



The Red Crescent Society of Kyrgyzstan (RCSK) volunteer is supporting vaccination drive in their communities. Credit: RCSK PR specialist.

Appeal: MDRKG021	Country: Kyrgyzstan	Hazard: Epidemic	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Sudden	DREF Allocation: CHF 353,263	
Glide Number: EP-2025-000030-KGZ	People Affected: 700,000 people	People Targeted: 70,000 people	
Operation Start Date: 01-04-2025	Operation Timeframe: 6 months	Operation End Date: 31-10-2025	DREF Published: 03-04-2025

Targeted Areas: Bishkek City, Chuy, Osh, Osh City



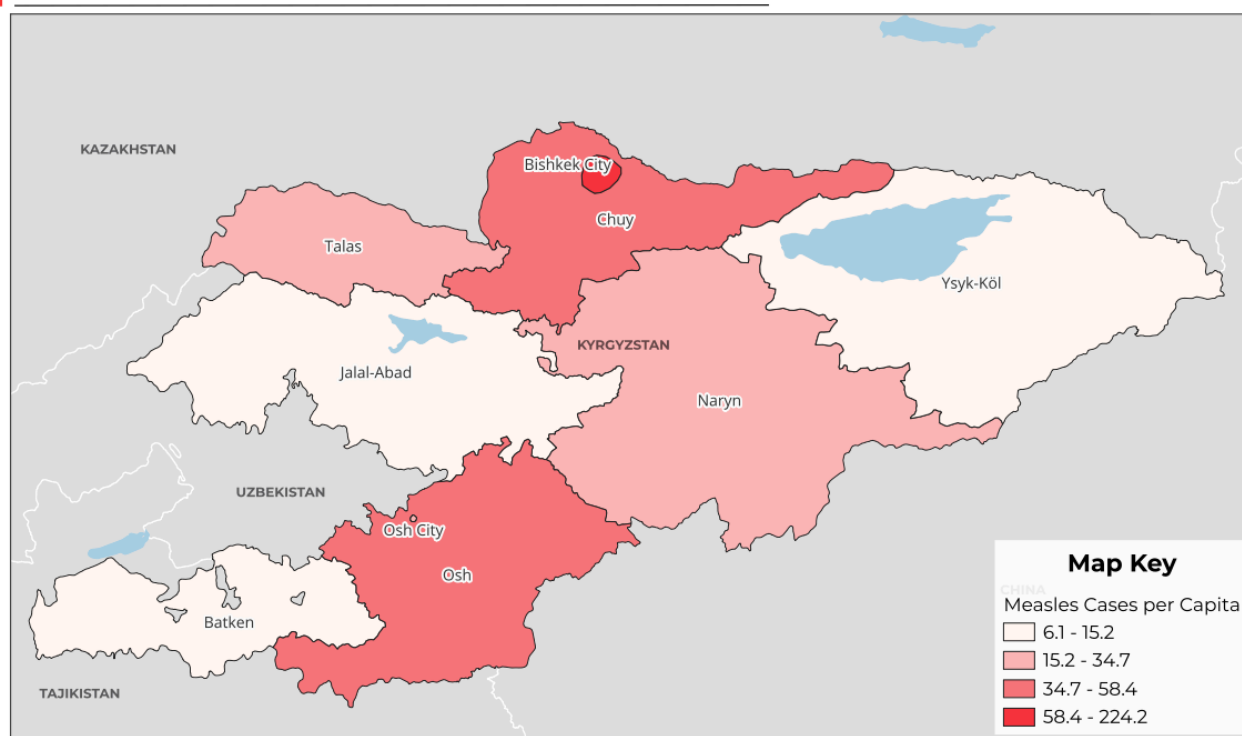
# Description of the Event

## Date of event

17-03-2025

### Kyrgyzstan - Distribution of Measles Cases

24 March 2025



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Map data sources: GADM, IFRC, Ministry of Health of Kyrgyzstan. Map produced by: IFRC Europe Region Office, Budapest.

Distribution of Measles Cases in Kyrgyzstan, 2025.

## What happened, where and when?

According to the Republican Center for Immunoprophylaxis of the Ministry of Health of the Kyrgyz Republic (RCI), since the beginning of 2025, the epidemiological situation in the country for measles and rubella has deteriorated.

The RCI informs that, as of 18 March 2025, 4,369 suspected cases of measles and rubella have been registered. Of these, 4,055 cases have been classified as measles, including 570 cases confirmed by laboratory tests, 1,562 cases confirmed clinically, and 1,922 cases epidemiologically linked. The incidence rate per 100,000 population is 57.6. In comparison, 14,380 cases of measles and three cases of rubella were reported in 2024 and 7,046 cases of measles and 12 cases of rubella were reported in 2023.

The government of the Kyrgyz Republic has not officially declared an outbreak. However, Deputy Minister of Health Bubuzhan Arykbaeva referred to the situation of an outbreak during the briefing for press held on 19 March 2025 (1).

For reference, the World Health Organization's (WHO) definition of outbreak is a suspected five or more cases of measles (with dates of rash onset occurring 7–21 days apart) that are epidemiologically linked, and the definition of a laboratory-confirmed measles outbreak is two or more laboratory-confirmed measles cases that are temporally related (with dates of rash onset occurring 7–21 days apart) and epidemiologically or virologically linked, or both.

The distribution of measles cases by regions and cities is as follows:

- Bishkek: 2,567 cases (incidence rate of 224.2 per 100,000 population)
- Osh: 211 cases (58.4 per 100,000 population)
- Osh Region: 303 cases (20.7 per 100,000 population)
- Batken Region: 87 cases (15.2 per 100,000 population)
- Chuy Region: 545 cases (51.0 per 100,000 population)



- Jalal-Abad Region: 80 cases (6.1 per 100,000 population)
- Issyk-Kul Region: 70 cases (13.0 per 100,000 population)
- Naryn Region: 97 cases (31.5 per 100,000 population)
- Talas Region: 95 cases (34.7 per 100,000 population)

The analysis of age distribution of measles cases shows that the small children under 9 years are the most affected (86%). The age distribution is as follows:

- Under 1 year: 1,262 cases (31%)
- Ages 1–4 years: 1,573 cases (39%)
- Ages 5–9 years: 646 cases (16%)
- Ages 10–14 years: 166 cases (4%)
- Ages 15–19 years: 62 cases (2%)
- Ages 20–29 years: 180 cases (4%)
- Ages 30 years and older: 166 cases (4%)

Most number of measles cases among children below one year were among children aged between five to nine months (49%) of all cases reported among children in this age group.

On 18 March, the government announced eight confirmed deaths due to complications of measles (2). Out of those, four deaths were reported in Bishkek, one in Chui, two in Osh and one in Osh city. Out of eight fatal cases, six were not vaccinated due to age (children under one year), one case due to the medical exemption and 1 case due to the refusal of vaccinations. In comparison, nine measles related deaths were reported in 2023 and five deaths in 2024.

Analysis of vaccination status of patients diagnosed with measles by the RCI shows that the majority of them (95%, or 3,865 people) were not vaccinated and only 5% (190 people) were vaccinated. A closer analysis shows that of those who were vaccinated, 116 patients received one dose of the MMR vaccine, which protects against measles, mumps, and rubella (3%) and 74 patients received two doses of the MMR vaccine (2%), which shows the protective nature of the full dose of vaccination.

The majority of those who got sick with measles were getting sick before they reach their vaccine-eligible age (31%, or 1,262 children) or due to refusals of vaccination (44%, or 1,790 children). The remaining reasons for not getting vaccinated were medical exemptions (10% or 397 cases) and migration (1% or 58 cases). 358 patients had an unknown vaccination status (9%).

In the previous epidemic of measles that happened in 2023 and 2024, a similar age distribution was observed and therefore, the Ministry of Health of the Kyrgyz Republic has lowered a vaccine eligible age for the first dose of MMR vaccine from two years to one year old and for the second dose, from six years old to two years old in 2024.

The situation in Kyrgyzstan is reflecting a wider regional trend of the increasing number of measles cases across WHO Europe and Central Asia region (3) (4). It is possible that the current numbers of measles in the country are underestimated.

The primary cause of the ongoing measles situations in the country is the large number of susceptible children who have not received full vaccination doses according to the national immunization schedule. According to the latest available data on the UNICEF Database on monitoring the situation of children and women globally, percentage of children who received the 2nd dose of measles-containing vaccine, as per administered in the national schedule in 2023, was 93% and it shows a general downward trend for the past 5 years (the same indicator was 95% in 2022, 97% in 2021, 93% in 2020 and 98% in 2019) (5). According to the latest available data from the MoH, in 2024, 91% of vaccine eligible age children were vaccinated with the first dose of the MMR vaccine (MCV1 at the age of one year old) and 90% with the second dose (MCV2 at the age of two years old). This is despite the intensification of vaccination work throughout 2023 and 2024 in connection with the measles outbreak in 2023.

Multiple Indicator Cluster Survey conducted by National Statistics Committee of the Kyrgyz Republic in 2023 shows even lower coverage: 89% of children age 12-23 months and 24-35 months were vaccinated against MMR at any time before the survey (crude coverage) (6). According to WHO, 95% or greater coverage of two doses of measles-containing vaccine is needed to create herd immunity (7).

The main reason for this level of sub-optimal coverage is growing vaccine hesitancy in the country and high level of migration (internal and external).

There is a growing anti-vaccination sentiment in the country. The Republican Immunoprophylaxis Centre has received a growing number of reports of vaccination refusals since 2016. In 2021, there were more than 10,000 refusals, in 2023, there were 20,496 refusals reported, and in 2024 19,760 refusals were reported. Out of those 19,760 refusals, 9,664 cases were reported in Bishkek city (49% of all refusals) and 4,292 cases in Chui region (21% of all refusals) alone. Reasons for parents and caregivers refusal of vaccination are often due to religious beliefs, lack of trust in health system and misinformation.

Children in Kyrgyzstan are offered 2 doses of measles-containing vaccine as part of the routine immunization schedule and in line with WHO recommendations. As the immunization schedule was changed in 2024, there is a lack of awareness among the population of the revised immunization schedule and many children who were above the age of two in 2024 remain in the risk group.

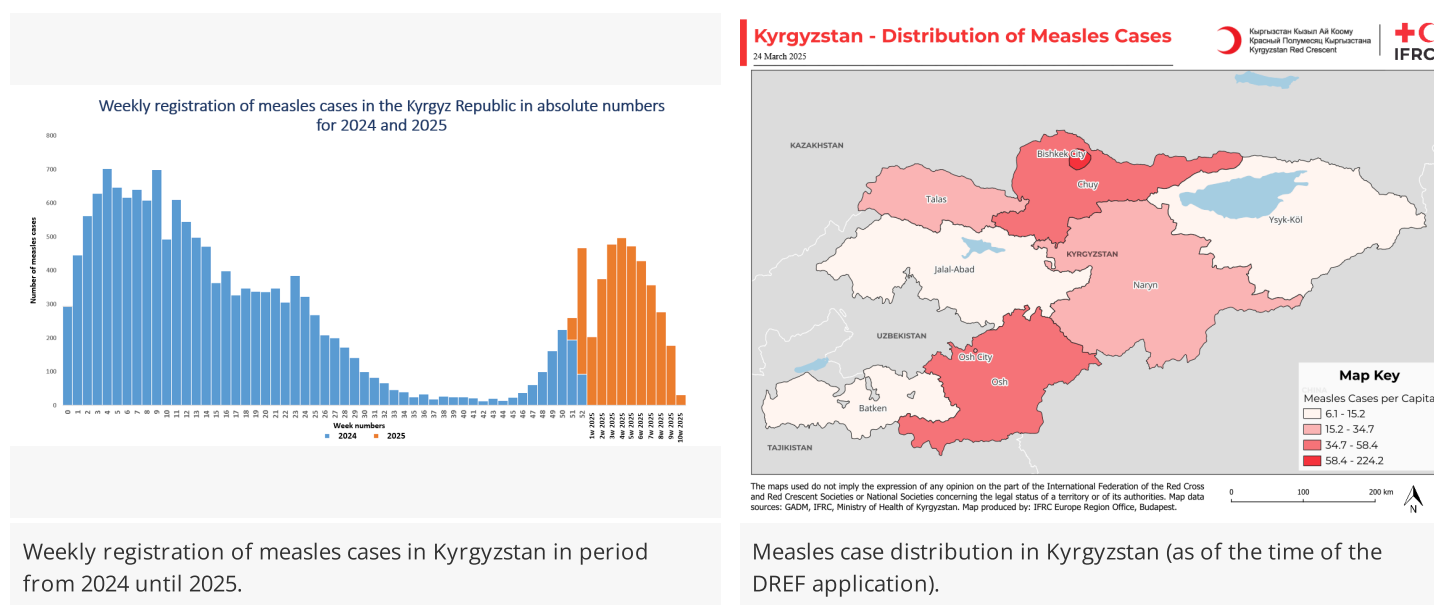
As it has been in the previous epidemics of measles, there is a spike of cases after major holidays, after the start of the academic year in



September and during the cold seasons. Starting from 20 March, the country is celebrating Nowruz, which is a major public holiday. During this traditional celebration, many people return to their home towns to celebrate the holidays with their families and families organize large gatherings which can further facilitate the spread of the cases from the major cities like Bishkek and Osh where the majority of cases are concentrated across all regions. In May, the government announced nearly two-week long public holidays, which can again increase the number of cases.

Sources:

- (1) [https://24.kg/english/323334-Measles\\_outbreak\\_Additional\\_immunization\\_campaign\\_to\\_be\\_held\\_in\\_April/#:~:text=Recall%2C%204%2C055%20cases%20of%20measles,makes%20up%2063%20percent%20only](https://24.kg/english/323334-Measles_outbreak_Additional_immunization_campaign_to_be_held_in_April/#:~:text=Recall%2C%204%2C055%20cases%20of%20measles,makes%20up%2063%20percent%20only)
- (2) <https://vesti.kg/obshchestvo/item/136833-za-dva-mesyatsa-ot-kori-v-kyrgyzstane-umerli-8-detej-vlasti-byut-trevogu.html>
- (3) European Region reports highest number of measles cases in more than 25 years – UNICEF, WHO/Europe (<https://www.unicef.org/press-releases/european-region-reports-highest-number-measles-cases-more-25-years-unicef-who/europe>)
- (4) Europe grapples with highest number of measles cases in more than 25 years (<https://news.un.org/en/story/2025/03/1161086>)
- (5) <https://data.unicef.org/>
- (6) <https://www.unicef.org/kyrgyzstan/publications/mics-kyrgyz-republic-2023>
- (7) <https://www.who.int/news/item/23-11-2022-nearly-40-million-children-are-dangerously-susceptible-to-growing-measles-threat>



## Scope and Scale

Measles is particularly severe among children, being one of the leading causes of infectious disease-related morbidity and mortality in this population, especially in developing countries. In addition to the acute symptoms such as fever, rash, and cough, measles can result in a variety of serious complications, including pneumonia, encephalitis (brain inflammation), and even death. Children who are malnourished or have weakened immune systems are especially vulnerable to these complications. The recent situation in Kyrgyzstan underscores the ongoing risk of measles in areas with suboptimal immunization coverage.

Many children affected by measles have experienced a severe course of the disease, necessitating prolonged hospitalizations. This burden on healthcare systems is compounded by the challenges of treating and managing such a highly contagious illness.

The most impacted regions in this situation are the Chui and Osh regions, as well as the cities of Osh and Bishkek. These areas have been particularly affected due to a combination of factors, including lower vaccination coverage, high population density, and increased population mobility. Osh and Bishkek, being the two largest cities in Kyrgyzstan, also have large migrant populations, which may contribute to the spread of the disease across different regions of the country.

Bishkek is the most affected due to high level of internal and external migration also it is the most densely populated city of the country. As part of the administrative-territorial reform 6 March 2024, Bishkek city included 15 new settlements, which were previously part of the Alamudun and Sokuluk districts of Chui province.

Thus, the area of the capital increased from 12,900 hectares to 38,600. During this time, the city's population also increased. Now more than 1,150,000 people live in Bishkek. Moreover, more than 200,000 of them live in urban residential areas and new settlements. Officially, the city boundaries include 57 residential areas, most of them are located in the Pervomaisky and Sverdlovsk districts. The rapid process of urbanization and population growth are outpacing infrastructure development. Because of this, new settlements residents experience

problems with access to medical services. The recurring lack of information on vaccination among religious families also worsen the existing situation.

Most recently, the country experienced outbreaks of measles in 2023 and 2024. In 2023, 7,046 confirmed cases of measles and in 2024, 24,380 confirmed cases were reported. Nine measles related deaths were reported in 2023 and five deaths in 2024.

The main populations at risk during this dangerous situation are children who have not received the full course of measles vaccination. This includes children with zero doses, as well as those who have only received partial doses, leaving them unprotected against the disease.

Children of labour migrants are particularly at risk. While internal migrants are eligible for immunization services regardless of the changes in their places of residence, many migrants are not aware of this and often miss vaccination schedules for their children. Many internal migrants live in informal settlements around urban areas like Bishkek and Osh, where access to health services is limited. Close cramped housing conditions where the migrants live in settlements around major urban areas such as Bishkek and Osh cities increase the risk of transmission of the disease.

Migrants returning to Kyrgyzstan may face difficulties in accessing healthcare due to lack of proper documentation or unfamiliarity with local health systems (1). Children of migrants from Kyrgyzstan, who are left behind when their parents migrate to other countries for employment, are often cared for by relatives. These caregivers may not be aware of the vaccination schedules and records, leading to missed vaccinations for these children. Due to the reduced health access, children with disabilities are also at risk. In the situation analysis of children and adolescents with disabilities in Kyrgyzstan conducted by UNICEF in 2021, it identified the barriers and bottlenecks in the provision of quality and inclusive services, including health services for children and adolescents with disabilities (2).

On 13 March, the MoH and WHO convened all international health partners in the country, including IFRC, to appeal for urgent assistance. While the MOH's technical recommendation was to declare an outbreak, the Cabinet of Ministers decided on 17 March not to do so, citing legal criteria. However, the MOH is operating in emergency mode and has established a dedicated working group to coordinate response efforts. Unlike the 2023 outbreak, where such a declaration was never even considered, this deliberation underscores the heightened severity of the current situation.

Bishkek is the epicenter of the outbreak, driven by high levels of internal and external migration and its status as the most densely populated city in the country. Following an administrative-territorial reform on 6 March 2024, Bishkek expanded significantly, incorporating 15 new settlements previously part of the Alamudun and Sokuluk districts in Chui province. The growth in population and area in the city have increased the strain on infrastructure.

The rapid pace of urbanization and population growth has outstripped the development of essential services, particularly healthcare. Many residents in new settlements face significant barriers to medical access, while gaps in vaccination awareness among religious families further exacerbate the crisis. The scale of the current outbreak, combined with these structural challenges, makes the situation far more critical than previous public health emergencies.

Sources:

(1) Analysis of gaps in access to basic services for children affected by migration in Kyrgyzstan: <https://www.unicef.org/kyrgyzstan/reports/analysis-gaps-access-basic-services-children-affected-migration-kyrgyzstan>

(2) Situation Analysis: Children and Adolescents with Disabilities in Kyrgyzstan | UNICEF Kyrgyzstan <https://www.unicef.org/kyrgyzstan/reports/situation-analysis-children-and-adolescents-disabilities-kyrgyzstan>

Source Information

Source Name	Source Link
1. Vesti.kg	<a href="https://vesti.kg/obshchestvo/item/136833-za-dva-mesyatsa-ot-kori-v-kyrgyzstane-umerli-8-detej-vlasti-byut-trevogu.html">https://vesti.kg/obshchestvo/item/136833-za-dva-mesyatsa-ot-kori-v-kyrgyzstane-umerli-8-detej-vlasti-byut-trevogu.html</a>
2. Aki press	<a href="https://zdorovie.akipress.org/news:2245679?from=portal&amp;place=last">https://zdorovie.akipress.org/news:2245679?from=portal&amp;place=last</a>



3. UNICEF	<a href="https://www.unicef.org/kyrgyzstan/press-releases/european-and-central-asian-region-reports-highest-number-measles-cases-more-25-years">https://www.unicef.org/kyrgyzstan/press-releases/european-and-central-asian-region-reports-highest-number-measles-cases-more-25-years</a>
4. 24KG	<a href="https://24.kg/english/323318_A_third_of_infected_with_measles_in_Kyrgyzstan_-_children_under_12_months_old/">https://24.kg/english/323318_A_third_of_infected_with_measles_in_Kyrgyzstan_-_children_under_12_months_old/</a>
5. President's Administration Office of the Kyrgyz Republic	<a href="https://www.gov.kg/ru/post/s/25078-v-administracii-prezidenta-obsudili-ekstrennye-mery-po-borbe-s-koryu-i-usileniyu-vakcinacii">https://www.gov.kg/ru/post/s/25078-v-administracii-prezidenta-obsudili-ekstrennye-mery-po-borbe-s-koryu-i-usileniyu-vakcinacii</a>
6. 24Kg	<a href="https://24.kg/english/323334_Measles_outbreak_A_additional_immunization_campaign_to_be_held_in_April/#:~:text=Recall%2C%204%2C05%20cases%20of%20measles,makes%20up%2063%20percent%20only.">https://24.kg/english/323334_Measles_outbreak_A_additional_immunization_campaign_to_be_held_in_April/#:~:text=Recall%2C%204%2C05%20cases%20of%20measles,makes%20up%2063%20percent%20only.</a>

## Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	Yes
Did the National Society respond?	Yes
Did the National Society request funding form DREF for that event(s)	Yes
If yes, please specify which operation	Kyrgyzstan: Measles Situation 2023 (MDRKG018)

**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:**

While the government has conducted two rounds of immunization campaigns and a mop-up campaign, these campaigns have not achieved the targeted vaccination coverage rates necessary to develop a herd immunity at the population level. Therefore, the country is experiencing a severe situation of measles again.

Compared to the previous measles epidemics of 2023 and 2024, the country registered cases of measles in all regions and major cities with a high number of deaths. Since the beginning of 2025, within two months, eight children have died of measles (compared to nine deaths in 2023 and five deaths in 2024).

In the current situation, the majority of confirmed measles cases are reported in Bishkek (63% of all cases), while the incidence rate per 100,000 population is at the rates that is exceeding other regions ten or more times.

As part of the administrative-territorial reform, starting from March 2024, Bishkek city was expanded to include 15 settlements, which were previously part of the Alamudun and Sokuluk districts of Chui province and which are known to be the main concentration areas of migrants moving to Bishkek city. This meant that the overnight, the territory of the city size has increased by three-fold (from 12.9% to 38.6% hectares) as well as in population.

Bishkek city is in the process of building additional health facilities to meet the service demand of the growing population in these new settlement areas. However, still many communities have limited access to health services.

Considering all these factors, the current proposed operation is focused on the most affected areas, with the special focus in Bishkek.

**Lessons learned:**

## Lessons learned shaping the current operational strategy:

The following lessons learned have been identified from the previous similar operations (DREF response to measles outbreak in 2023-2024) and the “Building Trust during COVID-19 in Humanitarian Settings” project funded by USAID Bureau for Humanitarian Assistance (BHA). The below section details how these learnings have been integrated into the current operational plan.

1. Development of Contingency Plan and Standard Operating Procedures (SOPs) for epidemics, jointly with partners and donors. This process should involve other key teams in the National Society (NS).

Progress since then: The RCSK has developed its National Contingency Plan, with epidemic of vaccine preventable diseases as one of the scenarios (on the example of measles epidemic). The contingency planning process was done with the involvement of all key departments, including health department of the RCSK.

In this plan: The current response is planned according to the measles response scenario outlined in the national contingency plan and SOPs.

2. Key documents on epidemic response should be finalized and made available to the branches so all staff is familiar with it and can support its review.

Progress since then: The IFRC Central Asia Country Cluster Delegation (CCD) helped to translate all the IFRC Epidemic Toolkit for volunteers in Russian and made them available on the IFRC website. Within the framework of the epidemic and pandemic preparedness activities funded by DG ECHO, between 2022 and 2025, the RCSK conducted the Epidemic Preparedness in Communities Training in 2023 at the national and regional levels and developed a volunteer manual to guide the activities of volunteers working on epidemic preparedness and response.

In this plan: All RCSK volunteers engaged in this response will be equipped with the volunteer manuals, with the focus on working on vaccine preventable diseases, including measles.

3. Acknowledging the work of health professionals and Red Cross Red Crescent (RCRC) volunteers is crucial for boosting morale and highlighting the collaborative effort in epidemic control.

In this plan: The planned activities includes the targeting and referrals to primary health care facilities have been discussed by the RCSK with the Republican Center of Immunoprophylaxis and the Republican Center of Health Promotion and Mass communication, two main agencies under the Ministry of Health (MoH) which are responsible for directing the immunization and risk communication work during the current measles situation. These agencies will provide guidance to their respective units at district and regional levels, to sensitize health workers about the role of Red Crescent volunteers and their contributions during this response.

4. Develop specific approaches to engage religious leaders and authorities on vaccination campaigns. Religious leaders and religious communities should be engaged in upcoming vaccination campaigns to promote pro-vaccine messages. Enhance engagement strategies by catering to different religious denominations, ensuring a more inclusive approach, and fostering information diversity targeting different groups and communities.

In this plan: Specific activities engaging religious leaders have been included in the current operation's plan, such as the national level training on vaccine-preventable diseases for religious leaders, followed by cascading of those trainings at the community level.

5. Conduct trainings with volunteers on how to deal with the vaccination refusals and aggressive parents and caregivers who refuse vaccination. Provision of Mental Health and Psychosocial Support (MHPSS) to support the emotional well-being of affected people and volunteers dealing with vaccine hesitancy, reducing stress and burnout. On the next operation, these activities should be included for the whole timeframe.

In this plan: The MHPSS activities have been included in the plan.

6. For future implementation of activities, the NS should engage bloggers that can work with the NS free of charge, to avoid signing agreements, Terms of Reference (ToRs) and payments. Sign an agreement requiring bloggers not to alter their stance on vaccination to prevent the dissemination of conflicting messages.

In this plan: Based on the learnings from previous operations, the National Society plans to engage bloggers.

7. Strengthening of community engagement and feedback systems to collect feedback critical and sensitive feedback from the volunteers and be able to track cases of violence against volunteers and manage the comments and rumours.

In this plan: The feedback mechanism has been strengthened and included in the current response plan under Community

8. Strengthening of the information campaign in social media and social mobilization. Strengthen the relationship with media.

In this plan: Specific activities engaging mass media and social media have been included in the current response plan, such as engaging popular bloggers and influencers to promote vaccination, engaging active care givers to promote vaccination in social networks and strengthening Mass Media collaboration (creating and broadcasting of video materials on TV, radio, newspapers).

9. Including the languages of local communities in the campaign was effective for the dissemination of key messages on measles. For the future, it was suggested to ensure an adequate number of Kyrgyz and Uzbek language material copies. Make the materials more user-friendly by adopting a simple language and making them more visual and visually appealing.

In this plan: The risk communication messages will be developed in Kyrgyz, Uzbek, and Russian languages.

10. Strengthen data collection mechanisms to ensure comprehensive and accurate information by investing in data collection and analysis training, and technical support to optimize data management processes.

In this plan: with the support of the Information Management (IM) consultant at the regional level, the RCSK will be working to improve the data collection and optimize data management processes throughout the operations. The planned CEA refresher training will cover aspects of IM and update the knowledge of RCSK staff and volunteers in this area.

11. Prioritize capacity building initiatives for the team to strengthen their skills and knowledge, contributing to the project's overall success. Specific areas of personal safety and security, and communication based on health information for those who do not have a medical background were mentioned. Focus on increasing the number of volunteers while concurrently improving the quality of their training to maximize their effectiveness in community engagement. Ensure volunteers' preparedness before they get deployed to work with communities. Mobilize a diverse volunteer profile to better connect with and serve varied communities effectively. Systematic engagement of volunteers in the planning of the operation, which will be considered during the planning. Encourage internal experience sharing among team members to facilitate a collective learning environment. Facilitate teach-back and experience-sharing sessions to ensure volunteers can learn from each other's experiences. Deploy volunteers to communities they are from to reduce the logistical complexity and increase the impact volunteers' work may have.

In this plan: Specific activities, such as thematic trainings on vaccine preventable diseases, on community based surveillance, refresher training on Code of Conduct, refresher training on CEA and training on Protection, Gender, and Inclusion (PGI) for RCSK staff and volunteers were included in the plan. Specific mitigation actions to minimize safety and security risks during information sessions for vaccine refusers were outlined in the risk section of this plan. Each volunteer engaged in the operation will be provided with the volunteer manual, visibility vest and other necessary items to support their work in the communities. Monthly meetings with volunteers to share and solve common challenges, and provide feedback and technical support is included in the plan. The volunteers will be deployed within the same communities where they reside, thereby reducing the need for transportation and travels to long distance within the same cities and regions.

12. Acknowledging the limited resources and internal capacities of the classes for mothers, enhance initiatives implemented in these facilities—including but not limited to awareness campaigns and info sessions—to focus on improving outreach and impact.

In this plan: the current plan includes activities in maternity homes. The communication strategy of the MoH on measles response also includes the focus on working with young mothers in maternity homes, which will aid the RCSK' work in this area.

13. Emphasize communication on medical contraindications for vaccination, dispelling misinformation and encouraging informed decision-making. These initiatives should be carried out targeting both medical workers and communities.

In this plan: The RCSK has developed and used specific Risk Communication and Community Engagement (RCCE) messages on medical contraindications in its previous programmes on vaccination and those will be updated and used in the current operation as well.

14. Migrant people and their children: Ensure a targeted approach for migrant people and their children, addressing specific challenges they face in accessing reliable information about vaccinations. This lack of information, coupled with logistical difficulties such as finding healthcare facilities or navigating healthcare systems without proper registration, was identified to present significant obstacles. Additionally, the care of children by extended family members, such as grandparents, during parents' absence due to work abroad was also reported as a cause of missed vaccinations.

In this plan: Along with Osh city, Osh region and Chui regions as target locations, the target locations for this response in Bishkek are Archa-Beshik-1, Archa-Beshik -2 and Ak-Ordo residential areas in Bishkek, which are the main residential areas for internal migrants in Bishkek. These migrant settlement areas in Bishkek were chosen due to the low vaccination rates in children and the high level of internal migration. The RCSK has developed and used targeted RCCE messages for the migrant population in its previous

programmes on vaccination and those will be updated and used in the current operation as well.

15. Teachers and parents: Focus on teachers and parents, recognizing their pivotal roles in the community and their influence on vaccination decisions. It was suggested that access to these groups could be secured by collaborating closely with the Ministry of Education.

In this plan:

The plan includes specific activities targeting educators, particularly those who are working with young children in kindergartens and early primary school grades, and who are essential in reinforcing vaccination messages.

## Current National Society Actions

### Start date of National Society actions

13-03-2025

Health	<p>RCSK is a member of the communication coordination group under the leadership of the Republican Centre for health promotion and mass communication of the Ministry of Health of the Kyrgyz Republic.</p> <p>The RCSK current actions are focused on the following:</p> <ol style="list-style-type: none"><li>1. Risk communication and community engagement (RCCE) on the routine immunization (household visits, information sessions).</li><li>2. Increasing awareness on children vaccinations through mass media, TV, radio broadcastings.</li><li>3. Special events to promote vaccination (sport events, “congratulations on the first vaccination” campaigns in vaccination centers).</li><li>4. Developing and printing educational information material on the topics of Measles and National routine immunization calendar.</li><li>5. Developing video materials on the symptoms and prevention measures of measles.</li></ol> <p>Starting from April 2022, RCSK is implementing a new three-year project called the Pilot Programmatic Partnership (the “PPP”), with the funding contribution from European Commission Directorate General for European Civil Protection and Humanitarian Aid Operations (“ECHO”) made under a Humanitarian Aid Contribution Agreement with the IFRC. Pandemic and epidemic preparedness is one of the five key pillars of this project. Under this project, the RCSK work is focused on building the capacities of RCSK staff and volunteers in epidemic preparedness and response in communities and has been disseminating risk communication messages on various priority communicable diseases in the communities across the country, including the vaccine-preventable diseases.</p> <p>The Pilot Programmatic Partnership (the “PPP”) project has helped to significantly strengthen the capacities of the National Society in preparedness and response to epidemics. The NS started the community-based surveillance (CBS) system in two regions and to date, 93 volunteers have been trained in CBS. The RCSK key staff at the NHQ level and all branches have received a number of training in epidemic preparedness, such as epidemic preparedness in communities (EPIC), public health in emergencies, psychological first aid, CBS, CEA and PGI. These trainings at the national level were then cascaded down to the regional branch and district levels. The RCSK strengthened its partnership with the national health authorities through the Memorandum of Understanding (MoU) with the MoH.</p> <p>This proposed operation will be building on this core pool of trained staff and volunteers and partnerships.</p> <p>As of 25 March, the project has some remaining funds for immunization activities. These funds will be utilized in the remaining months of the project (until the end of May 2025) to support the social mobilization activities, with the focus on other regions which are not included in the current proposed DREF operation.</p>
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	<p>Trained RCSK volunteers disseminate vaccine promotion messages, in close coordination with the local health authorities. In two regions (Talas and Jalal-Abad), RCSK has introduced a community-based surveillance component with the support of trained volunteers. Among the health risks that are included in the surveillance by the volunteers in these locations is measles.</p>
<b>Community Engagement And Accountability</b>	<p>RCSK is a member of the communication coordination group under the leadership of the Republican Centre for health promotion and mass communication of the Ministry of Health of the Kyrgyz Republic.</p>
<b>National Society EOC</b>	<p>In response to the measles situation, the Emergency Operational Center (EOC) has been activated by the President RCSK. As part of the National Disaster Response Strategy of the Kyrgyz Republic, the center is organized into three groups: the Information Group, the Operational Group, and the Strategic Group.</p> <p>The Information Group includes:</p> <p>Asel Kadyrbekova (CEA country focal point), a.kadyrbekova@redcrescent.kg          Ulukbek Keneshov (PGI country focal point), u.keneshov@redcrescent.kg          Adilet Azamatov (ICRC Program Coordinator), a.azamatov@redcrescent.kg</p> <p>The Operational Group consists of:</p> <p>Azamat Sabirov (Osh Branch Director), osh@redcrescent.kg          Asel Toktomambetova (Head of Health Department), a.toktomambetova@redcrescent.kg          Guldar Kasymova (Head of DM Department), g.kasymova@redcrescent.kg          Meerim Abdykerimova (Chui Branch Director), chui@redcrescent.kg          Gulnura Abdumanapova (Health officer), g.abdumanapova@redcrescent.kg          Gulira Matkurbanova (Health officer), g.matkurbanova@redcrescent.kg</p> <p>The Strategic Group includes:</p> <p>Chingiz Dzhakipov (RCSK President), ch.dzhakipov@redcrescent.kg</p> <p>This structured approach ensures a coordinated and efficient response to the ongoing crisis, with clear responsibilities assigned to each group according to their expertise.</p>

## IFRC Network Actions Related To The Current Event

<b>Secretariat</b>	<p>The IFRC Country Cluster Delegation for Central Asia is based in Bishkek, Kyrgyzstan and is part of the movement coordination team in country. IFRC CCD is currently working with the RCSK on identification of the needs and development of the DREF application.</p> <p>The IFRC Central Asia cluster is facilitating tailored technical support and advocating for mobilizing international support to programmes and operations led by the NS. The IFRC delegation is a member of the international health development partner's forum.</p> <p>The IFRC Regional Office for Europe, also covering Central Asia has been providing technical support on Health and MHPSS and operational support from the Regional Operations team and Regional DREF Focal Point. Technical support will be provided throughout the operation as required.</p>
<b>Participating National Societies</b>	<p>Swiss Red Cross, German Red Cross, Italian Red Cross and Turkish Red Crescent are part of the in-country Movement Coordination platform. Senior Health Specialist of the Australian Red Cross who is specialized in Community based surveillance has provided technical advice on the planning of the Community-based Surveillance (CBS) component of the current operations.</p>

# ICRC Actions Related To The Current Event

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

## Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>From 6 to 7 February: A training session was conducted to increase public trust in immunization for representatives of mass media.</p> <p>From 21 February to 3 March 2025: Trainings were held in the regions with the participation of family doctors, infectious disease specialists, and public health professionals in accordance with the updated Order No. 1263 dated 28 November 2024, "On the Improvement of Epidemiological Surveillance of Measles and Rubella in the Kyrgyz Republic."</p> <p>4 March 2025: A working meeting took place between the Deputy Minister of Health of the Kyrgyz Republic, B.K. Arykbaev, and the Mufti of the Spiritual Administration of Muslims of Kyrgyzstan, Abduaziz Kary Zakirov, where the issue of issuing a Fatwa "Islam's View on Vaccination" within the framework of the Kyrgyz Republic's Preventive Vaccination Calendar, covering 13 vaccine-preventable infections, was discussed.</p> <p>7 March 2025: A meeting of the operational headquarters was held with the participation of the Minister of Health, E.M. Checheybaev, and partners such as WHO and UNICEF.</p> <p>14 March 2025: An expanded meeting of the ICC, NTGEI, and RPC was held with the participation of development partners WHO and UNICEF.</p> <p>17 March 2025: A video conference meeting was held at the Cabinet of Ministers of the Kyrgyz Republic with the participation of leaders from the Ministry of Health, Ministry of Education, Ministry of Social Protection, Ministry of Internal Affairs, and Ministry of Culture, as well as representatives of regional and district administrations.</p>
UN or other actors	<p>The WHO and UNICEF are actively coordinating with the international partners and the line ministries of the government to make the contributions of different partners coordinated and effectively contributing to the government plans. UNICEF is supporting initiatives to promote child vaccination, such as training of health workers and community leaders (imams), as well as supporting risk communication.</p> <p>With the support of UNICEF, the RCSK has been implementing a vaccine promotion project, covering 5 settlements of Bishkek city out of 57 districts for the past one year period. The project will intensify its activities during the current outbreak. The project is aimed to motivate parents to vaccinate their children and promote positive attitudes towards vaccination at the community level.</p> <p>The WHO has been providing continuous technical support to Kyrgyzstan, assisting in response activities, including securing funding for immunization efforts. The country also successfully applied for the GAVI Big Catch-up campaign to vaccinate children who missed vaccinations during the pandemic, with implementation planned for April 2025. Also, WHO CO supported the development of guidelines on Infection Prevention and Control (IPC) and Hospital-acquired Infection (HCAI). The guidelines are currently in print and will soon be disseminated throughout the country.</p>
Are there major coordination mechanism in place?	

The Red Crescent Society of Kyrgyzstan is a member of the coordinating communication board for the measles situation response, the leading agency of which is Ministry of Health. The meeting includes representatives of the Ministry of Health: the Republican Center for Immunoprophylaxis, the Republican Center for Health Promotion; representatives of WHO and UNICEF, and IFRC. During regular meetings of the working group, challenges and plans for further coordination of organizations' activities to respond to the measles situation are discussed.

## Needs (Gaps) Identified



### Health

The most immediate need as identified by the RCSK is as follows:

a) Lack of awareness among the parents and caregivers of children under eight years, especially among under-immunized or zero-dose children, on the importance of vaccinating their children with measles-containing vaccines.

In 2024, the Ministry of Health of the Kyrgyz Republic has lowered a vaccine eligible age for the first dose of pentavalent vaccine, which contains vaccine against measles, from two years to one-year old and for the second dose, from six years old to two-year old in 2024. There is a lack of awareness among the population of the revised immunization schedule and many children who were above the age of two in 2024 remain in the risk group.

There is a need to increase awareness on the importance of timely vaccinations among migrants (for more details see the "Scope and Scale" section of this document).

b) Lack of capacities of the local health facilities to conduct social mobilization activities at a scale during the mass vaccination campaigns. The primary health care centers in remote locations are poorly equipped and lack basic furniture to make comfortable for people waiting for vaccinations.

c) Lack of early detection of suspected cases of measles. Measles symptoms are not specific and when the children get sick with high fever and rash, the parents do not necessarily suspect measles and delay their visit to health centers.



### Community Engagement And Accountability

There is a widespread misconception and distrust in vaccines, including routine childhood vaccinations. Misinformation and lack of awareness contribute to fears about vaccine safety and efficacy, leading to hesitancy among parents and caregivers. Additionally, there is a growing anti-vaccination sentiment in the country, fueled by misinformation spread through social media, community networks, and influential figures. This distrust is further exacerbated by limited access to clear, science-based communication and messaging. As a result, vaccination coverage rates are declining, increasing the risk of outbreaks of preventable diseases. The lack of proactive engagement by healthcare professionals and health authorities allows misinformation to spread unchecked. Confusing or inconsistent public health messaging weakens confidence in vaccination campaigns.

Despite the best efforts of the MoH in the past, there remains entrenched group of parents who are hesitant about vaccination and whose children remain zero-dose or under-immunized. Based on the previous work of the RCSK addressing a vaccine-hesitancy (the RCSK reached out to over 2000 families with zero-dose children in 2023-2024 alone), the parents and caregivers are often misguided about the vaccination and it takes someone to take a time to address parents' fears and hesitations by implementing active listening, offering emotional support and providing accurate, tailor-made information in each of their situations. The RCSK has accumulated a considerable experience in dealing with this particular group.

The NS has well-established community feedback channels, including hotlines, community meetings, and digital platforms, ensuring that community concerns and feedback are regularly collected, analyzed, and acted upon. Staff is trained in active listening and respectful communication, allowing for effective feedback management and the adaptation of programs based on community input. Given the NS's established relationships with local leaders and trusted figures, it is well-positioned to engage in rumor management and counter misinformation, a crucial aspect of building trust and improving health outcomes.

RCSK conducting a pre-assessment using KoBo in target communities to define before mentioned questions.

## Any identified gaps/limitations in the assessment

UNICEF Europe and Central Asia Regional Office (ECARO) conducted "Behaviour insights research on drivers influencing childhood immunization-related behaviours in Kyrgyzstan" to understand the factors influencing people's childhood immunization-related choices and practices in Kyrgyzstan. Approximately, 30% of all households in Kyrgyzstan are female-headed households who may have additional barriers to access to immunization services and these gender dimensions need to be considered. National Statistical Committee of the Kyrgyz Republic and UNICEF conducted in 2023 Kyrgyzstan Multiple Indicator Cluster Survey.

## Operational Strategy

### Overall objective of the operation

The overall objective of this DREF operation is to mitigate the impact of the ongoing measles situation on the most vulnerable population, particularly children, and to reduce morbidity and mortality associated with the disease. This effort will be carried out in close coordination with government health structures to ensure effective and efficient implementation. The operation seeks to address critical gaps in immunization coverage, improve community awareness, and provide targeted interventions to reduce the spread of measles in high-risk areas.

This operation is designed to directly reach a total of 70,000 people in selected communities, focusing on the most vulnerable groups and indirectly reach an estimated 350,000 people through social media and communications campaigns. The targeted people will be primarily parents and caregivers of children aged 9 months to 84 months (under seven years old), a group that is particularly susceptible to measles due to their developmental stage and lack of full immunity if not vaccinated. Through this operation, parents and caregivers will have increased understanding of the importance of measles vaccination and as the final result, vaccinate their children against measles, thereby helping to stop the community transmission of this disease.

### Operation strategy rationale

Key Components of the Operation:

#### RISK COMMUNICATION AND COMMUNITY ENGAGEMENT:

A major component of the operation involves increasing awareness among parents and caregivers about the importance and safety of the measles vaccine through the social mobilization of volunteers (household visits, individual and group information sessions). This will include educating the parents and caregivers, on the potential complications of measles, and the long-term benefits of immunization.

One of the main risk communication strategies will be the use of social media and work with mass media. The operation will facilitate the setup of new groups and strengthen the existing groups of active parents and caregivers who promote childhood vaccination on social media and other public forums (through sharing their positive vaccination experiences and dispelling myths around vaccination). It will attract bloggers and social media influencers to promote vaccination among parents. It will engage with the mass media agencies to promote people to vaccinate their vaccine age eligible children against measles through radio broadcasts and TV segments.

In addition, targeted messages will be developed to address the specific concerns of parents and caregivers, particularly those who are hesitant or misinformed about vaccination. These efforts aim to build trust in the safety and efficacy of vaccines, countering misinformation and promoting informed decision-making. This will be done through household visits and information sessions. Thanks to close collaboration with the local health facilities, the vaccinators from the primary care clinics and RCSI volunteers will identify the zero-dose and under-immunized children, and jointly visit their homes jointly to address their parents' vaccine hesitancy and encourage them to vaccinate their children.

It will collect and respond to feedback and use it to guide the response throughout a multi-channel feedback mechanism.

#### SOCIAL MOBILIZATION DURING VACCINATION CAMPAIGNS:

The operation will also support social mobilization efforts for supplementary vaccination campaign which is planned in April 2025 by the RCI. This phase is critical in reaching children who have not received any vaccinations (often referred to as zero-dose children), as well as those who may have missed earlier vaccination opportunities or children whose parents refuse any vaccines for their children. The vaccination campaign will focus on specific geographic areas where measles transmission is highest and where immunization coverage has been low (Osh city, Osh region, Bishkek city, Chui region).

Social mobilization will play a central role in ensuring that communities are fully engaged in the vaccination process. The trained



volunteers will support the vaccination teams at the primary care facilities with simple, but much needed tasks such as crowd management, supporting parents and children to make the whole vaccination process a little bit easier and less stressful by offering accurate information, offering water and comfort, and if requested by the health facilities, supporting with the patient registration and entry of vaccination records.

#### COMMUNITY-BASED SURVEILLANCE IN FOUR TARGETED AREAS:

Building on its experience gained from its CBS work over the past 1.5 years within the framework of ECHO PPP project, the RCSK will be establishing an emergency CBS specifically focused on measles in the four target locations. The current CBS protocol of RCSK has 6 health risks, including zoonotic diseases, which is agreed within the framework of the memorandum on understanding on CBS with the MOH and the Ministry of Agriculture. For this operation, the CBS protocol will be focused only on detecting measles cases during the current measles situation. This will help to improve early detection of suspected cases of measles in the hotspot areas and timely referrals and access to treatment can help to reduce the severity of the disease and prevent complications and prolonged hospitalisations. It also helps in isolating children with suspected cases of measles, thereby preventing the spread of the virus to others, especially other young children living in the same household. Also, if many alerts are received from the same communities, the CBS data will help the MOH to direct its vaccination campaigns in those communities through micro-planning. After cross-checking, all the true alerts generated by the Red Crescent volunteers will be escalated to the sanitary-epidemiologic station of the oblast or city and further transferred to the Ministry of Health of Kyrgyzstan.

#### MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT:

While emergencies are inherently stressful, epidemics introduce unique stressors that impact both the general population and the responders. The operation will incorporate MHPSS activities to support both the responders and the affected population, such as training on psychological first aid (PFA) and supportive communication, including stress management for first responders and Psychosocial Support (PSS) activities for affected families and children. It will advocate to integrate MHPSS assessment questions to ongoing assessments not only RCSK but other organizations, support inclusion of mental health information in the information, education and communication materials.

#### COLLABORATION WITH GOVERNMENT HEALTH STRUCTURES:

The RCSK will be actively coordinating the current operations with the Ministry of Health, Ministry of Education and other relevant stakeholders, to ensure that vaccination campaigns are aligned with national strategies and that resources are used effectively.

In addition, government health agencies will be instrumental in monitoring vaccination progress, tracking coverage rates, and ensuring that adequate medical support is available for any complications arising from vaccination. Health authorities will also provide technical support for data collection and analysis, helping to identify areas with the highest risk of measles outbreaks and prioritize resources for those regions. This data-driven approach will enhance the precision of vaccination efforts and ensure that no child is left unvaccinated.

## Targeting Strategy

### Who will be targeted through this operation?

The following groups will be targeted by this DREF operation:

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

The affected groups in the selected target regions are estimated to be around 700,000, equaling to the number of children under 84 months that the National Society has calculated based on national census data.

The awareness campaign plans to cover around up to 10% of the total group or 70,000 people. The selected regions and cities for this operation (Osh and Chu regions and Bishkek and Osh cities) are the most affected regions.

Bishkek is the hotspot in the current situation. It has the high level of internal migration also it is the most densely populated city of the country. As part of the administrative-territorial reform 6 March 2024, Bishkek city included 15 new settlements, which were previously part of the Alamudun and Sokuluk districts of Chui province.



As explained, the area of the capital has increased to 38,600 hectares from 12,900 thousand. During this time, the city's population also increased. Now more than 1.15 million people live in Bishkek. A large group live in urban residential areas- new settlements. Officially, the city boundaries include 57 residential areas, most of them are located in the Pervomaisky and Sverdlovsk districts. The rapid process of urbanization and population growth are outpacing infrastructure development. Because of this, new settlements residents experience problems with access to medical services.

## Explain the selection criteria for the targeted population

To effectively address the measles situation and its associated risks, the operation has identified key target groups that require specific interventions.

These groups include:

1) Parents and Caregivers of children aged 9 months to 84 months, especially those hesitant about vaccination (zero-dose and Under-Immunized Children)

Children in this age group are particularly susceptible to measles and are the primary beneficiaries of vaccination campaigns. These children, especially in areas with lower vaccination coverage, are most at risk for severe complications, including pneumonia, encephalitis, and death. The operation will focus on improving vaccination rates within this age group, particularly in regions that have reported higher rates of measles cases.

A significant barrier to controlling the measles situation is vaccine hesitancy among parents and caregivers, especially those of children who have not received any doses of the measles vaccine (zero-dose children) or have only received partial doses. Misconceptions, fear of side effects, and a lack of understanding about the dangers of measles contribute to vaccine refusal.

All the previous supplementary immunization campaigns of the government against measles and rubella were focused on this age cohort and the MOH will continue with the same focus for its efforts in this current measles situation. This is because according to the previous national immunization calendar, the age of the second dose of MMR vaccine (MCV2) was six years.

The “Big Catch Up” campaign will be carried out in the country in April 2025 and the main focus of this campaign will be to reach children who missed vaccination during the period 2019–2022, which was partly due to the pandemic, and provide all missing vaccinations and restore vaccination coverage rates for the current birth cohort in 2023 and 2024 to at least 2019 levels.

Therefore, the operation will focus on the parents and caregivers of this age cohort.

Key Focus Areas:

- Increasing access to vaccination for children who have not yet received their measles shots. Ensuring that all children in this age group receive their full complement of measles vaccinations.
- Prioritizing children in high-risk, densely populated areas where transmission is highest.
- Providing accurate, evidence-based information on the safety and effectiveness of the measles vaccine.
- Educating parents about the importance of vaccinating their children at the appropriate age.
- Addressing myths and misconceptions that contribute to vaccine hesitancy.
- Encouraging timely vaccinations for school-aged children to prevent outbreaks in educational settings.

2) Educators in kindergartens and early grades, crucial for promoting vaccination.

Educators, particularly those working with young children in kindergartens and early primary school grades, are essential in reinforcing vaccination messages. These individuals play a crucial role in supporting public health efforts by encouraging parents and caregivers to vaccinate their children.

Key Focus Areas:

- Training educators on the importance of measles vaccination and how they can promote it within the school or kindergarten setting.
- Providing educators with accurate information that they can pass on to parents and caregivers.
- Encouraging educators to work closely with health authorities to facilitate vaccination clinics within schools.
- Highlighting the role of schools and preschools in creating a safe environment for learning by ensuring children are vaccinated.

3) Community Leaders, influential in mobilizing community support for vaccination.

Community leaders, including religious figures, local politicians, and respected members of the community, are vital in influencing public opinion and encouraging vaccine uptake. Their endorsement can help overcome vaccine hesitancy and promote vaccination as a community responsibility.

Key Focus Areas:

- Engaging community leaders in public health campaigns to advocate for measles vaccination.
- Utilizing community leaders to disseminate accurate information and counter misinformation about vaccines.
- Empowering leaders to organize local events, such as informational sessions, to educate the public about measles and vaccination.



4) General Adult Population in affected regions, targeted through awareness campaigns. The broader community, including adults who may have children or are responsible for caregiving, forms the final target group. Although this group may not be as directly affected by the disease, their awareness and support are critical in ensuring the success of vaccination efforts.

#### Key Focus Areas:

- Raising general awareness about the measles situation and its potential dangers.
- Educating the public on how they can help prevent the spread of measles by supporting vaccination efforts in their communities.
- Encouraging the population to stay informed and take appropriate action to protect vulnerable groups.

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

## Total Targeted Population

Women	49,000	Rural	-
Girls (under 18)	-	Urban	-
Men	21,000	People with disabilities (estimated)	-
Boys (under 18)	-		
Total targeted population	70,000		

## Risk and Security Considerations

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

Risk	Mitigation action
Healthcare System Overload	Advocate regional and health authorities to develop contingency plans for healthcare facilities, including the setup of temporary centers and integration of mobile health teams to manage large patient inflows during outbreaks.
Risk of Child Safeguarding	RCSK CEA/PGI specialists started the process of CSRA and will contact Regional office for consultations of further steps, applying IFRC standards. Currently, RCSK is adopting Child Safeguarding police which will also facilitate the process.
Seasonal Weather Challenges: Prepare for disruptions in vaccination campaigns due to adverse weather.	As the operation timeframe falls into the hottest period of the year, the operation has considered the potential impact of heatwaves into the smooth implementation of activities. For instance, activities such as providing water coolers, shades for parents and children waiting outside of vaccination points, and other measures.
Lack of measles-containing vaccines in the country.	The RCSK will closely coordinate activities with the Republican Center of Immunoprophylaxis and monitor the availability of vaccines in the country.
Medium- or large-scale disaster in the country	RCSK closely monitors weather and seasonal forecasts, supports preparedness measures and in urgent case will activate the organization's "no-regret early action" protocols based on IFRC

	<p>early warning systems</p> <p>guidelines in order to take effective measures. It is important to ensure that the monitoring also considers weather and seasonal forecasts, even if they do not lead to an activation in the EAP, especially considering the target groups and their increased vulnerabilities. It is important to not only consider additional disasters, but also general seasonal/climate risks that are likely during the duration of the response and to ensure that these are acted on appropriately.</p>
<p>There are several risks in conducting information sessions for vaccine refusers. Parents or caregivers, especially if they hold to strong anti-vaccination beliefs can become agitated and aggressive towards anyone who try to speak with them about vaccination, including Red Crescent volunteers.</p> <p>There is also a risk of inadequate outreach to the target audience, especially in remote or hard-to-reach areas where people may not be aware of the sessions.</p>	<p>To minimize risks during information sessions for vaccine refusers, prepare reliable and verified materials. Involve medical experts to boost participant confidence and ensure accurate information. Consider the cultural and social characteristics of the audience, adapting the approach and language to avoid conflicts and enhance receptivity. Schedule sessions at convenient times and accessible locations to reach more people, including those with limited access to vaccination information.</p> <p>Create a safe, open atmosphere where participants can express opinions without fear of judgment. Train facilitators in active listening and constructive communication to handle objections and reduce tension. Allow parents and guardians to ask questions and receive individual counseling to address their concerns. Use simple, clear language in materials to prevent misunderstandings and dispel myths.</p> <p>Utilize various communication channels like social media, local radio, leaflets, and community center meetings to reach those unable to attend in person. Finally, organize feedback and analyze results post-sessions to refine and improve future activities.</p> <p>Staff Pairing for Safety:</p> <ul style="list-style-type: none"> <li>• Ensure that at least two staff members are assigned to work together at all times, particularly in areas with higher risk of aggression, also to ensure gender sensitivity considering conservative communities and households.</li> <li>• Implement a system for monitoring staff safety, including rotating staff in high-risk areas to prevent burnout and maintain vigilance.</li> </ul> <p>Staff Support and Psychological Assistance:</p> <ul style="list-style-type: none"> <li>• Offer training programs focused on managing stress, conflict resolution, and building resilience in the face of challenging situations.</li> </ul>
<p>Working with religious individuals who refuse vaccination presents several risks. Religious beliefs can conflict with scientific views, increasing resistance to vaccination. If vaccination information is perceived as interfering with personal or spiritual beliefs, it may cause resentment and reduce trust in medical advice.</p>	<p>To reduce risks when working with religious leaders and believers who refuse vaccination, it's crucial to respect their beliefs and values. Establish trust with religious leaders by discussing the scientific facts about vaccine safety and efficacy within the context of their teachings. Involve respected figures from religious backgrounds to increase community acceptance.</p> <p>Provide religious leaders with credible information to share with their congregants, fostering open discussions to avoid misunderstandings and perceived pressure. Emphasize that vaccination aligns with religious values like protecting life and well-being. Use religious texts and traditions to find common ground between vaccination and beliefs, highlighting community protection and solidarity.</p> <p>Organize trainings where religious leaders can express doubts and receive clarifications from medical professionals. Avoid</p>

	confrontation and pressure by offering balanced, respectful arguments.
Contagion Among Staff and Volunteers	Ensure all personnel are vaccinated, provide necessary personal protective equipment (PPE) and hygiene measures. Train staff and volunteers in infection control practices to minimize risk to themselves and others as well in self-care to deal with the fear and stress to the possibility to get contagious or be stigmatized.

### Please indicate any security and safety concerns for this operation

The security of the RCSK staff and volunteers is of high importance. The RCSK team in the field will monitor the security updates before visiting communities. PPE will be provided to staff and volunteers to contain potential contagion.

Has the child safeguarding risk analysis assessment been completed?

No

## Planned Intervention



**Budget:** CHF 218,122

**Targeted Persons:** 70,000

### Indicators

Title	Target
Number of people reached with immunization services.	70,000
Percentage of community-based surveillance (CBS) true alerts escalated to health authorities within 48 hours.	80
Number of people reached with awareness-raising sessions focus on promotion of positive MHPSS and prevention of mental health conditions.	1,000
Number of religious community leaders engaged in risk communication activities.	250

### Priority Actions

Social mobilization:

- Training for RCSK Staff and Volunteers, focusing on vaccine-preventable diseases with a particular emphasis on measles.
- Large-Scale Vaccine Promotion in Schools and Kindergartens: Plan and implement large-scale vaccination promotion campaigns in kindergartens and schools across the four targeted locations. Additional campaigns will take place in new settlements around Bishkek and Osh cities, involving mobile vaccination teams provided by the RCI. (The RC volunteers support the vaccination points with the following activities: crowd management, explaining the parents the process of vaccination, where requested by health facilities, patient registration and entry of patient vaccination information into the MoH online database (this is done only by volunteers with the medical background), offering water, organizing waiting areas, offering toys for children who are distressed after vaccination, etc. The vaccination points are managed by the local health services (they are part of the local primary health care facilities), the volunteers have only supporting role during the actual vaccination and before and after vaccinations (informing people about vaccination time, encouraging people to vaccinate), accompanying people to/from vaccination sites, if necessary).
- Information sessions targeting vaccine-hesitant parents and caregivers of children aged 9-84 months in the selected regions and cities;
- Social Mobilization During Vaccination Campaigns: Coordinate social mobilization efforts with Red Crescent volunteers during supplemental immunization campaigns targeting children aged 9-84 months in Osh and Chui regions, as well as Bishkek and Osh cities.

- Organize sessions on measles among pregnant women in maternity homes.
- Conduct information sessions in schools and kindergartens during parent meetings, in collaboration with the Ministry of Education.
- Facilitate the establishment or strengthen the existing groups (where it exists) a group of active parents and caregivers who promote childhood vaccination among children on social media and other public forums (through sharing their positive vaccination experiences and dispelling myths around vaccination).
- Purchase of needed items for vaccination points (benches, water coolers, information board, laptops )- The furniture is intended for making the waiting areas of remote primary health care facilities during mass vaccinations more comfortable. As this operation falls in the hottest period of the year, the waiting for vaccinations is usually done outside and shades are planned to be provided. The laptops are intended to support the data entry to register vaccination status of children during vaccination drives the remote primary health care facilities into the iEmdoo which is the national online database for vaccination. The RC volunteers help the vaccination teams to entry the data and thus enable automatic notification for subsequent vaccinations and tracking of vaccination status.
- Purchase of needed items for volunteers (PPE items).

CBS (The CBS locations of RCSK ongoing project are different from this proposed plan, which was elaborated in the document before. Therefore, new CBS volunteers will be mobilized. There is ongoing dialogue with the MOH to integrate the RCSK CBS data platform called NYSS into the health surveillance, but this is a long-term objective and process and can't be considered in the context of a short-term emergency response such as this one.):

- Training on Community-based surveillance (CBS) for CBS supervisors and CBS team leaders.
- Training on Community - based surveillance for CBS Volunteers (150 volunteers): Provide training for new volunteers on the fundamentals of Community-Based Surveillance (CBS), including recognizing the signs and complications of measles, and submitting SMS reports to the NYSS system for measles data analysis. The training will be conducted by CBS trainers from RCSK, combining both theoretical and practical components to ensure accurate identification of measles symptoms and proper reporting to the NYSS system.
- Monthly CBS Meetings: Arrange monthly meetings with volunteers and the local health services to discuss challenges in the field and work to improve CBS implementation.
- Weekly Review of Volunteer Reports: CBS supervisors will conduct weekly reviews of volunteer reports, analyzing the data submitted to the NYSS system to track trends and identify outbreaks.
- Community mobilization of CBS volunteers (6 months).
- Printing of Manuals for Volunteers: Distribute essential CBS information handouts to volunteers, ensuring they have quick access to CBS guidelines and protocols.
- CBS consultant from MoH.
- Procurement of power banks and other aids for CBS volunteers.

Religious leaders:

- Immunization training for religious leaders at the national level.
- Cascade immunization trainings at the community level for 250 religious leaders.
- Round Tables with Religious Leaders: Organize discussions with religious leaders to address concerns and promote the importance of measles vaccination within faith-based communities.

MHPSS:

- MHPSS group support sessions for volunteers and staff involved in the operations.
- Vaccination hesitancy training for target groups.
- PSS activities for affected families and children.
- Training of stress management for first responders.

National coordination:

- Round table on vaccine preventable diseases in collaboration with MoH, UNICEF and WHO. This is to bring together all partners working on vaccine preventable diseases, including national government, international partners and Civil Society Organizations (CSOs) to discuss the common challenges in this area, collectively identify solutions and share experiences.
- Conduct monitoring visits to ensure that the operational strategy is aligned with the needs and the implementation of activities are on track.



## Protection, Gender And Inclusion

**Budget:** CHF 22,383

**Targeted Persons:** 35,000

## Indicators

Title	Target
Number of staff and volunteers trained in PGI including referrals.	45

## Priority Actions

- Purchase children's PSS kits (toys and art materials) for child-friendly space in vaccination points.
- Refresher Training of Code of Conduct for RCSK staff and volunteers.
- Refresher Training on photo and video for RCSK staff and volunteers.
- Establish technical working group with PGI focal points to develop and sign Child Safeguarding Policy (CSG).
- Training of Child Safeguarding Policy for RCSK staff and volunteers.
- Refresher Training of PGI for RCSK staff and volunteers .
- The protection, gender, and inclusion (PGI) principles will be integral to all aspects of the measles vaccination response. Training for RCSK staff and volunteers will include gender-sensitive approaches to ensure that both male and female participants can equally access the necessary information and resources. Volunteer training on Community-Based Surveillance (CBS) will be inclusive, ensuring that all volunteers, regardless of gender or background, are equipped to recognize measles symptoms and report them appropriately. The training sessions will be designed to be accessible to both women and men, with consideration for any specific needs of vulnerable populations, including people with disabilities.
- Monthly meetings with volunteers will provide an opportunity for all individuals to express their concerns, ensuring equal participation from diverse groups, including women and marginalized communities. In addition, weekly reviews of volunteer reports will focus on data that reflects gender, age, and other factors to ensure that responses are tailored to the needs of all groups. The distribution of informational materials will prioritize accessibility, ensuring that materials reach all community members, including women and men in remote or hard-to-reach areas.
- The large-scale vaccine promotion campaigns will include schools and kindergartens, ensuring that all children, regardless of gender, have access to vaccinations. Communication training for medical workers will emphasize respectful, inclusive communication with families, ensuring that both men and women feel confident in discussing vaccination. Finally, social media influencers and mass media campaigns will amplify risk communication efforts, ensuring that both male and female parents are reached with accurate, empowering information about the importance of measles vaccination.
- For vaccination points management, expenditures will cover the logistics of setting up and maintaining vaccination sites, including the purchase of benches, PSS kits, and water coolers.

The activities will include:

Empower Volunteers and Trusted Sources:

- Ensure that volunteers are trained in addressing misinformation and countering rumours effectively by providing them with accurate and clear talking points.
- Engage trusted local figures, such as religious leaders or community influencers, to spread accurate information and help build trust within the community.

Proactive Communication:

- Share positive and accurate information regularly, focusing on promoting health practices and addressing concerns before they develop into larger rumours.



## Community Engagement And Accountability

**Budget:** CHF 46,767

**Targeted Persons:** 35,000

## Indicators

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

## Priority Actions

- Feedback collection: -Activate various channels for feedback collection such as feedback boxes, helpline and others. -Organization of a feedback system to collect opinions, suggestions and complaints from communities about the services and activities provided. The CCD will support the National Society on finalizing the narrative and financial report by two months after the end of the operation and submit to the Regional DREF Focal Point. Following regional review.
- Focus Groups Discussions: -Conduct focus groups and discussions with community representatives to identify their needs, preferences and expectations from organizing open dialogues to discuss key issues and find joint solutions with community members and stakeholders. To further strengthen the approach, the FGDs under this operation will be conducted by volunteers with a gender-balanced representation, ensuring inclusive participation and diverse insights. The results will help fine-tune the Risk Communication and Community Engagement (RCCE) activities and will be shared during the round table on vaccine-preventable diseases planned as part of this operation.
- Information Sessions for Vaccine-Hesitant Parents and Caregivers: Conduct information sessions for parents and caregivers of children aged 9 months to 84 months in the most affected regions and cities, aiming to reduce vaccine hesitancy and promote vaccination.
- Distribution of Informational Materials: Distribute informational materials alongside monthly utility bills delivered to households to raise awareness about measles vaccination. The materials will be developed in Kyrgyz and Russian languages and for the audiences in Osh region and Osh city, the materials will be additionally made available in Uzbek language.
- Engaging Bloggers and Influencers: Partner with bloggers and social media influencers to promote vaccination, increasing trust and awareness among parents and caregivers of young children.
- Involvement of Mass Media in Risk Communication: Collaborate with mass media outlets to amplify communication efforts regarding the measles situation and the importance of vaccination, through radio broadcasts and TV segments, as well as newspapers.
- Engaging active care givers to promote vaccination in social networks.
- Support the existing hotline of RCSK to receive feedback and complaints and provide referrals for parents and caregivers on measles and other vaccine-preventable diseases.
- Organize refresher training on CEA for RCSK staff and volunteers.
- Rumor Tracking and Management: Train volunteers and health staff to identify, document, and counter misinformation.
- Develop myth-busting materials with fact-based responses to common vaccine misconceptions.
- Tailored Messaging: Develop tailored messaging that directly addresses local misconceptions and cultural beliefs that may contribute to vaccine hesitancy or health-related misinformation.



## Coordination And Partnerships

**Budget:** CHF 9,693

**Targeted Persons:** 320

## Indicators

Title	Target
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## Priority Actions

- Continuously monitor the operations by the IFRC Country Cluster Delegation and the Regional Operations team and Regional DREF Focal Point.
- With the support of the Global CBS technical working group, engage a CBS consultant (IFRC) who will support the set up a CBS for measles situation in the target locations .
- With the support of the regional IM team, engage IM consultant who will conduct a data analysis of data generated through this operations (Focus group discussions).



## National Society Strengthening

**Budget:** CHF 56,299

**Targeted Persons:** 320

## Indicators

Title	Target
Number of staff and volunteers involved in the implementation of the DREF operation.	310
Number of volunteers insured for the timeframe of the DREF operation.	300

## Priority Actions

- Lessons Learned Workshop: Organize a workshop at the end of the response to evaluate efforts, share experiences, and discuss lessons learned to improve future outbreak response strategies.
- Organize volunteer insurance for all volunteers engaged in the current operation.
- Ensure that volunteers are insured during the timeframe of the operation.

# About Support Services

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

300 volunteers and 10 staff of the RCSK will be involved in this operation.

The roles of volunteers will be social mobilization during the vaccination campaigns - educating the targeted groups on the importance of vaccinating their children against measles and other childhood illnesses.

The current DREF response will be implemented by the RCSK health department.  
The roles and responsibilities related to the operations:

Project Manager (50%) - 6 month work period:

- Coordinating of overall activities and specialists responding to a disaster.
- Planning and organization of activities, safety measure, coordination of activities with heads of branches.
- Coordination of overall activities at the state level. Works exclusively with government agencies (Ministry of Health Situations, Ministry of Social Care, etc.) to coordinate assistance.

Project Coordinator (50%) - 6 month work period:

- Coordinating of overall activities and specialists responding to a disaster.
- Planning and organization of activities, safety measure, coordination of activities with heads of branches.
- Coordination of overall activities at the state level.

Field officers in the branches in Chui and Osh (50%) - 5 month work period:

- Implementation of response activities on the spot, coordination with local partners.
- Implement relief and support activities for affected people in accordance with approved plans.

The employee's business is determined according to the volume of the affected population and work with them.

Finance officer in HQ (50%) - 6 month work period:

- Organise and monitor the management budget both at headquarters and in the field.
- Cost accounting and reporting, ensuring financial transparency and compliance with all financial procedures.
- Preparation and submission of financial report after project completion.

In addition, an accountant will be fully engaged in the financial reporting of DREF operation, including fund request, transfer and follow up with branches.

Finance officers in implementing branches in Chui and Osh provinces (25%) - 5 month work period:

- Preparation of financial report at the regional level, cost accounting.

CBS specialist in HQ (50%) - 5 month work period:

- Coordination of CBS implementation.
- Ensuring accurate data collection on measles alerts from volunteers.



- Cooperating with the RCI on the response to measles situation.
- Organizing meetings and briefings with volunteers and health workers on the challenges of CBS.
- Monitoring and analyzing the data on the NYSS platform and preparing reports.

Specialist in CEA and PGI (50%) - 5 month work period:

- Ensuring supervision and engagement with people assisted are in line with protection, gender and inclusion principles.
- Organising activities to engage communities in response activities and ensuring their participation in decision making.

Logistician in HQ (25%) - 3 month work period:

- Organization of procurements and tender procedures related to the activities of the operation.

PR specialist in HQ (15%) - 5 month work period:

- Produce and develop video and photo components.

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

IFRC expects the RCSK to lead procurement of items as per their and national procurement regulations. IFRC will ensure that the Federation's procurement standards and procedures are duly adhered to and is available to provide support as required. The National Society will endeavor to finalize the procurement process within the first month of the operation.

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

Monitoring and evaluation will be an integral part of the operation and will be carried out involving the assisted people and other stakeholders utilizing participatory approaches throughout the operation's timeframe. Regular internal operation updates (biweekly or monthly) will be developed by the implementing team of the RCSK Branches, feeding to the RCSK headquarters and further distributed to key stakeholders as necessary.

Monthly financial and operation progress reports will inform of the key operation's achievements and planned activities for the next period. The reports will reflect the numbers of beneficiaries disaggregated by gender, age and disabilities if possible. Additionally, meetings with key stakeholders, performance reporting, field visits to follow progress on implementation of activities will be done on a regular basis. In addition, the RCSK will hold a lesson learnt workshop at the end of the operation to evaluate key achievements and challenges in order to improve the NS response operations in the future.

Regular coordination meetings will be held with the regional health authorities to determine the level of increase in the vaccine coverage rates following the risk communication and outreach activities by the Red Crescent volunteers.

The IFRC CCD for Central Asia will support the National Society on finalizing the narrative and financial report to be submitted to the Regional DREF Focal Point two months after the end of the operation.

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

The RCSK has experienced communications specialists at its headquarters in Bishkek, which has been sharing information on the crisis, its impact and actions undertaken and planned by the National Society and other stakeholders through various media outlets, including social media. The RCSK will continue to update population and stakeholders on the operation progress. Stories and photographs that depict the situation and response as well as challenges will continue to be shared both locally and internationally on different platforms, including through local mass media, social media, the RCSK and IFRC social media accounts among others. The operation's communications strategy will focus on targeted people, their needs and challenges, as well as on preparedness measures that can help communities to prepare for future outbreaks and epidemics.



# Budget Overview



## DREF OPERATION

### MDRKG021 - Red Crescent Society of Kyrgyzstan Measles Situation 2025

Operating Budget

<b>Planned Operations</b>	<b>287,271</b>
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	218,122
Water, Sanitation & Hygiene	0
Protection, Gender and Inclusion	22,383
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	46,767
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>65,992</b>
Coordination and Partnerships	9,693
Secretariat Services	0
National Society Strengthening	56,299
<b>TOTAL BUDGET</b>	<b>353,263</b>

*all amounts in Swiss Francs (CHF)*



# Contact Information

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

**National Society contact:** Asel, Toktomambetova, a.toktomambetova@redcrescent.kg, +996703009050

**IFRC Appeal Manager:** Seval Guzelkilinc, Head of Country Cluster Delegation for Central Asia, seval.guzelkilinc@ifrc.org

**IFRC Project Manager:** Oyungerel, Amgaa, oyungerel.amgaa@ifrc.org, +996700558830

**IFRC focal point for the emergency:** Oyungerel, Amgaa, oyungerel.amgaa@ifrc.org, +996700558830

**Media Contact:** Corrie Butler, Communications Manager, IFRC Regional Office for Europe, corrie.butler@ifrc.org

[Click here for the reference](#)

