DREF Operation

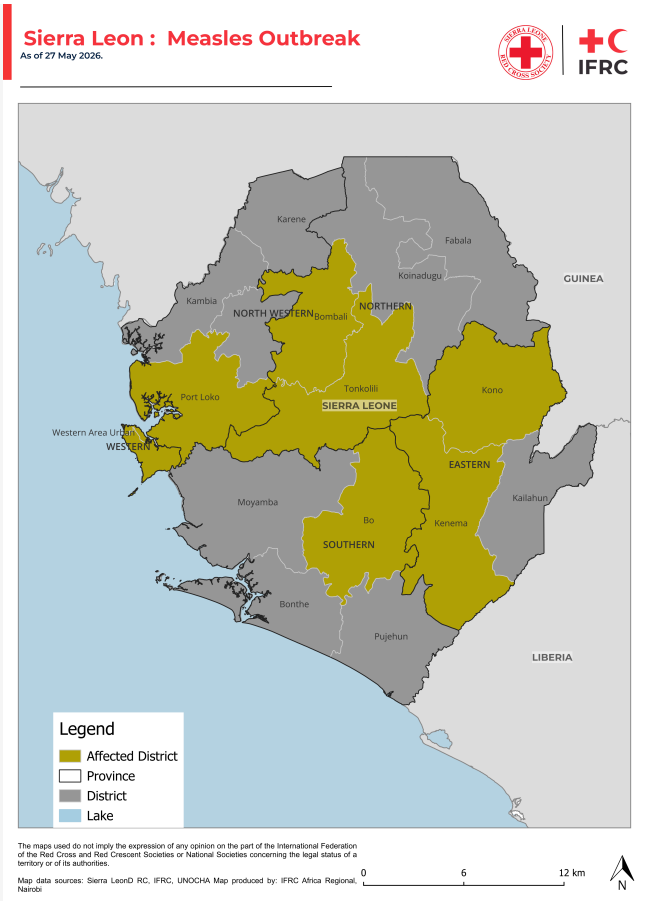
Sierra Leone Measles Outbreak Response

Appeal: **MDRSL021**	Hazard: **Epidemic**	Country: **Sierra Leone**	Type of DREF: **Response**
Crisis Category: Yellow	Event Onset: **Slow**	DREF Allocation: **CHF 247,213**	
Glide Number: -	People Affected: **782,500 people**	People Targeted: **240,703 people**	
Operation Start Date: **25-05-2026**	Operation Timeframe: **4 months**	Operation End Date: **30-09-2026**	DREF Published: **01-06-2026**
Targeted Regions: **Eastern, Northern, Southern, Western**			

Description of the Event

Date when the trigger was met

13-05-2026



Map showing Districts with reported cases for the measles outbreak

What happened, where and when?

On 13 May 2026, the National Public Health Agency (NPHA), in collaboration with the Ministry of Health (MoH), officially declared a measles outbreak in Sierra Leone following confirmation of sustained transmission across multiple districts. On the same day, 41 confirmed cases were reported across eight districts: Western Area Urban (Freetown), Western Area Rural, Port Loko, Bombali, Tonkolili, Bo, Kenema, and Kono. Between 14 and 19 May 2026, an additional 8 confirmed cases were identified, bringing the total to 49 confirmed cases.

The outbreak is characterized by a laboratory positivity rate of 75 per cent, indicating active community transmission and likely under-detection of cases through routine surveillance systems. The spread across both urban and rural districts, including densely populated communities in Freetown, significantly increases the risk of rapid nationwide propagation.

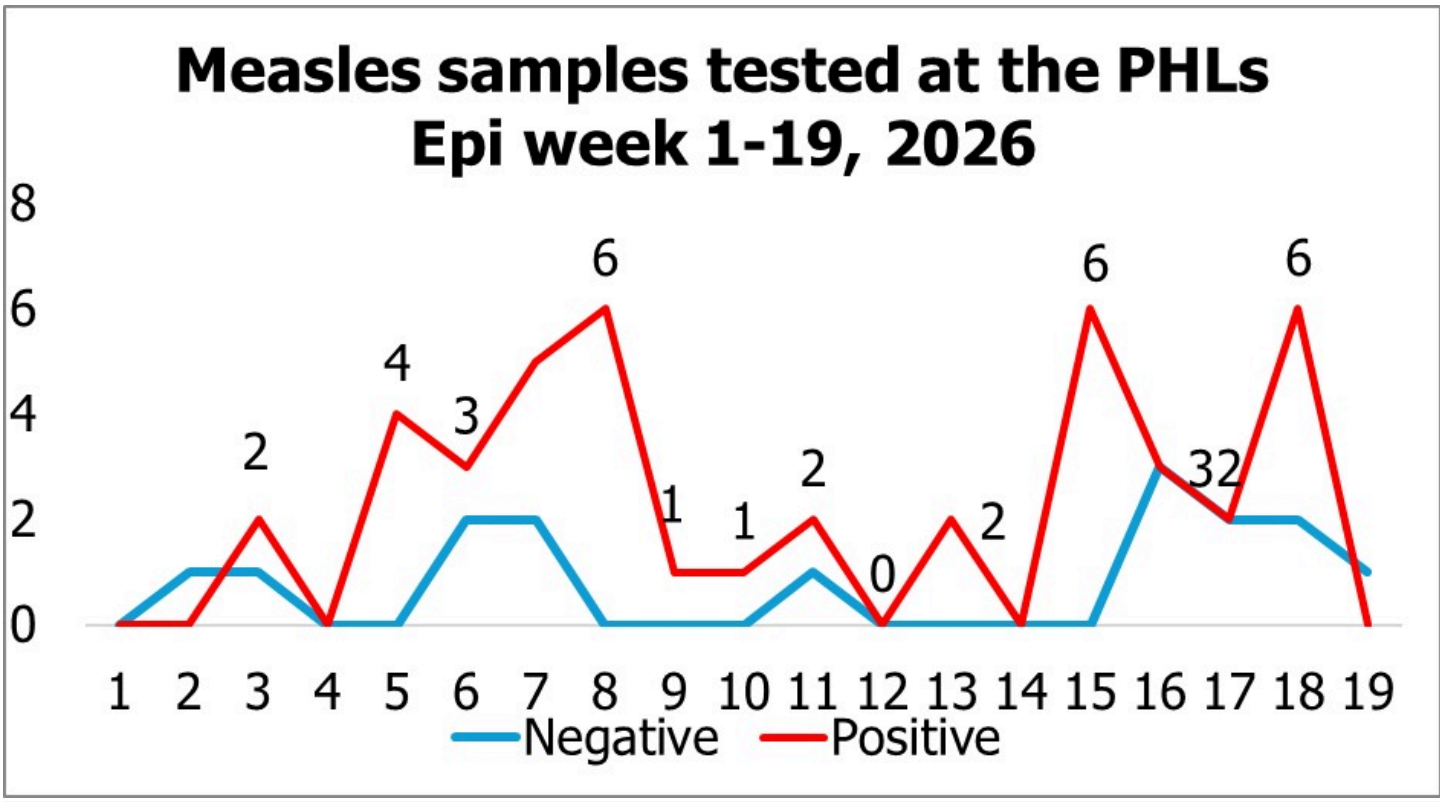
The outbreak is occurring within a context of persistent immunity gaps linked to suboptimal routine immunization coverage, particularly in underserved and hard-to-reach communities. Children under five years of age remain the most vulnerable due to low vaccination uptake, malnutrition, and limited access to healthcare services. High population mobility, overcrowded settlements, schools, and marketplaces continue to facilitate rapid transmission.

Health systems in affected districts are under increasing pressure due to rising demands for surveillance, case investigation, laboratory testing, community engagement, and case management. Existing response efforts are further constrained by weak community-level surveillance, limited outreach capacity for rapid vaccination scale-up, inadequate risk communication coverage, and shortages of

operational resources in high-risk districts.

In response, the MoH and NPHA activated the Incident Command Centre (ICC) and initiated coordination with humanitarian and development partners to scale up containment measures, including reactive vaccination, surveillance strengthening, community engagement, and case management support. NPHA has specifically requested urgent partner support to reinforce outbreak response efforts, warning that the outbreak risks escalating further, particularly in densely populated districts, if immediate action is not taken.

Despite ongoing response measures, transmission continues to expand, highlighting the urgent need for coordinated humanitarian support to contain the outbreak, strengthen vaccination uptake, and reduce preventable morbidity and mortality among vulnerable populations.



Measles samples test for Epi week 1-19: Source MoHS DHIS Tool

Scope and Scale

Measles remains endemic in Sierra Leone; however, the current outbreak represents a significant public health concern due to the rapid increase in cases, widening immunity gaps, and continued geographic spread across multiple districts. Although sporadic measles cases are reported annually, epidemiological trends between 2021 and 2026 demonstrate persistent transmission with periodic resurgence, reflecting ongoing vulnerability among children and challenges in sustaining high routine immunization coverage.

Reported measles trends over the past five years illustrate a recurring pattern of outbreak suppression followed by renewed transmission. In 2021, 15 confirmed cases were recorded nationwide. Cases increased to 60 in 2022, with transmission intensifying toward the end of the year. Following a nationwide vaccination campaign conducted in 2023, no confirmed cases were officially reported, suggesting a temporary interruption of transmission. However, measles re-emerged in 2024 with 52 confirmed cases reported nationwide, indicating that immunity gaps persisted despite previous campaign achievements. In 2025, no cases were officially recorded, although national surveillance and public health priorities were largely focused on the Mpox response, which reduced measles surveillance sensitivity and routine case detection. As of 2026, 49 confirmed measles cases have already been reported, demonstrating renewed transmission and early signs of a potentially expanding outbreak.

This trend highlights the inability to sustain consistently high routine immunization coverage following supplementary vaccination campaigns. While campaigns have temporarily reduced transmission, declining routine immunization performance and the continued accumulation of susceptible children have contributed to repeated outbreaks. Children who are unvaccinated, under-immunized, or who missed second-dose vaccination remain particularly vulnerable.

The outbreak is further characterized by a laboratory positivity rate of 75 per cent, suggesting active community transmission and indicating that a considerable proportion of infections may remain undetected through routine surveillance systems. The combination of high positivity rates and increasing case numbers within a short period reflects accelerating transmission requiring urgent containment measures.

To date, confirmed cases have been reported across eight districts, including Western Area Urban (Freetown), Western Area Rural, Port Loko, Bombali, Tonkolili, Bo, Kenema, and Kono. Transmission across both urban and rural settings demonstrates widespread population vulnerability and increases the likelihood of further national spread. Unlike earlier outbreaks that remained relatively localized, the current outbreak simultaneously affects densely populated urban settlements, peri-urban communities, and rural districts. High population mobility, overcrowding, and transmission in schools, marketplaces, and informal settlements continue to increase the risk of rapid spread, particularly among children under five years of age and unvaccinated populations.

Several underlying factors continue to drive the outbreak. Although the 2024 nationwide Measles-Rubella Supplementary Immunization Campaign achieved high administrative coverage and reached more than 1.3 million children, routine immunization indicators remained below national EPI targets required to maintain herd immunity. National MCV1 coverage declined to 78 per cent in 2024, significantly below the ≥95 per cent threshold required for measles elimination, while MCV2 coverage also remained suboptimal. Continued identification of zero-dose and under-immunized children during recent vaccination activities demonstrates persistent immunity gaps, particularly within underserved urban settlements, peri-urban communities, and hard-to-reach districts. While district-level coverage and dropout data are still being consolidated by the Ministry of Health/EPI, the outbreak reflects the ongoing accumulation of susceptible children associated with uneven immunization uptake, barriers to healthcare access, and likely dropout between first and second measles vaccine doses.

In addition, national public health priorities shifted toward Mpox preparedness and response during 2025, contributing to reduced measles surveillance sensitivity and delayed detection of suspected cases. Planned routine measles vaccination activities were also not implemented at the intended scale during this period, further increasing susceptibility and creating conditions for continued silent transmission.

Community-level vulnerabilities are also contributing to the spread of the outbreak. Misinformation, vaccine hesitancy, low risk perception, delayed healthcare-seeking behaviour, and limited awareness of measles symptoms continue to undermine vaccine uptake and delay referral of suspected cases. Weak community engagement and risk communication systems further reduce the effectiveness of outbreak control measures, particularly in high-density urban and peri-urban communities.

The Government of Sierra Leone officially declared the outbreak on 13 May 2026, triggering activation of national and district rapid response mechanisms and deployment of outbreak response teams. Since the declaration, health authorities and partners have intensified surveillance, case investigation, laboratory testing, community sensitization, and reactive vaccination activities. The Ministry of Health, through the Expanded Programme on Immunization (EPI), is implementing an outbreak response strategy focused on intensified routine immunization, targeted reactive vaccination, active case finding, and strengthened community engagement. Despite these efforts, the outbreak continues to expand, indicating persistent immunity gaps and insufficient routine immunization coverage.

Following the outbreak declaration, the National Public Health Agency (NPHA) and the Ministry of Health (MoH) commenced ring vaccination activities in affected communities on 20 May 2026, with implementation expected to continue through September 2026. Vaccination activities are being conducted through clinic and health facility in-charges, supported by outreach vaccination teams operating at community level. The Sierra Leone Red Cross Society (SLRCS) will complement these efforts through collaboration with 80 clinics and vaccination outreach teams, focusing on community engagement, social mobilization, risk communication, and the promotion of vaccine uptake in high-risk communities.

In parallel, the MoH is preparing a nationwide measles vaccination campaign expected to take place between June and September 2026. While the campaign plan remains in draft form and has not yet been formally shared with partners, the current DREF operation has been designed to align with the anticipated vaccination timeline and geographic prioritization of high-risk districts. SLRCS support under the DREF will reinforce campaign implementation by mobilizing communities ahead of vaccination activities, supporting awareness-raising and demand generation, addressing misinformation and vaccine hesitancy, and facilitating access to vulnerable and hard-to-reach populations through community-based outreach structures.

The current outbreak is therefore occurring within a context of both acute epidemiological escalation and broader routine immunization recovery challenges. While emergency response measures are ongoing, national vaccination scale-up efforts remain under development, creating a critical window of vulnerability, particularly within densely populated urban and peri-urban districts where transmission risks are highest.

The Sierra Leone Red Cross Society is well positioned to complement government efforts through its extensive volunteer network and strong community presence in affected districts. Given that vaccines are already available in-country and reactive vaccination activities are ongoing, the National Society will focus on risk communication and community engagement, social mobilization, support to vaccination uptake, identification of missed and zero-dose children, community-based surveillance, early referral of suspected cases, and public

awareness activities targeting high-risk populations.

Without immediate and coordinated large-scale intervention, there is a significant risk of further geographic spread, increased morbidity and mortality among children, and reversal of gains achieved in child survival and immunization coverage. The combination of recurring outbreak cycles, widening immunity gaps, suboptimal MCV1 and MCV2 performance, high laboratory positivity, expanding geographic spread, and delayed recovery of routine immunization systems underscores the urgent need for DREF support to contain the outbreak and prevent escalation into a nationwide public health emergency.

Source Name	Source Link
1. National Public Health Agency	https://Centerformemoryandreparations.org
2. Calabash News	https://thecalabashnewspaper.com/sierra-leone-records-41-measles-cases-as-health-authorities-urge-immediate-vaccination/

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	**Yes**
Did it affect the same population group?	**No**
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:

Experience from previous public health emergencies in Sierra Leone, including Ebola, COVID-19, cholera outbreaks, and large-scale vaccination campaigns, provides critical lessons that directly inform the design and implementation of the current measles response operation.

Early and sustained community engagement is essential for outbreak control: Previous operations consistently demonstrated that engaging community leaders, religious leaders, women's groups, youth networks, and other trusted local structures from the onset of an emergency significantly strengthens community trust, acceptance, and participation. Where communities are actively engaged early, there is improved cooperation with surveillance activities, higher uptake of vaccination services, better adherence to public health measures, and more timely referral of suspected cases. This lesson is particularly relevant in the current measles outbreak, where community trust and demand creation are central to increasing vaccine uptake and interrupting transmission.

Misinformation and rumors can rapidly undermine response effectiveness: Past outbreaks have shown that unchecked misinformation regarding vaccines, disease causation, and treatment can severely weaken public health interventions. Delays in addressing rumors have previously led to fear, stigma, vaccine resistance, delayed care-seeking, and reduced community cooperation. These experiences highlight the importance of proactive, timely, and sustained risk communication and rumor management as core components of outbreak response.

Community volunteers are critical for early detection and rapid response: Evidence from previous emergencies confirms that trained community volunteers play a vital role in strengthening community-based surveillance systems, particularly in remote and underserved areas where access to formal health services is limited. Volunteers contribute to early identification, reporting, and referral of suspected cases, significantly improving the timeliness of outbreak detection and response.

Efficient logistics and supply chain systems are essential for timely response: Earlier operations have demonstrated that delays in procurement, transportation, storage, and distribution of essential supplies can significantly reduce the effectiveness of emergency interventions. Strengthening prepositioning of supplies, improving logistics coordination, and ensuring robust cold chain management are critical for timely delivery of vaccines, medical supplies, and protective equipment during outbreak response operations.

Volunteer safety, wellbeing, and support directly affect operational continuity: Lessons from previous responses show that insufficient attention to volunteer protection, insurance coverage, safety equipment, and psychosocial support negatively impacts morale, retention, and performance. Ensuring adequate safety measures and psychosocial support is therefore essential for sustaining a motivated and effective workforce throughout the operation.

Strong coordination mechanisms improve efficiency and reduce duplication: Past epidemic responses have consistently shown that effective coordination between government institutions, Red Cross Movement partners, and humanitarian actors enhances operational efficiency, improves resource utilization, and minimizes duplication of efforts. Regular coordination meetings, joint planning, and clear delineation of roles and responsibilities are essential for a coherent and unified response.

Digital tools enhance data quality and decision-making: Previous emergency operations demonstrated that the use of digital tools for registration, surveillance, and reporting significantly improves data accuracy, timeliness, and accountability. Real-time data systems support faster analysis and enable adaptive decision-making, which is critical in rapidly evolving outbreak contexts such as the current measles situation.

Community feedback and accountability mechanisms strengthen response quality: Lessons learned from earlier epidemic responses highlight that accessible community feedback and complaint mechanisms improve transparency, accountability, and operational effectiveness. Such systems allow affected populations to share concerns, identify gaps, and contribute to the continuous improvement of response activities, ensuring that interventions remain responsive to community needs.

These lessons collectively underscore the importance of an integrated, community-centered, and well-coordinated response approach. They strongly support the current operational focus on community engagement, risk communication, surveillance strengthening, volunteer mobilization, and accountability systems as essential components for effective measles outbreak control in Sierra Leone.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	**Yes**

Current National Society Actions

Start date of National Society actions

14-05-2026

Health	The Sierra Leone Red Cross has continued to support measles prevention and public awareness efforts through social media platforms and other communication channels. Preventive messaging has focused on increasing public understanding of measles symptoms, modes of transmission, and key measures to reduce the risk of infection. Information materials disseminated to the public provide clear, accurate, and accessible information on the nature of measles, its common signs and symptoms, methods of transmission, and recommended preventive actions. Communication messages emphasize the highly contagious nature of the disease, the importance of early identification of symptoms, prompt healthcare seeking behaviour, and adherence to preventive measures. To ensure broad reach and understanding, messages are being presented in simple, user-friendly, and visually engaging formats. In addition, the Sierra Leone Red Cross has been producing and circulating internal information bulletins to keep staff, volunteers, and participating National Societies informed and updated on the evolving outbreak situation, measles prevention measures, and recommended actions for supporting individuals and communities at risk of infection. These efforts are contributing to increased awareness, improved information sharing, and strengthened preparedness and response coordination among staff, volunteers, partners, and affected communities.
Coordination	The Sierra Leone Red Cross Society (SLRCS) continues to play an active role in national and district-level coordination mechanisms supporting the measles outbreak response. The National Society is participating in national and district coordination meetings, Incident Management System (IMS) coordination structures, district-level outbreak response planning sessions, and joint assessments conducted alongside the Ministry of Health and the National Public Health Agency (NPHA). These coordination platforms are facilitating joint planning, information exchange, and alignment of response activities among key stakeholders. Current coordination efforts are focused on strengthening rapid information sharing, resource mobilization, community engagement and mobilization, harmonized implementation of response interventions, and effective volunteer deployment planning. Through these mechanisms, SLRCS is contributing to the development of coordinated and integrated response actions aimed at reducing transmission and supporting affected communities. The Sierra Leone Red Cross maintains close collaboration and regular communication with the Ministry of Health and the National Public Health Agency through the Health Emergency Operations Centre (HEOC). This coordination supports continuous monitoring of the evolving outbreak situation and facilitates the implementation of joint response activities. The National Society also participates regularly in Health Cluster and Health Emergency Operations Centre meetings to ensure alignment with national preparedness and response priorities. In the context of the current measles outbreak, updates on case trends, surveillance findings, and ongoing response actions are being shared on a weekly basis through established coordination channels, including WhatsApp communication platforms managed by the Health Emergency Operations Centre. These communication systems

	are supporting timely information exchange, operational coordination, and rapid decision-making among response partners at national and district levels.
National Society Readiness	The Sierra Leone Red Cross Society (SLRCS) maintains an operational presence across all affected districts through its established network of Branch Disaster Response Teams (BDRTs), community-based volunteers, health and hygiene promotion teams, and Epidemic Control for Volunteers (ECV) trained personnel. These structures provide the National Society with the capacity to rapidly mobilize personnel and resources to support outbreak preparedness, surveillance, risk communication, community engagement, and response interventions at community level. The extensive volunteer network and decentralized branch structure enable SLRCS to access remote and hard-to-reach communities, facilitate timely information sharing, support early detection and referral of suspected cases, and strengthen community-based response activities. The availability of trained ECV personnel further enhances the National Society's ability to implement epidemic preparedness and control measures in line with public health protocols and community needs. SLRCS also brings substantial operational experience from previous public health emergencies and humanitarian responses in Sierra Leone. The National Society has played a key role in responding to Ebola outbreaks, the COVID-19 pandemic, cholera outbreaks, Mpox surveillance activities, and community vaccination campaigns. These experiences have strengthened institutional capacity in outbreak coordination, community engagement and accountability, surveillance support, infection prevention and control, volunteer management, and emergency health operations. The lessons, systems, and operational structures established during previous emergencies continue to inform the current measles outbreak response and provide a strong foundation for effective preparedness, rapid response, and coordinated intervention efforts across affected districts.
National Society EOC	The Emergency Operations Centre (EOC) of the Sierra Leone Red Cross Society remains active and operational to coordinate humanitarian actions required by national authorities and support response activities addressing the needs of populations affected by the measles outbreak. The EOC is facilitating coordination, information management, operational planning, and communication among branches, volunteers, government authorities, and humanitarian partners involved in the response. The National Society initially established the Emergency Operations Centre during the Mpox response, and the structure has remained functional since that time. In light of the current measles outbreak, the EOC has been reactivated and is now supporting the coordination and implementation of ongoing preparedness and response interventions across affected districts. Its continued functionality provides an important platform for timely decision-making, rapid information sharing, resource coordination, and monitoring of outbreak response activities.

IFRC Network Actions Related To The Current Event

Secretariat	The International Federation of Red Cross and Red Crescent Societies (IFRC) maintains a presence in Sierra Leone through the IFRC Country Cluster Delegation based in Freetown, which provides coverage and support to Sierra Leone Red Cross, Liberia National Red Cross, Guinea Red Cros, and Guinea-Bissau Red Cross. Since the confirmation of the measles outbreak, the IFRC Freetown Cluster Delegation has maintained close coordination and follow-up with the Sierra Leone Red Cross Society

	(SLRCS) to monitor the evolving situation and support preparedness and response planning. The Delegation has provided technical guidance and strategic support to the National Society in the development and review of the measles outbreak situation report, which has been shared with the IFRC Regional Operations Team to enhance regional coordination and situational awareness. Additionally, the Delegation has been actively supporting the National Society in the preparation and refinement of the DREF application to ensure a timely, coordinated, and evidence-based response to the outbreak. Once the DREF operation is approved, the IFRC Freetown Cluster Delegation will continue to provide comprehensive Secretariat support throughout the implementation of the measles outbreak response. This support will include technical assistance in Planning, Monitoring, Evaluation and Reporting (PMER), finance and administration oversight, logistics coordination, procurement support, security and risk management guidance, human resources support, and National Society Development (NSD) strengthening initiatives. The IFRC will also support operational monitoring missions, reporting processes, resource mobilization efforts, and coordination with regional and global technical teams to ensure the quality, accountability, and effectiveness of the response operation.
Participating National Societies	The Finnish Red Cross is currently the only Partner National Society with an established presence in Sierra Leone. Following confirmation of the measles outbreak, the Sierra Leone Red Cross Society shared the outbreak situation report and operational updates with the Finnish Red Cross country team to enhance situational awareness and coordination around the evolving public health emergency. At the time of the DREF request, no formal feedback, operational support, or financial contribution had been confirmed by the Finnish Red Cross specifically for the measles outbreak response. However, communication and information sharing remain ongoing between the National Society and the Finnish Red Cross team regarding the outbreak situation and potential areas of support. The SLRCS will continue to engage with the Finnish Red Cross and other Movement partners throughout the operation to explore opportunities for technical collaboration, operational coordination, and resource mobilization in support of the measles outbreak response should additional needs arise during implementation.

ICRC Actions Related To The Current Event

There is currently no permanent presence of the International Committee of the Red Cross (ICRC) in Sierra Leone. Support to the Sierra Leone Red Cross Society is provided through the ICRC Regional Office in Dakar. At this stage, no specific commitment or operational support from the ICRC has been made in relation to the current measles outbreak response.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes

National authorities	The Government of Sierra Leone, through the National Public Health Agency (NPHA) and the Ministry of Health (MoH), is leading the national response to the measles outbreak following the official declaration on 13 May 2026. In response to the escalating situation and confirmed multi-district transmission, the NPHA activated the Incident Command Centre (ICC) to coordinate and oversee outbreak response activities at national and district levels, ensuring harmonized implementation of surveillance, case management, vaccination, and risk communication interventions. National and district rapid response teams have been deployed to affected areas to support case investigation, line listing, and laboratory confirmation of suspected cases. Surveillance systems have been strengthened to improve early detection and reporting, including enhanced active case finding and contact tracing in the eight affected districts. The Ministry of Health is working closely with District Health Management Teams (DHMTs) to monitor epidemiological trends, coordinate field response activities, and ensure timely reporting and response to new alerts. In parallel, the Ministry of Health and NPHA, through the Expanded Programme on Immunization (EPI), have initiated preparations for emergency and reactive measles vaccination campaigns targeting high-risk and under-immunized populations, particularly children under five years of age. These efforts include planning for intensified outreach in affected and high-transmission districts, with a focus on closing immunity gaps and interrupting chains of transmission. Risk communication and community engagement activities have also been scaled up to improve public awareness of measles symptoms, transmission routes, prevention measures, and the importance of timely healthcare-seeking and vaccination. These activities are being implemented through community structures, health workers, and local authorities to strengthen demand for immunization services and promote early case reporting. The Government has further appealed for urgent technical and operational support from humanitarian and development partners, including the Sierra Leone Red Cross Society (SLRCS), to complement national response efforts. Priority areas for support include strengthening outbreak containment measures, supporting vaccination campaigns, enhancing community-based surveillance, improving infection prevention and control (IPC) capacity, and scaling up community engagement and risk communication interventions across affected districts.

Are there major coordination mechanism in place?

Several coordination mechanisms have been activated at both national and district levels to support the measles outbreak response in Sierra Leone. The response is being led by the National Public Health Agency (NPHA) in collaboration with the Ministry of Health (MoH), with technical and operational support from humanitarian partners and members of the Red Cross and Red Crescent Movement.

At the national level, the Incident Command Centre (ICC) has been activated to coordinate overall outbreak preparedness and response activities. The ICC serves as the central platform for information sharing, operational planning, surveillance updates, resource mobilization, and strategic decision-making. Regular national coordination meetings are being convened by the NPHA and MoH with participation from key stakeholders involved in health emergency response activities. These meetings support alignment of interventions, monitoring of outbreak trends, and identification of operational priorities and resource needs.

At district level, the District Health Management Teams (DHMTs) are leading operational coordination and implementation of outbreak response interventions within affected districts. District coordination meetings are being conducted regularly to strengthen disease surveillance, coordinate vaccination activities, support rapid response operations, and monitor the evolving outbreak situation within communities. These platforms also facilitate operational planning, reporting, information sharing, and allocation of resources among response partners working at district and community levels.

The Sierra Leone Red Cross Society (SLRCS) is actively participating in both national and district-level coordination structures. The National Society is supporting the response through community engagement and accountability activities, volunteer mobilization, surveillance support, health promotion, and risk communication interventions. SLRCS also contributes to technical discussions, operational planning processes, and information-sharing mechanisms alongside government authorities and humanitarian partners. Through its extensive branch network and strong community presence, the National Society continues to serve as an important auxiliary partner to public authorities in humanitarian response efforts.

Despite the coordination mechanisms currently in place, several operational gaps and challenges remain. These include limited operational resources at district level, insufficient support for community-based surveillance systems, inadequate cold chain infrastructure in remote areas, and limited risk communication and community engagement coverage in hard-to-reach communities. There is also a need to strengthen coordination between the health, education, and community sectors in order to support school-based awareness campaigns and vaccination activities. Continued partner engagement, technical support, and resource mobilization will therefore be essential to ensure an effective, timely, and well-coordinated response to the outbreak.

Needs (Gaps) Identified

Health

The current measles outbreak in Sierra Leone has exposed critical gaps in routine immunization coverage, disease surveillance, outbreak preparedness, and community-level health response capacity, particularly in underserved and hard-to-reach communities. Although measles remains endemic in the country, the current outbreak demonstrates a concerning increase in transmission and geographic spread, requiring urgent intervention to prevent further escalation and avoidable illness and deaths among vulnerable populations.

As of May 2026, 49 confirmed measles cases have been reported across eight districts, with a national laboratory positivity rate of 75 per cent. This high positivity rate indicates sustained community transmission and suggests that many additional cases remain undetected or unreported through routine surveillance systems. The spread of cases into densely populated urban areas, including Western Area Urban, significantly increases the risk of rapid transmission, particularly among unvaccinated children and populations living in overcrowded settlements with limited access to healthcare services.

Children under five years of age remain the most vulnerable group, especially those affected by malnutrition, chronic illness, weakened immunity, or incomplete vaccination status. Measles poses a high risk of severe complications, including pneumonia, diarrhoea, encephalitis, blindness, and death, particularly among children with poor nutritional status and limited access to timely healthcare. Geographic barriers, poor road conditions, weak outreach services, and long distances to health facilities continue to restrict access to vaccination, early diagnosis, treatment, and referral services in many rural and remote communities.

Despite the successful nationwide Measles-Rubella Supplementary Immunization Campaign conducted in 2024, routine immunization coverage remains below national Expanded Programme on Immunization (EPI) targets. National MCV1 coverage declined to 78 per cent,

while MCV2 targets were not achieved, leaving substantial immunity gaps among children and increasing susceptibility to outbreaks. In 2025, national response priorities shifted toward the Mpox response, which affected routine measles surveillance and disrupted planned measles vaccination activities, further contributing to declining vaccination coverage and increased population vulnerability.

Although measles vaccines are available in-country through support from Gavi and immunization partners, vaccine hesitancy, misinformation, misconceptions regarding vaccine safety, and low community awareness continue to undermine vaccine uptake in several communities. Many caregivers lack adequate information on measles symptoms, prevention measures, and the importance of routine immunization and early healthcare-seeking behaviour. These gaps continue to contribute to delayed detection of cases, ongoing transmission, and low uptake of available vaccination services.

Health facilities and district response teams are facing increasing pressure due to growing demands for case investigation, surveillance, laboratory testing, reporting, and clinical management. Existing operational capacities remain insufficient to sustain large-scale outbreak response activities across all affected districts. Community-based surveillance systems remain weak in several locations, resulting in delays in case detection, reporting, referral, and response. Inadequate transportation and communication systems further constrain rapid response operations and information sharing between communities and health authorities.

There is therefore an urgent need to strengthen community-based interventions that support early detection, referral, vaccine uptake, and public awareness in high-risk communities. Priority gaps requiring immediate support include limited community engagement and risk communication activities, insufficient social mobilization for vaccination uptake, weak community-based surveillance systems, and inadequate operational support for frontline volunteers and rapid response teams.

Immediate response support is required to strengthen risk communication and community engagement (RCCE), support government-led vaccination activities, reinforce community-based surveillance and referral systems, and improve public awareness on measles prevention and early healthcare-seeking behaviour. Without urgent intervention, the outbreak is likely to continue expanding into additional districts and vulnerable populations, increasing the risk of preventable morbidity and mortality among children and placing further strain on already overstretched health systems.

Water, Sanitation And Hygiene

Although measles is a vaccine-preventable disease, inadequate water, sanitation, and hygiene (WASH) conditions significantly increase the risk of disease transmission and the severity of health complications, particularly among children living in overcrowded and vulnerable environments. The current outbreak in Sierra Leone has highlighted critical gaps in hygiene infrastructure, infection prevention and control (IPC) measures, and community awareness on disease prevention practices, especially in high-risk communities affected by poor sanitation and limited access to safe water.

The outbreak has spread across eight districts, including densely populated urban and peri-urban communities where overcrowded living conditions, poor environmental sanitation, and inadequate hygiene facilities create favourable conditions for the rapid spread of infectious diseases. Schools, marketplaces, health facilities, public transportation areas, and informal settlements remain particularly vulnerable due to high population density and frequent close contact among community members. Children under five years of age, especially those affected by malnutrition and poor living conditions, remain at heightened risk of infection and severe health complications.

Access to adequate handwashing facilities, safe water, sanitation infrastructure, and essential hygiene supplies remains limited in many affected communities, particularly in remote rural areas and underserved urban settlements. Weak hygiene practices, inadequate waste management systems, and limited access to soap and disinfectants continue to undermine infection prevention efforts at both household and community levels. These conditions contribute to increased vulnerability to measles transmission and other communicable diseases, placing additional strain on already overstretched health services.

Health facilities and temporary response structures supporting the measles outbreak response are also facing significant infection prevention and control challenges. Existing gaps include inadequate hand hygiene stations, limited access to disinfectants and cleaning materials, shortages of personal protective equipment (PPE), and weak healthcare waste management systems. Inadequate IPC infrastructure within health facilities increases the risk of healthcare-associated infections and exposes frontline health workers, caregivers, and patients to additional transmission risks.

Community awareness regarding hygiene practices and infection prevention measures also remains limited in several affected locations. Many households lack adequate information on hand hygiene, respiratory hygiene, environmental cleaning, and other preventive measures necessary to reduce disease transmission within homes, schools, and community spaces. Misinformation and low risk perception further contribute to poor adherence to recommended hygiene and prevention practices.

There is therefore an urgent need to strengthen community-based WASH interventions that complement ongoing health response activities and support outbreak containment efforts. Priority gaps requiring immediate support include inadequate hygiene promotion activities, limited access to handwashing materials and hygiene supplies, weak infection prevention and control measures in public spaces and health facilities, and insufficient community awareness on hygiene and disease prevention practices.

Protection, Gender And Inclusion

The current measles outbreak in Sierra Leone is disproportionately affecting vulnerable and at-risk populations, particularly children under five years of age, women and caregivers, persons with disabilities, older persons, marginalized households, and communities living in underserved and hard-to-reach areas. Existing social, economic, and health inequalities continue to limit equitable access to healthcare services, vaccination, outbreak information, and response support, increasing the vulnerability of already at-risk populations.

Children, especially those who are unvaccinated, under-immunized, malnourished, or living in overcrowded environments, remain at highest risk of severe illness, complications, and preventable deaths from measles. Delayed healthcare-seeking behaviour, limited access to health facilities, and weak community awareness further increase the vulnerability of children in affected districts. In many households, women and caregivers carry the primary responsibility for childcare, caregiving, and health-seeking decisions, often while facing limited access to timely and accurate health information, financial constraints, and reduced participation in decision-making processes related to healthcare and vaccination.

The outbreak has also exposed significant barriers affecting equitable access to response services for persons with disabilities, older persons, migrants, and socially marginalized populations. Physical inaccessibility of health facilities and vaccination sites, limited transportation, communication barriers, stigma, discrimination, and low inclusion in community engagement activities continue to restrict access to essential health information and services. In remote and underserved communities, delayed access to vaccination and outbreak information further increases vulnerability and the risk of exclusion from response interventions.

Misinformation, fear, and stigma surrounding measles and vaccination present additional protection risks during the outbreak. Affected individuals and families may experience discrimination, social exclusion, blame, or fear within their communities, discouraging timely reporting of symptoms and healthcare-seeking behaviour. Misconceptions regarding vaccination may also disproportionately affect vulnerable groups with limited access to reliable information, increasing the risk of exclusion from lifesaving immunization services.

The ongoing outbreak response also presents safeguarding and protection concerns that require careful management. Overcrowded vaccination sites, health facilities, and community outreach activities may expose women, girls, children, and vulnerable individuals to increased safety, dignity, and protection risks if appropriate measures are not in place. Vulnerable individuals may face difficulties accessing confidential feedback mechanisms, reporting concerns, or safely seeking assistance during response activities.

Existing community engagement and response mechanisms remain insufficiently inclusive to fully address the specific needs of vulnerable and marginalized populations. There is limited availability of accessible communication materials adapted for persons with disabilities and low-literacy groups, while participation of women, youth, persons with disabilities, and marginalized groups in community-level response planning and decision-making remains limited in several affected areas.

There is therefore an urgent need to strengthen Protection, Gender and Inclusion (PGI) integration across all outbreak response activities to ensure that interventions are safe, equitable, accessible, and responsive to the needs of all affected populations. Strengthening inclusive community engagement and safeguarding measures will be critical to ensuring that vulnerable populations can safely access vaccination, healthcare services, and outbreak information without discrimination or exclusion.

Community Engagement And Accountability

The current measles outbreak in Sierra Leone has exposed significant gaps in community awareness, risk communication, public trust, and community engagement mechanisms, all of which continue to contribute to low vaccine uptake, delayed healthcare-seeking behaviour, and sustained community transmission. Although measles vaccines are available in-country and the Government has initiated reactive vaccination activities, misinformation, misconceptions, and weak community engagement remain major barriers to effective outbreak control.

In many affected districts, knowledge of measles symptoms, transmission routes, prevention measures, and the importance of routine immunization remains limited, particularly among caregivers in underserved urban settlements, remote communities, and low-literacy populations. As a result, many suspected cases are identified late, healthcare is sought only after complications develop, and opportunities for early isolation, referral, and treatment are missed. Delayed care-seeking behaviour increases the risk of severe illness,

preventable deaths among children, and continued spread within households and communities.

The outbreak has also highlighted persistent vaccine hesitancy and low confidence in vaccination services. Misinformation and rumours regarding vaccine safety, side effects, and disease outbreaks continue to circulate widely within communities, particularly through informal community networks and social media platforms. Experience from previous outbreaks in Sierra Leone has demonstrated that delayed or inadequate response to misinformation can significantly undermine public health interventions, reduce trust in authorities, and weaken community participation in outbreak response activities.

The rapid spread of the outbreak across eight districts, including densely populated urban communities in Western Area Urban, has further increased the urgency for large-scale community engagement interventions. High population movement, overcrowded living conditions, and weak community awareness continue to facilitate transmission, particularly in communities with low vaccination coverage and limited access to accurate health information.

Existing risk communication and community engagement capacities remain insufficient to address the scale and complexity of the current outbreak. Government and partner efforts are largely concentrated on surveillance, laboratory testing, and vaccination delivery, while community-level engagement, interpersonal communication, and rumour management activities remain limited. Many affected communities lack accessible and trusted channels to ask questions, report rumours, raise concerns, or provide feedback regarding vaccination and outbreak response activities.

Vulnerable groups, including women, children, persons with disabilities, migrants, marginalized households, and populations living in remote or underserved communities, face additional barriers in accessing accurate information and participating meaningfully in response activities. Language barriers, low literacy levels, limited access to media platforms, and social exclusion further reduce access to timely and reliable health information among these groups.

Community feedback and accountability systems also remain weak in several affected districts, limiting the ability of response actors to understand community concerns, identify misinformation trends, and adapt interventions to community needs and perceptions. Without strong two-way communication mechanisms, misinformation and mistrust may continue to undermine vaccination uptake and outbreak containment efforts.

There is therefore an urgent need to strengthen Community Engagement and Accountability (CEA) and Risk Communication and Community Engagement (RCCE) interventions to support behaviour change, improve vaccine acceptance, and strengthen trust between communities and health authorities. Immediate priorities include strengthening interpersonal communication, expanding community awareness campaigns, establishing accessible feedback mechanisms, and enhancing rumour tracking and community listening systems.

Any identified gaps/limitations in the assessment

The ongoing measles outbreak response in Sierra Leone is being affected by several operational, surveillance, logistical, and community-level limitations that continue to constrain the scale, timeliness, and effectiveness of response interventions. These gaps not only affect outbreak containment efforts but also limit the ability of health authorities and partners to accurately assess the full extent of transmission and population vulnerability across affected districts.

A major limitation remains weak routine surveillance and underreporting of suspected measles cases, particularly in remote, underserved, and densely populated communities with limited access to health services. The current national laboratory positivity rate of 75 per cent strongly suggests sustained community transmission and indicates that additional suspected cases may not be captured through existing surveillance systems. Delays in case detection, reporting, laboratory confirmation, and referral continue to affect the accuracy and timeliness of outbreak data, limiting comprehensive situational analysis and rapid response planning.

Community-based surveillance systems also remain insufficiently resourced in several districts. Limited transportation, communication infrastructure, and operational support continue to hinder rapid field investigations, active case finding, and timely information sharing between communities and district response teams. In hard-to-reach areas, poor road access and long travel distances further affect monitoring and assessment activities, increasing the risk that transmission chains remain undetected for extended periods.

The national health system is simultaneously facing significant operational pressures due to competing public health priorities and existing resource limitations. The shift in national response focus toward Mpox preparedness and response activities during 2025 affected routine measles surveillance, vaccination activities, and early outbreak detection capacities. Existing health workforce and operational capacities remain overstretched due to increasing demands for surveillance, laboratory testing, case management, vaccination support, and community engagement activities across multiple health emergencies.

Gaps in routine immunization coverage remain one of the most significant limitations contributing to the current outbreak. Although a successful nationwide Measles-Rubella Supplementary Immunization Campaign was conducted in 2024, routine vaccination targets were

not sustained, with national MCV1 coverage declining to 78 per cent and MCV2 targets not achieved. These immunity gaps continue to increase the number of susceptible children and complicate outbreak containment efforts. In addition, logistical challenges, including limited cold chain capacity, inadequate vaccine storage infrastructure, transportation constraints, and insufficient operational support for outreach services, continue to affect equitable vaccine access in remote and high-risk communities.

Limited resources for large-scale risk communication and community engagement activities also remain a major constraint. Persistent misinformation, vaccine hesitancy, misconceptions regarding vaccine safety, and low community awareness continue to undermine vaccination uptake and early healthcare-seeking behaviour. Existing communication capacities are insufficient to ensure consistent, timely, and culturally appropriate messaging across all affected districts, particularly in underserved and low-literacy communities. Weak feedback and community listening mechanisms further limit the ability to identify misinformation trends, address community concerns, and adapt interventions to local perceptions and needs.

Additional operational limitations include shortages of personal protective equipment (PPE), disinfectants, infection prevention and control (IPC) materials, and logistical support for frontline responders and volunteers. These constraints reduce the ability of health workers and volunteers to safely conduct surveillance, outreach, social mobilization, and community engagement activities, while also increasing occupational exposure risks.

These limitations reflect broader structural and operational challenges affecting outbreak preparedness and response capacity in Sierra Leone. The identified gaps highlight the urgent need for targeted support to strengthen community-based surveillance, improve vaccination uptake, reinforce risk communication and community engagement activities, enhance operational support for frontline responders, and improve equitable access to outbreak response services for vulnerable populations. Immediate support through the DREF operation is therefore essential to address these gaps, strengthen community-level response capacities, and support effective containment of the ongoing measles outbreak.

Operational Strategy

Overall objective of the operation

The overall objective of this operation is to support the Government of Sierra Leone in containing and reducing the spread of the ongoing measles outbreak across eight affected districts through strengthened risk communication and community engagement (RCCE), social mobilization for vaccination uptake, community-based surveillance, early detection and referral of suspected cases, and targeted public health interventions over a four-month period.

The operation aims to reduce measles-related morbidity and mortality, particularly among children under five years of age and other vulnerable populations, by addressing critical gaps in community awareness, vaccine uptake, early healthcare-seeking behaviour, and outbreak response capacity. Through the mobilization of trained Red Cross volunteers and community networks, the operation will support government-led reactive vaccination activities by increasing public confidence in vaccination, addressing misinformation and vaccine hesitancy, and improving access to accurate and timely health information in high-risk communities.

The DREF operation will directly support 240,703 people across affected districts, prioritizing vulnerable and underserved populations, including children, women, caregivers, persons with disabilities, and communities with low routine immunization coverage. Interventions will focus on strengthening community-level prevention and response measures to interrupt transmission chains, improve early identification and referral of suspected cases, promote safe hygiene and infection prevention practices, and reinforce accountability and community participation throughout the response.

Operation strategy rationale

The operational strategy of this DREF operation aims to support the Government of Sierra Leone in containing the ongoing measles outbreak across eight affected districts through integrated community-based interventions over a four-month period. In line with its auxiliary role to public authorities, the Sierra Leone Red Cross Society (SLRCS) will complement government-led efforts by strengthening risk communication and community engagement (RCCE), supporting vaccination uptake, reinforcing community-based surveillance and referral systems, and improving access to accurate health information in high-risk and underserved communities.

The operation is guided by the current epidemiological situation, characterized by sustained community transmission, a 75 per cent laboratory positivity rate, increasing geographic spread, and persistent immunity gaps associated with low routine immunization coverage. Although vaccines are available in-country and reactive vaccination activities are ongoing, outbreak containment is being undermined by vaccine hesitancy, misinformation, delayed healthcare-seeking behaviour, weak community awareness, and limited

outreach capacity.

Given the rapid spread of the outbreak and the urgent need to increase vaccination uptake, the operation will prioritize immediate outbreak control interventions during the first phase of implementation. Initial efforts will focus on intensive RCCE activities, community sensitization, rumour management, and engagement with trusted community leaders to rapidly build public confidence and increase acceptance of reactive vaccination activities. These interventions will run simultaneously with community-based surveillance and active case finding to support early detection, referral, and reporting of suspected cases.

The operation is also designed to directly complement the Government's planned nationwide measles vaccination campaign, which is currently being finalized by the National Public Health Agency (NPHA) and is expected to be implemented over a four-to-five-month period. SLRCS support will focus on strengthening last-mile community mobilization and improving vaccination uptake in high-risk and underserved communities before, during, and after vaccination activities. Through its volunteer network, the National Society will support pre-campaign sensitization, household-level awareness raising, identification and referral of missed and zero-dose children, community feedback collection, rumour management, and mobilisation of caregivers to vaccination sites. These interventions will help increase community acceptance, improve turnout during vaccination activities, and support the Government in reaching populations that are traditionally underserved or hesitant to access immunization services.

As community awareness and mobilization increase, the operation will intensify support to government-led vaccination activities through social mobilization, support to outreach activities, reinforcement of infection prevention and control (IPC) measures, and continued community engagement in affected districts. Throughout implementation, community feedback mechanisms, surveillance support, and targeted outreach to vulnerable groups will continue to guide adaptive response actions and strengthen outbreak containment efforts.

To address the identified operational gaps, the strategy combines Health, WASH, Community Engagement and Accountability (CEA), Protection, Gender and Inclusion (PGI), and National Society Strengthening (NSS) interventions to ensure a coordinated, inclusive, and high-impact response focused on reducing transmission, strengthening vaccine uptake, and improving community-level outbreak preparedness and response capacity.

1. Health

Health interventions will form the core of the operation and will focus on supporting government-led vaccination efforts, strengthening community-based surveillance systems, improving early detection and referral of suspected cases, and reinforcing infection prevention and control (IPC) measures at community level.

Following the declaration of the measles outbreak, the National Public Health Agency (NPHA) and the Ministry of Health (MoH) commenced ring vaccination activities in affected communities on 20 May 2026, with implementation expected to continue through September 2026. Vaccination activities are being conducted through clinic and health facility in-charges, supported by outreach vaccination teams at community level. The Sierra Leone Red Cross Society (SLRCS) will support these efforts by working with 80 clinics and vaccination outreach teams across affected districts.

SLRCS will support the Ministry of Health and the Expanded Programme on Immunization (EPI) through intensified social mobilization and demand creation activities aimed at increasing uptake of available measles vaccines in affected districts. One hundred and sixty (160) trained volunteers will conduct door-to-door sensitization, community outreach, and engagement with caregivers, local leaders, religious leaders, teachers, and vulnerable populations to address vaccine hesitancy, misinformation, and low risk perception. Volunteers will also support identification of missed and zero-dose children, encourage participation in ring and reactive vaccination activities, and promote early healthcare-seeking behaviour. These interventions will support last-mile vaccination delivery efforts and contribute to improving immunization coverage among high-risk populations.

To strengthen outbreak detection and response, SLRCS volunteers and branch networks will support community-based surveillance activities, including active case finding, identification and reporting of suspected cases, early referral, contact follow-up, and dissemination of prevention messages at community level. Volunteers will work closely with District Health Management Teams (DHMTs), clinic in-charges, vaccination outreach teams, and local authorities to strengthen information sharing and support timely investigation and response to suspected cases.

The operation will also support infection prevention and control (IPC) measures through the provision of PPE and essential IPC supplies for volunteers and frontline responders, as well as training on safe community engagement practices, referral pathways, community protection measures, and risk reduction practices. These interventions will contribute to reducing transmission risks for both communities and responders during outbreak response activities while strengthening safe delivery of vaccination and surveillance interventions.

As part of capacity strengthening for effective outbreak response, the operation will implement a series of targeted trainings to enhance the preparedness and operational capacity of staff, volunteers, and frontline responders. This will include a three-day Training of Trainers (ToT) for 30 staff, volunteer supervisors, and health workers on Community-Based Surveillance (CBS), contact tracing, and Infection Prevention and Control (IPC). In addition, 160 Red Cross volunteers will receive a two-day training on community-based

surveillance and contact tracing to strengthen early identification, reporting, referral, and community follow-up of suspected measles cases.

To support community wellbeing and safe service delivery, 180 volunteers and staff will receive one-day training sessions on Mental Health and Psychosocial Support (MHPSS), as well as Protection, Gender and Inclusion (PGI) minimum standards, safeguarding, Prevention of Sexual Exploitation and Abuse (PSEA), and community feedback and reporting mechanisms. The same group will also receive training on Risk Communication and Community Engagement (RCCE), including the use of social media and interpersonal communication approaches to strengthen community outreach, trust-building, and consistent messaging during the measles response.

To ensure accountability and effective use of resources, the operation will apply existing IFRC and SLRCS financial management, procurement, and volunteer management procedures. These include approved training plans, standardized training materials, participant verification, attendance tracking, supervisory oversight, and regular monitoring at branch and national levels. Volunteer deployment will be linked to clearly defined operational outputs and daily activity reporting, with continuous supervision by SLRCS technical teams and IFRC support staff.

Cost-efficiency measures will include consolidation of trainings where feasible, use of existing branch structures and local facilitators, and prioritization of practical sessions directly linked to outbreak response implementation. Volunteer incentives and operational support will follow approved IFRC rates and will be tied to verified participation and field activities. Monitoring, post-training evaluations, field supervision, and financial compliance checks will be conducted throughout the operation to ensure accountability, value for money, and effective implementation of DREF-supported activities.

2. Water, Sanitation and Hygiene (WASH)
WASH interventions will be integrated throughout the operation to support infection prevention efforts and reduce transmission risks in communities, public spaces, and health-related outreach activities. Although measles is primarily transmitted through respiratory droplets, poor hygiene conditions, overcrowding, and inadequate sanitation increase vulnerability to communicable diseases and contribute to unsafe environments during outbreak response activities.

The operation will prioritize hygiene promotion and community awareness activities focused on handwashing, respiratory hygiene, environmental cleaning, and infection prevention practices. Hygiene promotion messages will be integrated into community outreach and vaccination support activities to reinforce positive behaviour change and reduce transmission risks in households, schools, marketplaces, and other high-risk community settings.

SLRCS will also support frontline volunteers and outreach activities through the provision of hand hygiene materials, disinfectants, PPE, and cleaning supplies required for safe implementation of response activities. These interventions will strengthen operational safety, support IPC measures during vaccination campaigns and outreach activities, and contribute to safer environments for communities and responders.

3. Community Engagement and Accountability (CEA)
CEA/RCCE will serve as a central pillar of the operation due to the significant role that misinformation, vaccine hesitancy, low risk perception, and weak community awareness are playing in sustaining transmission and limiting vaccination uptake.

SLRCS will implement large-scale risk communication and community engagement activities to improve public awareness of measles symptoms, transmission pathways, prevention measures, vaccination benefits, and early healthcare-seeking behaviour. Interventions will include door-to-door sensitization, community dialogues, radio messaging, dissemination of Information, Education and Communication (IEC) materials in local languages, and engagement with trusted community leaders, religious leaders, youth groups, and women's groups.

To strengthen accountability and trust, the operation will establish and reinforce community feedback and complaint mechanisms that allow communities to ask questions, report rumours, raise concerns, and provide feedback on response activities. Rumour tracking and community listening mechanisms will also be strengthened to identify misinformation trends and adapt messaging to local concerns and perceptions.

These interventions aim to improve public trust, strengthen community participation, increase vaccine confidence, and support positive behaviour change in affected communities.

4. Protection, Gender and Inclusion (PGI)
Protection, Gender and Inclusion (PGI) considerations will be mainstreamed across all sectors of the operation to ensure that response activities are safe, equitable, accessible, and inclusive for all affected populations.

The operation will prioritize vulnerable groups, including children under five years of age, women and caregivers, persons with disabilities, older persons, marginalized households, and hard-to-reach communities who face heightened risks and barriers to accessing health services and outbreak information. Communication approaches and outreach strategies will be adapted to ensure accessibility, inclusion, and culturally appropriate engagement for different population groups.

SLRCS staff and volunteers will receive orientation on PGI, safeguarding, Prevention of Sexual Exploitation and Abuse (PSEA), child protection, and safe referral pathways to ensure that all interventions are implemented in a dignified, accountable, and community-centered manner. Community engagement activities will also promote inclusion, reduce stigma and discrimination associated with measles and vaccination, and support equitable access to response services.

5. National Society Strengthening (NSS)
National Society Strengthening (NSS) interventions will support the effective implementation, coordination, and sustainability of the operation. The operation will strengthen volunteer safety, operational readiness, coordination systems, reporting capacities, and branch-level response mechanisms to enhance the ability of SLRCS to effectively support the national outbreak response.

Support will include volunteer training, supervision, deployment support, operational coordination, monitoring and reporting, and reinforcement of community-based response capacities in affected districts. These interventions will strengthen SLRCS preparedness and response capacities for future public health emergencies while ensuring safe and accountable implementation of the current operation.

Through this integrated operational strategy, SLRCS will support the Government of Sierra Leone to strengthen outbreak containment efforts, improve vaccination uptake, reinforce community surveillance and early referral systems, address misinformation and vaccine hesitancy, and reduce preventable morbidity and mortality associated with the ongoing measles outbreak. The strategy is designed to deliver rapid and measurable community-level impact while strengthening trust, resilience, and preparedness in affected communities.

Targeting Strategy

Who will be targeted through this operation?

The operation will prioritize:
• Children under five years of age;
• Unvaccinated and under-immunized children;
• Pregnant women and caregivers;
• Vulnerable households;
• Hard-to-reach communities;
• Overcrowded urban and peri-urban settlements;
• Communities with low routine immunization coverage and identified immunity gaps.
• Special attention will also be given to:
• Female-headed households;
• Persons with disabilities;
• Child-headed households;
• Internally displaced and mobile populations.

While the estimated at-risk population across the eight affected districts is approximately 782,500 people, the operation will directly target 240,703 people based on epidemiological prioritization, operational feasibility, volunteer coverage capacity, and the planned scale of community-based interventions under the DREF.

The target figure was derived using operational planning assumptions linked to the deployment of 160 trained Red Cross volunteers across prioritized high-risk communities in the eight affected districts. Based on planned door-to-door sensitization, community engagement sessions, vaccination support activities, active case finding, referral, and community-based surveillance over the four-month operational period, each volunteer is expected to support outreach to an average catchment population of approximately 1,500 people, resulting in an estimated direct reach of 240,703 people.

The target population includes an estimated:
• Approximately 48,000 children under five years of age, identified as the primary high-risk group for measles infection and severe complications;
• An estimated 72,000 caregivers and parents targeted through vaccination awareness and behaviour change activities;
• About 120,703 additional community members reached through RCCE, surveillance, hygiene promotion, and community mobilization interventions.

Geographical targeting was informed by:
• Districts with confirmed measles transmission and high laboratory positivity rates;

- Densely populated urban and peri-urban communities with elevated transmission risk;
- Communities with low routine immunization coverage and identified immunity gaps;
- Areas with limited access to health information, vaccination services, and surveillance systems;
- Locations where SLRCS branch presence and volunteer networks can effectively support RCCE, surveillance, and vaccination uptake activities.

Although the operation will directly target 240,703 people, it is expected to generate broader indirect benefits across the wider at-risk population through strengthened community awareness, improved vaccine acceptance, enhanced early detection and referral systems, and support to Government-led outbreak containment measures.

Explain the selection criteria for the targeted population

Priority beneficiaries will include:
- Households with suspected or confirmed measles cases.
- Children with no vaccination history.
- Communities with low immunization coverage.
- Households identified through surveillance systems.
- High-density and underserved communities.
- Vulnerable and marginalized populations.

Total Targeted Population

Women	**107,615**	Rural	**35%**
Girls (under 18)	**26,973**	Urban	**55%**
Men	**81,083**	People with disabilities (estimated)	**-**
Boys (under 18)	**25,032**		
Total targeted population	240,703		

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?	**Yes**
Does your National Society have whistleblower protection policy?	**Yes**

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
Supply chain disruptions	Early procurement and contingency stock management
Security constraints related to the current insecurity context and state of emergency	The current security context in the country may limit the implementation of vaccination campaigns and assistance activities. To mitigate this risk, constant communication will be maintained with the Emergency Operations Centre. Measures will include proper identification of personnel, adherence to security protocols and the appropriate use of personal protective equipment during eld activities. Cases of GBV identified by the PGI focal point at the community level will be safely referred to the responsible local authority.
Community resistance or tensions related to vaccine hesitancy, misinformation or lack of knowledge about measles vaccination	Continuous communication with the Emergency Operations Centre to report potential risks. Implementation of mass sensitization campaigns on prevention measures and the importance of vaccination. Engagement with health committees in awareness raising actions to address myths, stigma and misinformation related to vaccination, its collective benefits and individual protection. Engagement with community local leaders, educators and community health committees, will be prioritized to support trusted communication and improve acceptance of prevention and vaccination activities. Community feedback collected through dialogue, surveys and social media monitoring will be systematically analysed and used to adapt messaging approaches and, where necessary, adjust service delivery modalities to better respond to community concerns and preferences.
Risk of measles infection among Sierra Leone Red Cross response personnel	Development of training processes on infection prevention and control, safety and care measures, allowing for the rotation of volunteer personnel supporting the intervention. Prior to the involvement of volunteers in the operation, their vaccination status will be verified.

Please indicate any security and safety concerns for this operation:

In line with the previously identified risks and considering the dynamic nature of the emergency, the Sierra Leone has anticipated and implemented complementary and robust preventive measures to safeguard the safety and security of staff and volunteers involved in response activities.

The National Society will ensure that all personnel deployed in the eld have access to updated health information, as well as information on evacuation routes, safe areas and institutional response protocols. Personal protective equipment (PPE) and visibility kits that comply with movement safety standards will also be provided.

Through its Emergency Operations Centre, the Sierra Leone Red Cross will maintain continuous monitoring of the operational context, including road conditions, weather patterns and potential protection risks. This will allow for timely adjustments to action plans and travel routes, as required.

These measures, reinforced through ongoing coordination with local authorities and security forces, form part of a comprehensive Safety, Access and Security Strategy aimed at minimising risks and protecting the safety and well being of personnel throughout the operation.

Has the child safeguarding risk analysis assessment been completed?	No

Planned Intervention

Health

Budget: CHF 62,950
Targeted Persons: 240,703

Indicators

Title	Target
• % increase in measles vaccination coverage	60
# of people reached with measles prevention messages through community outreach and mass media	240,703
% of suspected measles cases detected and reported through community-based surveillance systems within 24–48 hours	80
% of suspected measles cases referred to health facilities for confirmation and management within 24 hours of detection.	90
% of suspected measles cases investigated within 48 hours	90
# of active case finding visits conducted	20
# zero-dose children identified and referred to vaccination	2,000
% vaccination sites supported with crowd management, active outreach or other	80

supports.	
% of contacts assigned to SLRC who received full schedule of monitoring visits/calls	90
# of volunteers trained on RCCE, CEA, and rumor management	160

Priority Actions

- Conduct Risk Communication and Community Engagement (RCCE) briefings for staff and volunteers to strengthen coordination and consistent community messaging during the measles response
- Conduct Training of Trainers (ToT) for 30 staff, Volunteer supervisors, Health workers on Community-Based
- Surveillance (CBS). n Infection Prevention and Control (IPC), including safe practices during vaccination campaigns, outbreak response, and community engagement activities.
- Train 160 Red Cross Volunteers and community Health workers (20 per branches) on community-based surveillance and contact tracing for early identification, reporting, and referral of suspected measles cases.
- Deploy 160 Red Cross Volunteers and community Health workers to support surveillance and contact tracing for early identification, reporting, and referral of suspected measles cases.
- Support the Ministry of Health, NPHA, and vaccination outreach teams in 80 targeted clinics and communities through volunteer mobilization, crowd management, household defaulter tracing, identification and referral of zero-dose and missed children, and community-based surveillance for suspected measles cases
- Mobilize and deploy 160 trained volunteers to support awareness activities on measles prevention (including signs and symptoms, modes of transmission, early care-seeking), importance of full vaccination for children under five and other at-risk groups, and Social Mobilization during vaccination campaigns
- Deliver school-based health promotion and vaccination awareness sessions using age-appropriate materials for children and adolescents to strengthen prevention knowledge and increase vaccine acceptance.
- Monthly subscription for Nyss platform
- Conduct active case finding and support contact tracing in collaboration with District Health Management Teams to ensure rapid detection and interruption of transmission chains.
- Support Ministry-led emergency measles vaccination campaigns through community mobilization, identification of zero-dose and missed children, and facilitation of outreach activities in hard-to-reach communities.
- Conduct training for volunteers and staff on Mental Health and Psychosocial Support (MHPSS).
- Produce weekly radio programs focused on Measles awareness
- Produce and share weekly CBS data updates
- Printing of Measles prevention messages (2400 pcs)
- Engagement of district stakeholders, high risk people & schools on Measles prevention and control.
- Organize Weekly Focus Group Discussions with At-Risk Populations
- Engage national stakeholders on Measles prevention measures
- Support DHMT with fuel as support to campaign and for supervision and DHIS2 monitoring.• •

Water, Sanitation And Hygiene

Budget: CHF 38,885
Targeted Persons: 240,703

Indicators

Title	Target
# of community hygiene promotion sessions conducted	48
# of people reached through hygiene promotion campaigns	240,703
# of handwashing stations procured and deployed in vaccination/outreach	-

% of community members demonstrating correct handwashing practices	80
% of functional handwashing stations with soap and water available during monitoring visits	90

Priority Actions

- Procure and install 20L handwashing stations (Veronica buckets with taps) in strategic public locations (schools, markets, health facilities, churches, mosques, court barrays, ataya bases), with 30 stations per district, prioritised based on transmission risk and population density.
- Procure and install waste buckets at each handwashing station to support safe waste management (30 per district).
- Procure and distribute hand hygiene supplies, including hand sanitizers (250ml) and liquid soap (250ml), with 100 units of each per district, prioritized for vaccination sites, outreach teams, and high-risk communities.
- Procure and distribute handwashing stations and hygiene supplies in coordination with DHMTs and SLRCS branches, prioritizing schools, immunization sites, and areas with confirmed cases and high population movement.
- Conduct handwashing promotion and hygiene awareness campaigns at vaccination sites, outreach points, schools, and community engagement sessions to strengthen compliance with IPC practices.
- Conduct a Knowledge, Attitudes and Practices (KAP) survey on measles and hand hygiene to inform targeted hygiene promotion and improve future intervention design.

Protection, Gender And Inclusion

Budget: CHF 20,665
Targeted Persons: 240,703

Indicators

Title	Target
# of staff and volunteers trained on PGI minimum standards, safeguarding, and PSEA.	160
# of vulnerable individuals (children under five, pregnant/lactating women, persons with disabilities) reached through response activities	240,703
# of outreach sessions conducted using inclusive and accessible communication approaches	48
% of identified community members safely referred through established protection and safeguarding referral pathways.	60
# of rapid PGI risk and needs assessments conducted	1
# of response operation using Sex, Age, and Disability Disaggregated Data (SADDD) for planning and reporting.	1
% of vaccination sites meeting accessibility standards for persons with disabilities and older persons	90

Priority Actions

- Train staff and volunteers on PGI minimum standards, safeguarding, Prevention of Sexual Exploitation and Abuse (PSEA), and community feedback and reporting mechanisms to strengthen accountability to affected populations.
- Provide practical, field-based PGI briefings and awareness sessions for frontline staff and volunteers, focusing on safe identification of protection risks, inclusion of at-risk groups, and respectful engagement with affected communities.
- Promote safeguarding and PSEA awareness among staff, volunteers, and community members throughout all response activities.
- Conduct rapid PGI risk and needs assessments to identify vulnerabilities and protection risks affecting women, men, girls, boys, persons with disabilities, and older persons, ensuring findings inform targeted response actions.
- Monitor protection risks and inclusion gaps through regular field assessments during implementation.
- Systematically collect, analyze, and apply Sex, Age, and Disability Disaggregated Data (SADDD) to guide planning, prioritization, and monitoring of inclusive response interventions.
- Map, verify, and disseminate confidential and accessible referral pathways for Sexual and Gender-Based Violence (SGBV), child protection, and other protection services.
- Establish and strengthen safe and confidential referral pathways for protection concerns, including safeguarding and Sexual Exploitation and Abuse (SEA) risks.
- Respond promptly to safeguarding, discrimination, or exclusion-related complaints through established mechanisms.
- Ensure vaccination sites are physically accessible for persons with disabilities and older persons.
- Promote equitable access to measles vaccination services for all genders and marginalized groups, including zero-dose and hard-to-reach populations.
- Ensure culturally appropriate and context-sensitive messaging to build trust, reduce barriers, and increase acceptance of vaccination services.

Community Engagement And Accountability

Budget: CHF 41,539
Targeted Persons: 240,703

Indicators

Title	Target
# of community sensitization sessions conducted	40
# of people reached with measles prevention and vaccination messages	240,703
% of community feedback responded to within agreed timelines	90
# of community feedback mechanisms established	3
# of schools reached with measles awareness activities	80
% of rumors or misinformation incidents tracked and addressed	90
# of mobile cinema awareness sessions conducted	16
# of health workers, staff and volunteers supervisors trained on IPC measures	30

Priority Actions

- Conduct regular community meetings and sensitization sessions to raise awareness on measles prevention, symptoms, vaccination benefits, and early care-seeking behaviours in affected and high-risk communities

- Conduct house-to-house visits for direct community engagement on measles prevention and vaccination uptake
- Conduct radio awareness programmes through local radio stations to disseminate consistent, trusted, and timely information on measles prevention, vaccination campaigns, and outbreak updates
- Establish and strengthen community feedback and complaint mechanisms to ensure affected populations can report concerns, ask questions, and provide input on response activities.
- Develop and implement a structured rumor tracking and response system to identify, analyze, and address misinformation related to measles transmission, vaccination, and treatment in real time
- Develop and Sharing of Short Educational Videos on measles prevention, vaccination, and outbreak response measures in line with MOHS/NPHA
- Collaborate with influencers and trusted public figures to spread accurate information and address stigma, misinformation, and vaccine hesitancy
- Conduct Regular Community Meetings to Address Feedback and Provide Updates
- Organize weekly mobile cinema awareness sessions to disseminate key measles prevention and vaccination messages within communities.

Secretariat Services

Budget: CHF 12,691
Targeted Persons: 4

Indicators

Title	Target
# of technical monitoring missions conducted by IFRC Freetown Delegation	4
# of training supported/facilitated by IFRC	3

Priority Actions

- Conduct monitoring and supervisory missions by CCD staff to ensure quality assurance, compliance, and effective implementation of field activities.
- Provide technical support from Operations, PMER, and Finance CCD teams to strengthen coordination, improve delivery, and ensure accountability of the response.
- Provide insurance coverage for volunteers

National Society Strengthening

Budget: CHF 70,482
Targeted Persons: 180

Indicators

Title	Target
# of Branch PMER focal points, Branch Managers, and Health Officers trained on Sex, Age, and Disability Disaggregated Data (SADDD) collection and data management.	30
# of monitoring and supportive supervision visits conducted by the Sierra Leone Red Cross.	12

# of lessons learned documented and disseminated	1
# of coordination meetings attended at national and district levels	32
# of documentary and case studies documented	2

Priority Actions

- Provide refresher training for Branch PMER focal points on data collection, reporting, and digital information management systems for outbreak response.
- Procure fuel to support field operations, supervision, and monitoring activities.
- Conduct routine vehicle maintenance to ensure safe and effective field monitoring, supervision, and outreach.
- Provide visibility materials for volunteers and field teams to enhance identification and community trust.
- Provide incentives and motivation support for volunteers engaged in response activities.
- Conduct post-activity reviews, lessons learned workshops, and after-action reviews to improve response quality and effectiveness.
- Strengthen coordination with the Ministry of Health, District Health Management Teams, IFRC, and other partner organizations.
- Support participation in national and district-level coordination meetings and technical working groups.• • •

About Support Services

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

It is estimated that approximately 160 volunteers will be actively involved in the implementation of this emergency response operation on a rotational basis. These volunteers will mainly be drawn from the 8 active branches of the Sierra Leone Red Cross, supporting the different activities planned under the operation.

Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

The Sierra Leone Red Cross volunteer teams involved in this operation include women and men of different age groups and have prior experience and knowledge of the communities where the intervention will take place. This diversity supports inclusive and culturally appropriate engagement with affected populations.

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

Procurement for this operation will be primarily managed locally by the Sierra Leone Red Cross, as most required items are readily available within the country. This approach allows for efficient procurement, supports local suppliers and reduces delivery timelines.

How will this operation be monitored?

The operation will be monitored through a structured and coordinated system combining field supervision, national oversight, and technical support from partners to ensure effective implementation, accountability, and timely corrective action.

At the field level, district branch teams and trained volunteers will be responsible for day-to-day monitoring of activities. They will track

implementation progress, report on services delivered, and provide real-time information on challenges, community feedback, and emerging needs from targeted communities, including hard-to-reach areas.

At the national level, the Sierra Leone Red Cross Society Headquarters will provide overall coordination, technical oversight, and quality assurance through the Operations Coordinator and sectoral focal points. Weekly coordination meetings will be held to review progress against targets, monitor budget utilization, identify bottlenecks, and adjust operational plans where necessary. Field reports submitted by staff and volunteers will feed into this system, ensuring continuous tracking of outputs and results.

At the partner level, IFRC will provide ongoing technical support through regular virtual and/or in-person coordination meetings with the National Society. These sessions will focus on reviewing operational progress, addressing implementation challenges, and providing technical guidance across key areas including health, WASH, PGI, CEA, logistics, and monitoring and reporting. IFRC and partners will also undertake periodic field missions to support supervision and quality assurance, including vaccination campaign monitoring, surveillance review visits, post-intervention assessments, and lessons learned or after-action reviews.

Overall, this integrated monitoring approach ensures continuous performance tracking across all levels of implementation, strengthens accountability, and supports adaptive management to improve the quality and effectiveness of the response throughout the operation.

Please briefly explain the National Societies communication strategy for this operation

The communication strategy for this operation aims to ensure the timely dissemination of verified, accurate, and actionable information on the measles outbreak, response activities implemented by the Sierra Leone Red Cross Society (SLRCS), available health services, and accessible community feedback and accountability mechanisms. The strategy is designed to strengthen public trust, promote positive health-seeking behaviour, increase demand for measles vaccination, and reduce the spread and impact of misinformation and rumours in affected communities.

Given the current outbreak context characterized by high transmission, low routine immunization coverage, vaccine hesitancy, and a high laboratory positivity rate, the communication approach will be central to supporting outbreak control. It will directly contribute to improving early care-seeking behaviour, increasing vaccine acceptance and uptake during government-led immunization activities, and strengthening community participation in prevention and response efforts.

The strategy will prioritize clear, consistent, and culturally appropriate messaging on measles symptoms, modes of transmission, prevention measures, and the importance of timely vaccination and early healthcare-seeking. It will also promote awareness of ongoing response activities, including vaccination campaigns, community-based surveillance, and referral pathways, ensuring that communities are informed of where and how to access services.

A multi-channel and inclusive communication approach will be applied to ensure maximum reach across diverse population groups, including those in remote and hard-to-reach areas. This will include the use of community radio programmes, radio talk shows, and local broadcasting in high-burden districts; digital platforms such as Facebook, WhatsApp, Instagram, and X; and updates through SLRCS official communication channels, including the website and branch-level networks. Printed and visual Information, Education and Communication (IEC) materials will be developed and disseminated in local languages and adapted formats to ensure accessibility for low-literacy populations and vulnerable groups.

At community level, communication will be strengthened through structured engagement approaches, including community dialogues, focus group discussions, and volunteer-led interpersonal communication activities such as door-to-door sensitization. These activities will ensure direct engagement with caregivers, community leaders, youth groups, women's associations, and other key stakeholders, allowing for two-way communication, clarification of concerns, and reinforcement of key prevention and vaccination messages.

Community feedback, rumor management, and accountability mechanisms will be fully integrated into the communication strategy. Dedicated channels will be established and strengthened to allow community members to ask questions, report rumours, share concerns, and provide feedback on response activities. Rumour tracking and rapid response communication will be used to address misinformation in real time, particularly related to vaccine safety, disease causation, and outbreak response activities.

In addition, testimonials, success stories, and trusted community voices including religious leaders, local influencers, vaccinated caregivers, and recovered cases will be used to build confidence in vaccination and response interventions. These approaches will support behaviour change, counter misinformation, and strengthen trust in health services and response actors.

Internal communication will be strengthened to ensure that SLRCS staff, volunteers, and branches are regularly updated on operational priorities, technical guidance, and key messaging. This will enhance coordination, ensure message consistency across all levels of

implementation, and equip field teams with accurate and timely information to effectively engage communities.

Overall, the communication strategy will play a critical role in supporting outbreak containment by ensuring that communities are well-informed, actively engaged, and empowered to adopt protective behaviours, seek timely care, and participate in vaccination and response activities.

Budget Overview

IFRC

DREF OPERATION

MDRSL021 - Sierra Leone Red Cross Society
Measles Response

Operating Budget

Planned Operations	**164 040**
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	62 950
Water, Sanitation & Hygiene	38 885
Protection, Gender and Inclusion	20 665
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	41 539
Environmental Sustainability	0
Enabling Approaches	**83 174**
Coordination and Partnerships	0
Secretariat Services	12 691
National Society Strengthening	70 482
TOTAL BUDGET	**247 213**

all amounts in Swiss Francs (CHF)

Click here to download the budget file

Contact Information

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

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Click here for the reference