduct community outreach, support vaccination campaigns, and collect community feedback. Volunteers worked directly with Family Medicine Centers (FMCs), local health authorities, and community leaders.

The strategy was built upon lessons learned from the previous DREF operation (MDRKG018, 2023–2024) and focused on stronger coordination with government agencies, use of digital reporting tools, and proactive engagement of trusted figures such as religious leaders, teachers, and caregivers.

Targeting Strategy

Who was targeted by this operation?

The following groups are targeted by this DREF operation:
1) Parents and Caregivers of children aged 9 months to 84 months, especially those hesitant about vaccination.
2) Educators in kindergartens and early grades, crucial for promoting vaccination.
3) Community Leaders, influential in mobilizing community support for vaccination.
4) General Adult Population in affected regions, targeted through awareness campaigns.

The affected groups in the selected target regions are estimated to be around 815,000, equaling to the number of children under 84 months that the National Society has calculated based on national census data.
The awareness campaign plans to cover around up to 10 per cent of the total group or 81,000 people. The selected regions and cities for this operation (Jalal-Abad, Osh and Chu regions, and Bishkek and Osh cities) are the most affected regions.

Explain the selection criteria for the targeted population

To effectively address the measles situation and its associated risks, the operation has identified key target groups that require specific interventions.
These groups include:
1) Parents and Caregivers of children aged 9 months to 84 months, especially those hesitant about vaccination (zero-dose and Under-Immunized Children)
Children in this age group are particularly susceptible to measles and are the primary beneficiaries of vaccination campaigns. These children, especially in areas with lower vaccination coverage, are most at risk for severe complications, including pneumonia, encephalitis, and death. The operation focuses on improving vaccination rates within this age group, particularly in regions that have reported higher rates of measles cases.
A significant barrier to controlling the measles situation is vaccine hesitancy among parents and caregivers, especially those of children who have not received any doses of the measles vaccine (zero-dose children) or have only received partial doses. Misconceptions, fear of side effects, and a lack of understanding about the dangers of measles contribute to vaccine refusal.
All the previous supplementary immunization campaigns of the government against measles and rubella were focused on this age cohort and the MOH will continue with the same focus for its efforts in this current measles situation. This is because according to the previous national immunization calendar, the age of the second dose of MMR vaccine (MCV2) was six years. Therefore, the operation will focus on the parents and caregivers of this age cohort.
Key Focus Areas:
- Increasing access to vaccination for children who have not yet received their measles shots. Ensuring that all children in this age group receive their full complement of measles vaccinations.
- Prioritizing children in high-risk, densely populated areas where transmission is highest.
- Providing accurate, evidence-based information on the safety and effectiveness of the measles vaccine.
- Educating parents about the importance of vaccinating their children at the appropriate age.
- Addressing myths and misconceptions that contribute to vaccine hesitancy.
- Encouraging timely vaccinations for school-aged children to prevent outbreaks in educational settings.

2) Educators in kindergartens and early grades, crucial for promoting vaccination.
Educators, particularly those working with young children in kindergartens and early primary school grades, are essential in reinforcing vaccination messages. These individuals play a crucial role in supporting public health efforts by encouraging parents and caregivers to vaccinate their children.
Key Focus Areas:
- Training educators on the importance of measles vaccination and how they can promote it within the school or kindergarten setting.
- Providing educators with accurate information that they can pass on to parents and caregivers.
- Encouraging educators to work closely with health authorities to facilitate vaccination clinics within schools.
- Highlighting the role of schools and preschools in creating a safe environment for learning by ensuring children are vaccinated.

3) Community Leaders, influential in mobilizing community support for vaccination.
Community leaders, including religious figures, local politicians, and respected members of the community, are vital in influencing public opinion and encouraging vaccine uptake. Their endorsement can help overcome vaccine hesitancy and promote vaccination as a community responsibility.
Key Focus Areas:
- Engaging community leaders in public health campaigns to advocate for measles vaccination.
- Utilizing community leaders to disseminate accurate information and counter misinformation about vaccines.
- Empowering leaders to organize local events, such as informational sessions, to educate the public about measles and vaccination.

4) General Adult Population in affected regions, targeted through awareness campaigns.
The broader community, including adults who may have children or are responsible for caregiving, forms the final target group. Although this group may not be as directly affected by the disease, their awareness and support are critical in ensuring the success of vaccination efforts.
Key Focus Areas:
- Raising general awareness about the measles situation and its potential dangers.
- Educating the public on how they can help prevent the spread of measles by supporting vaccination efforts in their communities.
- Encouraging the population to stay informed and take appropriate action to protect vulnerable groups.

Children benefit indirectly/directly as these key adults are equipped to support and facilitate their access to vaccinations.
Special attention is paid to ensure that the children with disabilities, children of migrants, and other groups of children who have reduced access to immunization services for a variety of reasons have an equal access to information and other activities of the RCSK within this operation.

Total Assisted Population

Assisted Women	97,149	Rural	-
Assisted Girls (under 18)	-	Urban	-
Assisted Men	30,836	People with disabilities (estimated)	-
Assisted Boys (under 18)	-		
Total Assisted Population	127,985		
Total Targeted Population	81,500		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	No
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Medium- or large-scale disaster in the country.	RCSK closely monitors weather and seasonal forecasts, supports preparedness measures and in urgent case will activate the organization's "no-regret early action" protocols based on IFRC early warning systems guidelines in order to take effective measures. It is important to ensure that the monitoring also considers weather and seasonal forecasts, even if they do not lead to an activation in the EAP, especially considering the target groups and their increased vulnerabilities. It is important to not only consider additional disasters, but also general seasonal/climate risks that are likely during the duration of the response and to ensure that these are acted on appropriately.
There are several risks in conducting information sessions for vaccine refusers. Parents or caregivers, especially if they hold to strong anti-vaccination beliefs can become agitated and	To minimize risks during information sessions for vaccine refusers, prepare reliable and verified materials. Involve medical experts to boost participant confidence and ensure accurate

aggressive towards anyone who try to speak with them about vaccination, including Red Crescent volunteers. There is also a risk of inadequate outreach to the target audience, especially in remote or hard-to-reach areas where people may not be aware of the sessions.	information. Consider the cultural and social characteristics of the audience, adapting the approach and language to avoid conflicts and enhance receptivity. Schedule sessions at convenient times and accessible locations to reach more people, including those with limited access to vaccination information. Create a safe, open atmosphere where participants can express opinions without fear of judgment. Train facilitators in active listening and constructive communication to handle objections and reduce tension. Allow parents and guardians to ask questions and receive individual counseling to address their concerns. Use simple, clear language in materials to prevent misunderstandings and dispel myths. Utilize various communication channels like social media, local radio, leaflets, and community center meetings to reach those unable to attend in person. Finally, organize feedback and analyze results post-sessions to refine and improve future activities. Staff Pairing for Safety: • Ensure that at least two staff members are assigned to work together at all times, particularly in areas with higher risk of aggression, also to ensure gender sensitivity considering conservative communities and households. • Implement a system for monitoring staff safety, including rotating staff in high-risk areas to prevent burnout and maintain vigilance. Staff Support and Psychological Assistance: • Offer training programs focused on managing stress, conflict resolution, and building resilience in the face of challenging situations.
Working with religious individuals who refuse vaccination presents several risks. Religious beliefs can conflict with scientific views, increasing resistance to vaccination. If vaccination information is perceived as interfering with personal or spiritual beliefs, it may cause resentment and reduce trust in medical advice.	To reduce risks when working with religious leaders and believers who refuse vaccination, it's crucial to respect their beliefs and values. Establish trust with religious leaders by discussing the scientific facts about vaccine safety and efficacy within the context of their teachings. Involve respected figures from religious backgrounds to increase community acceptance. Provide religious leaders with credible information to share with their congregants, fostering open discussions to avoid misunderstandings and perceived pressure. Emphasize that vaccination aligns with religious values like protecting life and well-being. Use religious texts and traditions to find common ground between vaccination and beliefs, highlighting community protection and solidarity. Organize trainings where religious leaders can express doubts and receive clarifications from medical professionals. Avoid confrontation and pressure by offering balanced, respectful arguments.
Contagion Among Staff and Volunteers	Ensure all personnel are vaccinated, provide necessary personal protective equipment (PPE) and hygiene measures. Train staff and volunteers in infection control practices to minimize risk to themselves and others as well in self-care to deal with the fear and stress to the possibility to get contagious or be stigmatized.
Healthcare System Overload	Advocate regional and health authorities to develop contingency plans for healthcare facilities, including the setup of temporary centers and integration of mobile health teams to manage large patient inflows during outbreaks.
Risk of Child Safeguarding	RCSK CEA/PGI specialists started the process of CSRA and will contact Regional office for consultations of further steps,

	applying IFRC standards. Currently, RCSK is adopting Child Safeguarding police which will also facilitate the process.
Seasonal Weather Challenges: Prepare for disruptions in vaccination campaigns due to adverse weather.	As the operation timeframe falls into the hottest period of the year, the operation has considered the potential impact of heatwaves into the smooth implementation of activities. For instance, activities such as providing water coolers, shades for parents and children waiting outside of vaccination points, and other measures.
Lack of measles-containing vaccines in the country.	The RCSK will closely coordinate activities with the Republican Center of Immunoprophylaxis and monitor the availability of vaccines in the country.

Please indicate any security and safety concerns for this operation:

There were no major security concerns reported during the operation. However, several operational safety considerations were taken into account to ensure the well-being of RCSK staff, volunteers and communities:

- RCSK teams monitored local security updates and coordinated with local authorities before field visits, especially in newly expanded peri-urban settlements.
- Volunteers received orientation on safe community engagement and de-escalation, as some parents expressed strong hesitancy or emotional reactions during vaccination activities.
- Basic health-related safety measures were applied, including the use of PPE when interacting with large groups of children and caregivers, particularly during vaccination campaigns.
- Volunteers were instructed to work in pairs and avoid evening activities in remote or unfamiliar neighborhoods.

These measures helped ensure safe access to communities and secure implementation of all planned activities.

Has the child safeguarding risk analysis assessment been completed?	**Yes**

Implementation

Health

Budget: CHF 248,478
Targeted Persons: 81,500
Assisted Persons: 127,985
Targeted Male: 30,836
Targeted Female: 97,149

Indicators

Title	Target	Actual
Number of people reached with immunization services.	81,500	127,985
Percentage of community-based surveillance (CBS) true alerts escalated to health authorities within 48 hours.	80	88
Number of people reached with MHPSS activities, including awareness-raising sessions	1,000	1,234

Number of religious community leaders engaged in risk communication activities.	315	754

Narrative description of achievements

• During the operation, the Red Crescent Society of Kyrgyzstan (RCSK), in close cooperation with MoH, RCI, and RCHP, organized a wide range of activities aimed at reducing measles transmission and promoting vaccination among the population.
RCSK volunteers and staff provided direct support to Family Medicine Centers, feldsher-midwife points, and regional vaccination teams, helping to manage queues, register children, and provide psychosocial support to parents and caregivers during vaccination events.
A total of 350 volunteers were trained under this DREF operation: 140 in Osh Region, 90 in Chui Region, 50 in Jalal-Abad Region, and 70 in Bishkek City ensuring broad geographic coverage and a well-coordinated approach. In addition, 30 more volunteers from the ECHO-funded Pilot Programmatic Partnership supported the campaigns in Jalal-Abad regions.
Special attention was given to working with expectant mothers, as they represent a critical group for promoting early childhood vaccination. Volunteers and health specialists conducted information sessions in maternity schools, explaining the national vaccination calendar, the importance of early immunization, and addressing myths and fears related to vaccines. These sessions helped future parents make informed decisions and strengthened their trust in the healthcare system.
Another crucial focus was on religious leaders, who are highly respected and influential within communities. A total of 754 religious leaders were trained during the project through a series of seminars jointly facilitated by RCSK and experts from RCHP. The training sessions covered:

- the importance of vaccination and its role in preventing measles outbreaks;
- the composition and safety of vaccines;
- key communication principles for discussing immunization from a position of trust and authority.

As a result, religious leaders across all target regions began to integrate messages about vaccination and child health into community gatherings, Friday sermons, and public discussions, helping to reduce hesitancy and misinformation.
The operation also included large-scale vaccination campaigns carried out jointly with the Ministry of Health, involving Family Medicine Centers, Feldsher-Midwife Points, the Republican Center for Immunoprophylaxis, and the Republican Center for Health Promotion.
During these campaigns, parents first received information on vaccination benefits and safety from trained volunteers and medical specialists. Following these sessions, children received their vaccinations on-site.
This approach effectively combined health education and practical immunization, increasing both knowledge and vaccination coverage at the community level.
In addition, several roundtable discussions were organized with key partners, to review progress, coordinate actions, and discuss challenges in measles prevention. These meetings strengthened collaboration and improved the consistency of public health messaging across institutions.

Community-Based Surveillance (CBS)
RCSK implemented community-based surveillance to ensure the early detection and reporting of suspected measles cases. Volunteers were trained to identify symptoms, record cases using standard alert forms, and report to the nearest Family Medicine Center for verification.
Throughout the operation, 99 alerts were escalated through the CBS system, 88 cases were confirmed, and 11 were ruled out after laboratory testing. Regular feedback meetings between CBS volunteers and district epidemiologists allowed for rapid follow-up and improved data accuracy.
The CBS system also helped track migration-related clusters, identifying families who had moved recently and missed vaccination opportunities. These cases were referred for follow-up visits and inclusion in the vaccination campaign.

Risk Communication and Community Engagement (RCCE)
The RCCE component focused on combating vaccine hesitancy and increasing public awareness of measles prevention. Volunteers conducted door-to-door visits, community meetings, and interactive sessions at schools and kindergartens.
Information campaigns were implemented in partnership with RCHP and RCI, using printed materials, radio broadcasts, and social media outreach.
•754 religious leaders were mobilized as key communicators promoting vaccination within their congregations.
•66 community activists and 15 bloggers joined the campaign, sharing verified information and personal vaccination stories through Instagram, TikTok, and Facebook.
•RCCE messages were produced in Kyrgyz, Russian, and Uzbek, ensuring inclusivity and accessibility.
These efforts reached over 127,985 people directly and hundreds of thousands more indirectly through media.

Mental Health and Psychosocial Support (MHPSS)
Volunteers received comprehensive training in Psychological First Aid (PFA) and stress management to effectively manage emotionally challenging situations with parents and caregivers who were anxious or resistant to vaccination. This training ensured that volunteers could offer immediate support during interactions with families and individuals affected by the measles outbreak.
Additionally, group support sessions for volunteers were held regularly to prevent burnout, reduce stress, and maintain motivation throughout the operation. These sessions helped volunteers cope with the emotional toll of working in highly sensitive environments, where many parents were fearful or upset about the vaccination process.
Psychosocial support was also provided during vaccination events. Animators and trained volunteers created child-friendly spaces at vaccination points, where children could play and feel at ease while their parents received information or waited for their turn to be vaccinated. This helped alleviate anxiety for both parents and children, ensuring a smoother vaccination experience.

For families whose children contracted measles, PSS kits were distributed to provide additional support. These kits included toys, stress-relieving activities, and educational materials aimed at reducing the emotional burden on parents and helping children cope with the effects of the disease.
Moreover, a PFA and supportive communication training was conducted for healthcare workers involved in the operation. This training focused on stress management and supportive communication techniques, which not only helped reduce the emotional stress of frontline workers but also allowed them to better communicate with worried parents. The training empowered healthcare staff to provide emotional support while ensuring their own well-being during intense vaccination campaigns.

Lessons Learnt

• Collaborative training and joint vaccination campaigns with health authorities significantly increased public trust.
•Direct engagement with expectant mothers and religious leaders proved essential for addressing deep-rooted misconceptions about vaccination.
•Volunteer participation in health facilities not only improved vaccination coverage but also strengthened relationships between communities and medical staff.
•CBS proved effective in strengthening the link between community reporting and the national surveillance system.
•Regular mentoring and feedback from health professionals were essential to maintain the accuracy and motivation of CBS volunteers.
• Collaboration with trusted voices significantly enhanced message credibility.
•Active community dialogue reduced vaccine refusals and increased turnout during vaccination days.
•Psychosocial support was instrumental in reducing stress among volunteers and created a positive, calm atmosphere at vaccination points. This enhanced the overall experience for families and increased their willingness to engage with the vaccination process.
•Training in Psychological First Aid (PFA) and supportive communication should be an integral component of all emergency health operations, particularly in high-stress situations such as disease outbreaks. This training not only supports the emotional well-being of frontline staff but also helps improve communication with the affected populations, leading to better public health outcomes.

Challenges

• Training and mobilizing large groups of religious leaders was time-consuming and required continuous follow-up to ensure message alignment.

• Coordination across multiple partners (MoH, RCI, RCHP, RCSK) required frequent adjustments to schedules and activities.

• Some rural and peri-urban areas were difficult to access, requiring additional time and transportation arrangements for volunteers.

Protection, Gender And Inclusion

Budget: CHF 26,665
Targeted Persons: 39,000
Assisted Persons: 39,000
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of staff and volunteers trained in PGI including referrals.	363	366

Narrative description of achievements

PGI component was fully integrated into all stages of the DREF operation. A total of 380 volunteers were trained on PGI principles, including gender-sensitive communication, inclusive community engagement, child safeguarding, respectful interactions, and the Code of Conduct. Volunteers also received refresher training on safe photo and video practices to ensure ethical documentation during community activities.

To strengthen child protection, RCSK continued its work on the development of a Child Safeguarding Policy (CSP) in collaboration with PGI focal points and technical experts. PGI and CSP elements were incorporated into volunteer onboarding and field briefings to ensure consistent understanding across branches.

All outreach and communication materials were produced in three languages (Kyrgyz, Russian, Uzbek) to ensure equal access for diverse community groups, including women, men, people with disabilities, and residents of peri-urban settlements. Volunteers were trained to recognize and refer sensitive cases, ensuring that beneficiaries received appropriate support when needed.

At vaccination sites, child-friendly zones were established and supplied with PSS kits (toys and art materials) to create a safe and welcoming environment for children while parents received information or waited for vaccinations. These zones reduced anxiety and improved overall interaction between families, volunteers, and medical staff.

Inclusivity was further strengthened through monthly volunteer meetings, which provided a safe space for feedback from volunteers of different backgrounds, including women and young volunteers. Weekly reviews of volunteer reports helped monitor gender- and age-disaggregated feedback and address barriers faced by different groups.

Volunteer training on CBS included inclusive approaches to ensure that volunteers—regardless of gender, age, or background, were equipped to identify symptoms and report cases appropriately.

To counter misinformation and maintain trust, the operation also emphasized proactive communication. Volunteers were provided with clear talking points, and trusted figures such as religious leaders and local influencers were engaged to promote accurate information about vaccination, contributing to a more inclusive and equitable communication environment.

Lessons Learnt

• Inclusion practices and gender-sensitive approaches fostered higher participation among women and parents.
• Ensuring that volunteers reflect the diversity of communities (in language, age, and background) strengthened trust and communication.

Challenges

• Some volunteers needed extra support to fully apply gender-sensitive and child-safeguarding approaches in practice, especially during busy vaccination days.
• Establishing and maintaining child-friendly zones was sometimes challenging due to limited space and high patient flow at certain vaccination points.

Community Engagement And Accountability

Budget: CHF 52,900
Targeted Persons: 39,000
Assisted Persons: 119,958
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of community perception and feedback reports produced on a monthly Basis.	6	6
Number of staff, volunteers and leadership trained on community engagement and accountability.	350	350

Narrative description of achievements

CEA was one of the central components of the DREF operation. RCSK worked to ensure that communities were not only informed about measles and vaccination, but also actively involved in dialogue, feedback processes and decision-making related to the operation.

The CEA approach focused on building trust and ensuring that accurate, timely, and accessible vaccination information reached all social groups. Throughout the operation, RCSK volunteers conducted extensive community outreach in both urban and rural settings, visiting households, organizing community meetings, and facilitating discussions with parents, teachers, and caregivers about the benefits and safety of vaccination.

In collaboration with the Republican Center for Health Promotion (RCHP) and the Republican Center for Immunoprophylaxis (RCI), RCSK developed and disseminated risk communication materials in Kyrgyz, Russian, and Uzbek, ensuring language accessibility for diverse communities. Posters, leaflets, banners and myth-busting materials addressing common misconceptions were distributed through schools, health facilities and community centers across Bishkek, Chui, Osh, and Jalal-Abad.

To expand outreach, RCSK partnered with 66 community activists and 15 social media bloggers, who shared verified information and personal stories via Instagram, TikTok and Facebook. RCSK also engaged active caregivers, who promoted vaccination in their own community networks. These digital efforts helped counter misinformation and reach young parents who rely primarily on online sources of information.

A total of 380 volunteers received CEA refresher training, including rumour tracking, respectful communication, complaint handling, and safe data collection. Volunteers and health staff were trained to identify, document and counter misinformation, using tailored talking points and locally adapted messages that addressed region-specific beliefs and concerns.

RCSK also conducted focus group discussions (FGDs) with community members—including a gender-balanced group of volunteers—to collect insights on barriers to vaccination, preferences for communication channels, and community expectations. Key findings were shared during the round table on vaccine-preventable diseases organized within the operation.

The National Society strengthened its feedback and accountability mechanisms by collecting community feedback through multiple channels, including in-person consultations during field visits, surveys via the Kobo platform, RCSK's existing hotline, comments from live radio and TV programmes, and verbal feedback during community sessions. Weekly review meetings were held to analyse this feedback and adjust messages to address concerns such as fear of side effects, confusion about vaccine composition, or mistrust in health services.

Risk communication activities were reinforced through collaboration with mass media outlets. RCSK organized radio and television programmes featuring health professionals and RCSK representatives, allowing the public to ask questions directly during live Q&A sessions.

To support inclusive service delivery, RCSK ensured that feedback boxes and other simple feedback channels were available at community events and vaccination points. Complaints or comments regarding service quality or volunteer behaviour were referred to the RCSK CEA focal point and addressed at branch level in line with accountability procedures.

Lessons Learnt

• Trusted community voices (religious leaders, teachers, local influencers) proved to be the most effective channels for combating vaccine hesitancy and misinformation.
•Continuous feedback collection improved communication strategies, ensuring that messages remained relevant and culturally appropriate.
•Future operations should integrate CEA training for volunteers and health staff early in the response to ensure systematic and consistent engagement with communities.
•Social media collaboration should be institutionalized as a part of national health communication strategies to sustain dialogue with the public beyond emergency periods.

Challenges

•Persistent vaccine hesitancy in some communities required repeated engagement and additional volunteer time.
•Misinformation spreading on social media was difficult to counter quickly with available resources.
•Limited access to peri-urban and migrant settlements made outreach and feedback collection more challenging.
•High workload for volunteers, especially during door-to-door visits and work with hesitant parents, led to fatigue.
•Feedback collection in remote areas was sometimes constrained by poor connectivity and limited digital tools.

Coordination And Partnerships

Budget: CHF 9,773
Targeted Persons: 363
Assisted Persons: 393
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual

Narrative description of achievements

• The IFRC country cluster delegation team members have been actively monitoring the epidemiological situation in the country and advising the National Society on the adjustments in activities, as necessary.
•The plans to engage a CBS consultant has not been materialized, due to the staff transition period in the cluster delegation and the lack of CBS specialist at the global level.
•The regional IM consultant was not engaged, since the National Society's feedback mechanism has not produced sufficient data to analyze.

National Society Strengthening

Budget: CHF 60,738
Targeted Persons: 375
Assisted Persons: 393
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of lessons learnt workshops	1	2

Narrative description of achievements

The DREF operation contributed significantly to strengthening the institutional and operational capacity of RCSK, particularly in volunteer management, coordination and technical implementation across multiple regions.

A total of 380 volunteers supported the operation. This included 350 volunteers trained and mobilized under the DREF allocation, as well as 30 volunteers previously trained under the ECHO-funded Pilot Programmatic Partnership (PPP). Although the PPP project had already concluded at the time of implementation, these volunteers remained active within RCSK's volunteer network and were engaged to reinforce regional outreach and community activities.

Volunteers received comprehensive training on epidemic prevention, RCCE, CBS, psychosocial support, community dialogue and data collection. Standardized training materials and safety guidelines were developed to ensure that all volunteers had consistent knowledge and tools to operate safely in the field. Training sessions were conducted in all targeted regions, combining theoretical and practical components led by RCHP specialists and RCSK technical staff.

To strengthen programme oversight and ensure efficient implementation, a mid-term review was conducted in July 2025 with the participation of RCSK directors and key staff. The review focused on assessing progress toward operational objectives, analysing budget utilization, identifying implementation gaps, and determining priority areas for the remainder of the operation. The findings helped refine planning, improve coordination and ensure timely adjustments in line with operational needs.

The operation also strengthened the capacity of RCSK's professional staff at national and branch levels. The following staff were directly engaged in project management and implementation:
• Programme Manager – 1
• Programme Coordinator – 1
• Field Officers – 3 (Osh, Chui, Jalal-Abad)
• Finance Officer at RCSK HQ – 1
• Finance Officers in branches – 3 (Osh, Chui, Jalal-Abad)
• Logistics Officer – 1
• PR Specialist – 1
• CBS Specialist – 1
• CEA/PGI Specialist - 1

To ensure volunteer safety and well-being, all volunteers involved in the operation were insured for the full duration of the DREF implementation, in line with standard IFRC requirements.

The DREF operation also strengthened internal coordination and teamwork across RCSK branches through regular communication, monitoring and joint planning processes.

As part of institutional learning, RCSK conducted a Lessons Learned Workshop on 15–16 September 2025 with the participation of staff, volunteers and IFRC technical delegates. The workshop provided a platform to reflect on achievements, identify operational gaps and formulate recommendations for improving future health emergency responses. Regional teams shared practical experiences related to volunteer motivation, coordination with local health structures and effective communication practices during vaccination campaigns.

Lessons Learnt

• The investment made in volunteer training and regional coordination contributed to consistent and high-quality implementation across all target areas.
• Volunteers throughout the operation demonstrated strong commitment, professionalism, and adaptability when engaging with different community groups.
• Regular capacity-building sessions for staff and volunteers strengthened teamwork, data management practices and community interaction skills.
• Having dedicated technical focal points for CEA/PGI and CBS supported structured planning, monitoring and reporting during the operation.
• The intensity of the operation highlighted the value of maintaining attention to staff and volunteer workload and well-being during prolonged health-related activities.
• The use of standardized volunteer management tools—such as unified training materials, reporting formats and volunteer databases—helped ensure consistency and facilitated smooth coordination across branches.

Challenges

• Coordinating volunteer training and deployment across four regions required significant logistical planning and frequent schedule adjustments.
• Maintaining consistent training quality was challenging due to varying levels of volunteer experience and turnover.
•Staff and volunteers faced a high operational workload, especially during simultaneous vaccination campaigns in multiple regions.
•Limited human resources at branch level made it difficult to balance routine activities with the additional responsibilities under the DREF operation.
•Ensuring timely internal communication between HQ and branches required continuous follow-up and additional coordination efforts.

Selected Parameters			
Reporting Timeframe	2025/4-2026/3	Operation	MDRKG021
Budget Timeframe	2025/4-2025/10	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 11/May/2026

All figures are in Swiss Francs (CHF)

MDRKG021 - Kyrgyzstan - Measles

Operating Timeframe: 01 Apr 2025 to 31 Oct 2025

I. Summary

Opening Balance	**0**
Funds & Other Income	**398,554**
DREF Response Pillar	398,554
Expenditure	**-397,933**
Closing Balance	**621**

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	238,070	253,546	**-15,476**
PO05 - Water, Sanitation & Hygiene			**0**
PO06 - Protection, Gender and Inclusion	22,859	24,345	**-1,486**
PO07 - Education			**0**
PO08 - Migration			**0**
PO09 - Risk Reduction, Climate Adaptation and Recovery	24,400		**24,400**
PO10 - Community Engagement and Accountability	45,897	48,881	**-2,984**
PO11 - Environmental Sustainability			**0**
Planned Operations Total	**331,226**	**326,771**	**4,455**
EA01 - Coordination and Partnerships	9,101	9,150	**-49**
EA02 - Secretariat Services			**0**
EA03 - National Society Strengthening	58,227	62,012	**-3,785**
Enabling Approaches Total	**67,328**	**71,162**	**-3,834**
Grand Total	**398,554**	**397,933**	**621**

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Click here for reference