DREF Operational Update

Kyrgyzstan: Measles Situation 2025

Red Crescent volunteers work to promote vaccination. Photo by RCSK.

Appeal: **MDRKG021**	Total DREF Allocation: **CHF 398,554**	Crisis Category: **Yellow**	Hazard: **Epidemic**
Glide Number: **EP-2025-000030-KGZ**	People Affected: **815,000 people**	People Targeted: **81,500 people**	
Event Onset: **Sudden**	Operation Start Date: **01-04-2025**	New Operational End Date: **31-10-2025**	Total Operating Timeframe: **6 months**
Reporting Timeframe Start Date: **01-04-2025**		Reporting Timeframe End Date: **30-06-2025**	
Additional Allocation Requested: **45,291**		Targeted Regions: **Bishkek City, Chuy, Jalal-Abad, Osh, Osh City**	

Description of the Event

Date of event

17-03-2025

What happened, where and when?

The Republican Center for Immunoprophylaxis of the Ministry of Health of the Kyrgyz Republic informed that as of June 17, 2025, 8,558 suspected cases of measles and rubella were registered in the country. Of these, 8,211 cases are classified as measles, including 982 laboratory confirmed cases, 3,590 clinically confirmed cases and 3,639 epidemiologically related cases. The incidence rate is 112.8 per 100,000 population.

Territorial breakdown of measles cases out of the total number of cases is as follows: in Osh city - 549 cases, Chui region - 962 cases, Talas region- 201 cases, Naryn region - 142 cases, Batken region - 265 cases; Osh oblast - 629 cases, Jalal-Abad region - 467 cases and Issyk-Kul region 107 cases.

Jalal-Abad region is emerging as the next most affected region after Bishkek city, Osh and Chui regions, with 467 confirmed cases of measles reported as of June 17.

Analysis of vaccination status of patients diagnosed with measles by the RCI shows that the majority of them (94 per cent, or 7,724 people) were not vaccinated and only 6 per cent were vaccinated. A closer analysis shows that of those who were vaccinated, 3 per cent or 274 patients received one dose of the MMR vaccine, which protects against measles, mumps, and rubella and 3 per cent or 213 patients received two doses of the MMR vaccine, 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 (30 per cent or 2,502 people), or due to refusals of vaccination (44 per cent, or 3,621 children). The remaining reasons for not getting vaccinated were medical exemptions (8 per cent or 688 cases) and migration (2 per cent or 152 cases). 761 patients had an unknown vaccination status (9 per cent).

The current epidemiological situation in the country for measles and rubella has deteriorated since the beginning of 2025.

The government of the Kyrgyz Republic has not officially declared an outbreak.

As of 3 June, the government announced nine confirmed deaths due to complications of measles (1). In comparison, nine measles related deaths were reported in 2023 and five deaths in 2024.

In the previous epidemic of measles that happened in 2023 and 2024 (7,046 cases of measles reported in 2023 and 14,380 cases of measles in 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 (2) (3). 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 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, was 93 per cent in 2023. It shows a general downward trend for the past 5 years (the same indicator was 95 per cent in 2022, 97 per cent in 2021, 93 per cent in 2020 and 98 per cent in 2019) (4).

According to the MOH data, in 2024, 91 per cent 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 per cent 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 per cent of children aged 12-23 months and 24-35 months were vaccinated against MMR at any time before the survey (crude coverage) (5). According to WHO, 95 per cent or greater coverage of two doses of measles-containing vaccine is needed to create herd immunity (6).

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 per cent of all refusals) and 4,292 cases in Chui region (21 per cent 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.

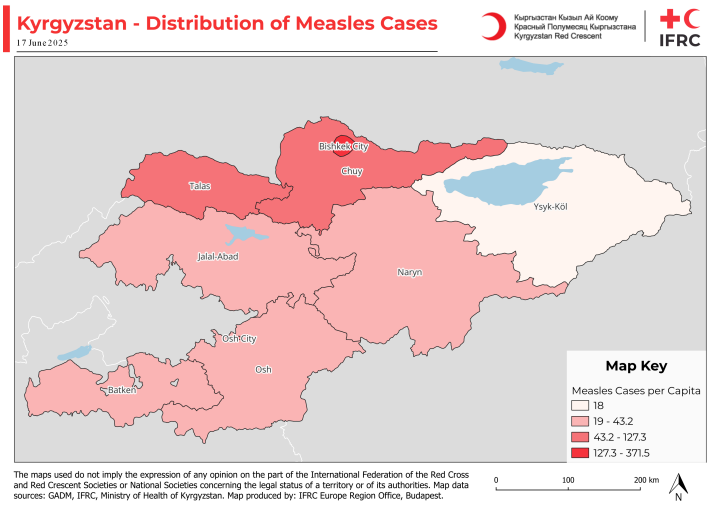
As the immunization schedule was changed in 2024, there is a lack of awareness among the population of the revised immunization schedule and many children who were above the age of two in 2024 remain in the risk group.

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.

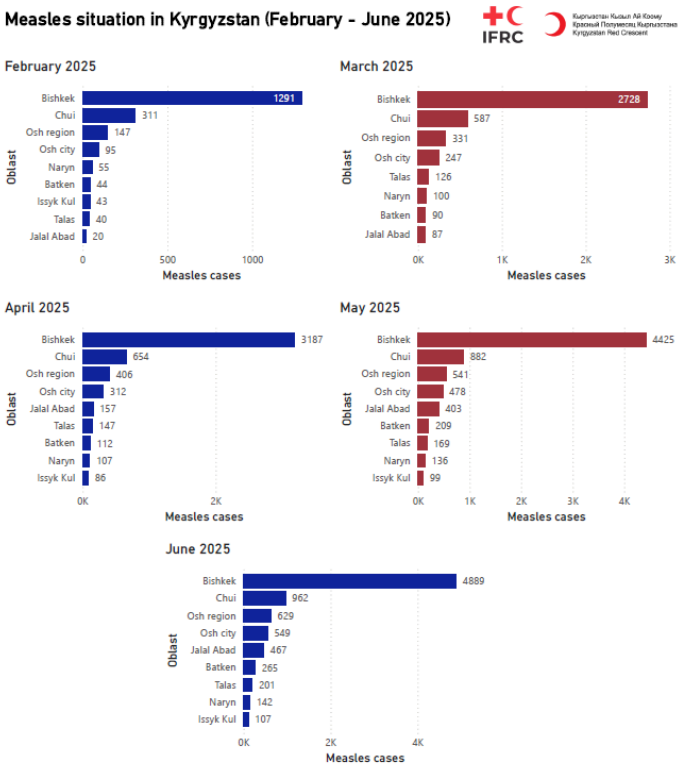
Sources:

(1) Measles situation: 7,342 cases registered in Kyrgyzstan, nine died - | 24.KG

(2) 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-whoeurope)
(3) Europe grapples with highest number of measles cases in more than 25 years (https://news.un.org/en/story/2025/03/1161086)
(4) https://data.unicef.org/
(5) https://www.unicef.org/kyrgyzstan/publications/mics-kyrgyz-republic-2023
(6) https://www.who.int/news/item/23-11-2022-nearly-40-million-children-are-dangerously-susceptible-to-growing-measles-threat



Distribution of measles cases by regions.



Number of reported measles by regions by months.

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, Jalal-Abad 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.

Source Information

Source Name	Source Link
1. Akipress	https://akipress.com/news:833587:Kyrgyzstan_registers_7,342_measles_cases/
2. Kaktus.media	https://kaktus.media/doc/503334_v_kyrgyzstane_chislo_zabolevshih_koru_priblijaetsia_k_11_tys._chelovek.html
3. 24Kg	https://24.kg/english/331373_Measles_situation_7342_cases_registered_in_Kyrgyzstan_nine_died/

Summary of Changes

Are you changing the timeframe of the operation	No
Are you changing the operational strategy	No
Are you changing the target population of the operation	Yes
Are you changing the geographical location	Yes
Are you making changes to the budget	Yes
Are you requesting an additional allocation?	Yes

Please explain the summary of changes and justification:

To date, approximatly 48 per cent of total funding has been spent and, overall, the response activities are on track.
However, the epidemiological situation of measles in the country is evolving that requires the modification of response activities, and, accordingly, the extension of the operation to Jalal-Abad region.

In order to control the outbreak, the initial government strategy was to conduct an additional immunization campaign in the four most affected locations of the country, namely Osh city, Osh region, Bishkek city, and Chui region. Consequently, the initial Red Crescent Society of Kyrgyzstan's (RCSK) response strategy targeted these areas.
As of June 17, 2025, Jalal-Abad region has reported 467 confirmed cases of measles (with the incidence rate of 34.4 per 100,000 people), which is the next largest concentration of cases, after the current 4 locations targeted under this operation (Osh and Chui regions, and Osh and Bishkek cities). Jalal-Abad is located next to Osh. Osh is a larger economic center and is often referred to as the "capital of the south" and the Jalal-Abad residents frequently travel to Osh for various essential purposes, including access to markets and services that are not available locally and for transit to other regions in the country. Therefore, the intense measles situation in Osh region has influenced Jalal-Abad as well. Similar situation has been observed during the increase of cases of measles in 2023. This indicates the need for urgent intervention to prevent further spread to Jalal-Abad.
While the number of reported measles cases in Bishkek is 4,889 as of June 17, with the incidence rate of 410.5 per 100,000 population, there has been sustained efforts in risk communication and intensification of immunization activities in Bishkek by the health services.
In response to the increasing incidence of measles cases in Jalal-Abad region, the Ministry of Health of the Kyrgyz Republic has intensified its immunization efforts in Jalal-Abad. It is conducting an immunization campaign among vaccine -eligible age children aimed at achieving coverage of at least 95 per cent of the target group under the Big Catch-up campaign, which is planned to continue till the end of 2025. To support this work, Family Medicine Centers (FMC) and Family Health Groups (FHG) have been mobilized to conduct additional informational sessions and visits to families with under-immunized children.
Considering the above-mentioned developments of the situation, RCSK is planning to expand its geographical coverage of its response and add Jalal-Abad as the fifth location targeted under this DREF operation, in addition to the four original targeted locations. The activities implemented in Jalal- Abad will be the same as in the other four locations.
The inclusion of Jalal-Abad region in the response plan aims to strengthen community-based surveillance (CBS), improve early case detection, and intensify vaccination promotion activities in both urban and rural areas. RCSK will mobilize trained volunteers, conduct awareness campaigns, and provide risk communication sessions tailored to local communities to address vaccine hesitancy.
In coordination with local health authorities, additional training sessions for family doctors, public health specialists, and CBS volunteers will be organized to improve disease surveillance and reporting. Community engagement activities, including informational events, distribution of educational materials, and on-site vaccination, will also be scaled up in Jalal-Abad to encourage timely immunization. It will help to reduce transmission, protect vulnerable populations, and strengthen public trust in vaccination services.
Suzak district, which is the most affected district in Jalal Abad (reported 145 measles cases as of June 17, which is approximatly 32.9 per cent of all cases reported in Jalal-Abad for the same period) will be targeted under this operation within Jalal-Abad.
This expansion reflects RCSK's commitment to ensuring that all affected regions receive adequate support.

Current National Society Actions

Start date of National Society actions

13-03-2025

Health	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. The RCSK current actions are focused on the following: 1. Risk communication and community engagement (RCCE) on the routine immunization (household visits, information sessions). 2. Increasing awareness on children vaccinations through mass media, TV, radio broadcastings. 3. Special events to promote vaccination (sport events, "congratulations on the first vaccination" campaigns in vaccination centers). 4. Developing and printing educational information material on the topics of Measles and National routine immunization calendar. 5. Developing video materials on the symptoms and prevention measures of measles. 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. 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. This proposed operation will be building on this core pool of trained staff and volunteers and partnerships. 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. 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.
Community Engagement And Accountability	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.
National Society EOC	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. The Information Group includes:

	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 The Operational Group consists of: 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 Branck Director), chui@redcrescent.kg Gulnura Abdumanapova (Health officer), g.abdumanapova@redcrescent.kg Gulira Matkurbanova (Health officer), g.matkurbanova@redcrescent.kg The Strategic Group includes: Chingiz Dzhakipov (RCSK President), ch.dzhakipov@redcrescent.kg This structured approach ensures a coordinated and efficient response to the ongoing crisis, with clear responsibilities assigned to each group according to their expertise.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC Country Cluster Delegation for Central Asia is based in Bishkek, Kyrgyzstan and is part of the movement coordination team in country. IFRC CCD has been supporting the National Society on the development of the DREF application, managing the operations and providing technical support, as well in coordination with other key players such as the WHO and UNICEF. During the first months of the operation, weekly meetings were held with the National Society's project management team and as the activities have streamlined, the meetings are held on bi-weekly basis. The CCD plans to draw on additional technical expertise of IM and CBS consultants in the remaining months of the operation. The IFRC delegation is a member of the international health development partner's forum. The IFRC Regional Office for Europe, also covering Central Asia has been providing technical support on Health and MHPSS and operational support from the Regional Operations team and Regional DREF Focal Point.
Participating National Societies	Swiss Red Cross, German Red Cross, Italian Red Cross and Turkish Red Crescent are part of the in-country Movement Coordination platform. Senior Health Specialist of the Australian Red Cross who is specialized in Community based surveillance has provided technical advice on the planning of the Community-based Surveillance (CBS) component of the current operations. The RCSK uses the NYSS platform for its CBS activities and since the NYSS platform is developed and maintained by the Norwegian Red Cross, RCSK has been in regular communication with the Norwegian Red Cross for any troubleshooting related with the NYSS.

ICRC Actions Related To The Current Event

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

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes

National authorities	Between February and March 2025, Kyrgyzstan undertook a series of coordinated efforts to strengthen public trust in immunization and improve measles and rubella surveillance. Media representatives were trained in early February to enhance public risk communication on measles and other vaccine preventable diseases. From late February to early March, regional trainings were held for healthcare professionals in line with updated national guidelines. On 4 March, a key meeting between the deputy Health minister and the Mufti discussed issuing a Fatwa supporting vaccination. This was followed by high-level meetings involving the Health Minister, WHO, UNICEF, and various government ministries to align strategies and reinforce the national vaccination agenda. With the support of UNICEF and WHO, the Republican Center for Immunoprophylaxis (RCI) has been conducting a big catch-up campaign on 12 May, 2025. These efforts are aimed at addressing the decline in immunization coverage caused by the COVID-19 pandemic, close existing gaps, and enhance immunization systems so that catch-up initiatives are routinely integrated into immunization programs. One of the key components of this campaign includes vaccination against measles and rubella. Due to a surge in infections in Jalalabad oblast, RCI intensified its efforts in the region. On 18 May, 2025, an informational and awareness event was held in Bishkek to mark European Immunization Week and promote catch-up vaccinations, with technical support from the NDCP. The MOH with the support from UNICEF is conducting a nationwide assessment of vaccination coverage, starting from 27 May, 2025. This assessment focuses on children aged 1 year 4 months to 8 years 6 months who were eligible for measles and rubella vaccinations during campaigns conducted between 2023 and 2025. The results of this assessment will be consolidated and available for partners by the end of July 2025.
UN or other actors	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. Both agencies have been providing continuous technical support to Kyrgyzstan, assisting in response activities, including securing funding for immunization efforts. With the support of WHO and UNICEF, the country successfully applied for the GAVI Big Catch-up campaign to vaccinate children who missed vaccinations during the pandemic. The Big Catch-up campaign started on 12 May nationwide and will be continued till the end of 2025. The 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. UNICEF is supporting initiatives to promote child vaccination, such as training of health workers and community leaders (imams), as well as supporting risk communication. In addition to the above, as a part of routine immunization activities, 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 is aimed to motivate parents to vaccinate their children and promote positive attitudes towards vaccination at the community level.

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.
The situation in Jalal-Abad mirrors the challenges observed in other measles-affected regions of Kyrgyzstan, including Chui, Osh, Bishkek, and Osh City.

Protection, Gender And Inclusion

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

Community Engagement And Accountability

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

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 per cent 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.
Source: https://www.unicef.org/kyrgyzstan/media/8706/file/Behaviour%20Insights%20on%20Immunization%20-%20ENG.pdf.pdf, 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 IFRC-DREF operation aims to mitigate the impact and reduce morbidity and mortality associated with the disease among the most vulnerable population, particularly children, affected by the measles situation, by providing risk communication and community engagement, social mobilization of trained Red Crescent volunteers during the immunization campaigns, community-based surveillance for early detection of suspected cases of measles, and mental health and psychosocial support, and ensuring reduction in the spread of this disease, over the period of 6 months (April – September 2025).
This operation is designed to directly reach a total of 81,000 people in selected communities, focusing on the most vulnerable groups and indirectly reach an estimated 369,500 people through social media and communications campaigns. The targeted population has broadened from the previous target of 70,000 people due to the expansion of geographical location, requiring additional funding and revision of the budget.
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.
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. Through this operation, parents and caregivers will have increased understanding of the importance of measles vaccination and as the result, vaccinate their children against measles.

Operation strategy rationale

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 includes 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 is the use of social media and working with mass media.
The operation facilitates 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 attracts bloggers and social media influencers to promote vaccination among parents. It engages 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 are 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 is done through household visits and information sessions.
Thanks to close collaboration with the local health facilities, the vaccinators from the primary care clinics and RCSK volunteers 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 collects and responds to feedback and uses it to guide the response throughout a multi-channel feedback mechanism.

SOCIAL MOBILIZATION DURING VACCINATION CAMPAIGNS:
The operation supports social mobilization efforts for a Big Catch-up immunization campaign which started on 12 May 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 special focus of the campaign was on specific geographic areas with the highest number of measles cases and low immunization coverage rates (Osh city, Osh region, Bishkek city, Chui and Jalal Abad regions). Social mobilization will play a central role in ensuring that communities are fully engaged in the vaccination process. The trained volunteers support the vaccination teams at the primary care facilities with simple, but much needed tasks such as crowd management, support 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, support with the patient registration and entry of vaccination records.

COMMUNITY-BASED SURVEILLANCE IN FIVE TARGETED AREAS:

Building on its experience gained from its CBS work over the past 1.5 years within the framework of ECHO PPP project, RCSK will be establishing an emergency CBS specifically focused on measles in the five target locations.
The CBS protocol that the RCSK had developed earlier under a different project (ECHO-supported Pilot Programmatic Partnership project) had 6 health risks, including measles. For this operation, the CBS protocol will be focused only on detecting suspected cases of measles only. This helps to improve early detection 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 hospitalizations.
It also helps in isolating children with suspected cases of measles early, 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 helps 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 are escalated to the Sanitary- epidemiologic Services (SES) at the regional and city levels and further transmitted to the national SES under the Ministry of Health.
CBS volunteers in Jalal Abad have already undergone extensive training through the ECHO PPP project, where they developed practical skills in early detection, community engagement, and proper reporting procedures. Thanks to the PPP project, the Jalal-Abad branch has proven experience in community-based surveillance.

MENTAL HEALTH AND PSYCHOSOCIALY SUPPORT:
As part of the response to the current measles situation, RCSK has successfully implemented a range of Mental Health and Psychosocial Support (MHPSS) activities to address the unique psychological challenges faced by both the affected population and frontline responders.
Recognizing that epidemics present not only physical health risks but also significant emotional and psychological stressors, RCSK conducted training on Psychological First Aid (PFA) and supportive communication techniques for volunteers and first responders. These sessions focused on equipping teams with practical tools for stress management, empathetic listening, and effective communication when supporting affected families.
In addition, RCSK organized Psychosocial Support (PSS) activities in communities impacted by the current measles situation, particularly focusing on families and children. These activities provided safe spaces for emotional expression, play, and community support, helping to reduce anxiety and promote psychological well-being among vulnerable groups.

COLLABORATION WITH GOVERNMENT HEALTH STRUCTURES:
The RCSK is 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 are instrumental in monitoring vaccination progress, tracking coverage rates, and ensuring that adequate medical support is available for any complications arising from vaccination. Health authorities are providing 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 are targeted by this DREF operation:
1) Parents and Caregivers of children aged 9 months to 84 months, especially those hesitant about vaccination.
2) Educators in kindergartens and early grades, crucial for promoting vaccination.
3) Community Leaders, influential in mobilizing community support for vaccination.
4) General Adult Population in affected regions, targeted through awareness campaigns.

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

Explain the selection criteria for the targeted population

To effectively address the measles situation and its associated risks, the operation has identified key target groups that require specific interventions.
These groups include:
1) Parents and Caregivers of children aged 9 months to 84 months, especially those hesitant about vaccination (zero-dose and Under-Immunized Children)
Children in this age group are particularly susceptible to measles and are the primary beneficiaries of vaccination campaigns. These children, especially in areas with lower vaccination coverage, are most at risk for severe complications, including pneumonia,

encephalitis, and death. The operation focuses on improving vaccination rates within this age group, particularly in regions that have reported higher rates of measles cases.
A significant barrier to controlling the measles situation is vaccine hesitancy among parents and caregivers, especially those of children who have not received any doses of the measles vaccine (zero-dose children) or have only received partial doses. Misconceptions, fear of side effects, and a lack of understanding about the dangers of measles contribute to vaccine refusal.
All the previous supplementary immunization campaigns of the government against measles and rubella were focused on this age cohort and the MOH will continue with the same focus for its efforts in this current measles situation. This is because according to the previous national immunization calendar, the age of the second dose of MMR vaccine (MCV2) was six years. Therefore, the operation will focus on the parents and caregivers of this age cohort.
Key Focus Areas:

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

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

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

3) Community Leaders, influential in mobilizing community support for vaccination.
Community leaders, including religious figures, local politicians, and respected members of the community, are vital in influencing public opinion and encouraging vaccine uptake. Their endorsement can help overcome vaccine hesitancy and promote vaccination as a community responsibility.
Key Focus Areas:

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

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

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

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

Total Targeted Population

Women	57,050	Rural	-
Girls (under 18)	-	Urban	-
Men	24,450	People with disabilities (estimated)	-
Boys (under 18)	-		
Total targeted population	81,500		

Risk and Security Considerations (including "management")

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

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

Risk	Mitigation action
Working with religious individuals who refuse vaccination presents several risks. Religious beliefs can conflict with scientific views, increasing resistance to vaccination. If vaccination information is perceived as interfering with personal or spiritual beliefs, it may cause resentment and reduce trust in medical advice.	To reduce risks when working with religious leaders and believers who refuse vaccination, it's crucial to respect their beliefs and values. Establish trust with religious leaders by discussing the scientific facts about vaccine safety and efficacy within the context of their teachings. Involve respected figures from religious backgrounds to increase community acceptance. Provide religious leaders with credible information to share with their congregants, fostering open discussions to avoid misunderstandings and perceived pressure. Emphasize that vaccination aligns with religious values like protecting life and well-being. Use religious texts and traditions to find common ground between vaccination and beliefs, highlighting community protection and solidarity. Organize trainings where religious leaders can express doubts and receive clarifications from medical professionals. Avoid confrontation and pressure by offering balanced, respectful arguments.
Contagion Among Staff and Volunteers	Ensure all personnel are vaccinated, provide necessary personal protective equipment (PPE) and hygiene measures. Train staff and volunteers in infection control practices to minimize risk to themselves and others as well in self-care to deal with the fear and stress to the possibility to get contagious or be stigmatized.

Healthcare System Overload	Advocate regional and health authorities to develop contingency plans for healthcare facilities, including the setup of temporary centers and integration of mobile health teams to manage large patient inflows during outbreaks.
Risk of Child Safeguarding	RCSK CEA/PGI specialists started the process of CSRA and will contact Regional office for consultations of further steps, applying IFRC standards. Currently, RCSK is adopting Child Safeguarding police which will also facilitate the process.
Seasonal Weather Challenges: Prepare for disruptions in vaccination campaigns due to adverse weather.	As the operation timeframe falls into the hottest period of the year, the operation has considered the potential impact of heatwaves into the smooth implementation of activities. For instance, activities such as providing water coolers, shades for parents and children waiting outside of vaccination points, and other measures.
Lack of measles-containing vaccines in the country.	The RCSK will closely coordinate activities with the Republican Center of Immunoprophylaxis and monitor the availability of vaccines in the country.
Medium- or large-scale disaster in the country.	RCSK closely monitors weather and seasonal forecasts, supports preparedness measures and in urgent case will activate the organization's "no-regret early action" protocols based on IFRC early warning systems guidelines in order to take effective measures. It is important to ensure that the monitoring also considers weather and seasonal forecasts, even if they do not lead to an activation in the EAP, especially considering the target groups and their increased vulnerabilities. It is important to not only consider additional disasters, but also general seasonal/climate risks that are likely during the duration of the response and to ensure that these are acted on appropriately.
There are several risks in conducting information sessions for vaccine refusers. Parents or caregivers, especially if they hold to strong anti-vaccination beliefs can become agitated and aggressive towards anyone who try to speak with them about vaccination, including Red Crescent volunteers. There is also a risk of inadequate outreach to the target audience, especially in remote or hard-to-reach areas where people may not be aware of the sessions.	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. Create a safe, open atmosphere where participants can express opinions without fear of judgment. Train facilitators in active listening and constructive communication to handle objections and reduce tension. Allow parents and guardians to ask questions and receive individual counseling to address their concerns. Use simple, clear language in materials to prevent misunderstandings and dispel myths. Utilize various communication channels like social media, local radio, leaflets, and community center meetings to reach those unable to attend in person. Finally, organize feedback and analyze results post-sessions to refine and improve future activities. Staff Pairing for Safety: • Ensure that at least two staff members are assigned to work together at all times, particularly in areas with higher risk of aggression, also to ensure gender sensitivity considering conservative communities and households.

	• Implement a system for monitoring staff safety, including rotating staff in high-risk areas to prevent burnout and maintain vigilance. Staff Support and Psychological Assistance: • Offer training programs focused on managing stress, conflict resolution, and building resilience in the face of challenging situations.

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?	**Yes**

Planned Intervention

Health

Budget: CHF 248,478
Targeted Persons: 81,500
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of people reached with immunization services.	81,500	21,045
Percentage of community-based surveillance (CBS) true alerts escalated to health authorities within 48 hours.	80	88
Number of people reached with MHPSS activities, including awareness-raising sessions	1,000	200
Number of religious community leaders engaged in risk communication activities.	315	0

Progress Towards Outcome

Between April and May 2025, 10 RCSK staff members and 90 CBS volunteers were trained, alongside 100 RCCE volunteers in Osh region. As a result of these trainings, RCSK volunteers have now detected 9 suspected measles cases at an early stage and act as a vital communication bridge between health authorities and communities.
RCSK organized a series of informational, educational, and entertainment events across the country to promote vaccination and build community trust.
In Bishkek, RCSK conducted campaigns across 10 kindergartens, reaching approximately 3,000 people including children, parents, and caregivers. On May 30, 2025, a major public event was held at the National Center for Maternal and Child Health, attracting 250 participants. This event served as both an educational session and a vaccination drive, offering families the opportunity to receive accurate information and access immunization services on the spot.
In Osh region, RCSK organized events in maternity hospitals, schools, and primary health care facilities, reaching more than 2,750 people. Particular attention was given to pregnant women, with targeted educational sessions on vaccination and maternal health. Additionally, RCSK hosted engaging events in children's hospitals, schools, and boarding schools, incorporating festive programs to encourage community participation and make the messaging accessible to children.

In Chui region, RCSK held mass events in Kara-Balta, Sokuluk, Tokmok, and surrounding districts, successfully covering over 2,100 people. Several of these events included on-site vaccination services, making it easier for families to vaccinate their children immediately during the awareness activities.

Protection, Gender And Inclusion

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

Indicators

Title	Target	Actual
Number of staff and volunteers trained in PGI including referrals.	363	200

Progress Towards Outcome

• To provide psychosocial support (PSS) for children during the vaccination process, RCSK purchased PSS kits that included toys, coloring books, art supplies, and other child-friendly materials. This helped to reduce fear, anxiety, and distress among children visiting vaccination points and helping to make vaccination sites more child friendly. These spaces provided a welcoming environment where children could engage in play and creative activities before and after receiving vaccinations.
• The initiative significantly improved the vaccination experience for children and caregivers, reduced fear-related resistance to vaccination, and encouraged higher attendance at vaccination points.

Community Engagement And Accountability

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

Indicators

Title	Target	Actual
Number of community perception and feedback reports produced on a monthly Basis.	6	2
Number of staff, volunteers and leadership trained on community engagement and accountability.	350	199

Progress Towards Outcome

1) RCSK together with doctors from the Republican Immunoprophylaxis Center have conducted 8 radio broadcasts on the importance of vaccination since the beginning of May 2025.
2) To facilitate open, accessible, and diverse channels for community input, RCSK implemented the following feedback collection methods:
a) Feedback Boxes: Secure boxes were installed at health centers, vaccination points, and community gathering areas to allow individuals to submit anonymous feedback, concerns, and suggestions.
b) Helpline Activation: A dedicated helpline was activated to provide real-time information to the community and to receive calls related to feedback, questions, and complaints regarding the immunization campaign and other provided services.

c) Face-to-Face Consultations: Community volunteers and mobilizers collected verbal feedback through household visits and community meetings, ensuring that those with limited access to other communication channels were included.
RCSK ensures that community members have equal access to information, services and assistance provided in local languages (Kyrgyz and Russian) and establishes feedback mechanisms to provide feedback. Feedback received is systematically collected by the CEA Officer from all channels and documented in a master logbook and entered into the Bitrix system and then forwarded to the appropriate department or staff member. It is important to note that actual inquiries or rumors around measles vaccination are entered into the Frequently Asked Questions document in order to address and close the case. RCSK staff and volunteers wear locally appropriate clothing with the RCSK logo clearly marked while organizing information companies or door to door visits. Also volunteers teams are represented by men and women who know local languages to make community members feel safe.
3) Information sessions were conducted among parents and caregivers of children aged 9 months to 84 months in the 4 selected locations, reaching 21045 people with key messages promoting vaccination and addressing vaccine hesitancy. Informational materials were developed together with the Republican Center of Health Promotion and Mass Communication, key agency under the MOH responsible for risk communication work.

To provide provide timely, accurate, and context-specific information on measles and vaccination in Jalal-Abad and other high-incidence regions for adults and children, a number of RCCE tools have been used:
a) In-person community dialogues and door-to-door visits by trained volunteers and health workers from rural health committees (GSV), using flipcharts and pictorial guides tailored for low-literacy audiences.
b) Engagement with religious leaders (imams) who integrated positive vaccination messaging into Friday sermons, addressing common misconceptions.
c) Puppet shows and interactive storytelling in schools and kindergartens to explain the importance of vaccination in age-appropriate terms.
d) Illustrated comics and coloring books distributed during mobile vaccination campaigns, covering measles symptoms, prevention, and the value of immunization
e) Structured feedback forms were integrated into home visits and community meetings, allowing households to express concerns or misinformation they had encountered.
f) Hotline numbers were activated and promoted via social media and community posters for real-time reporting of rumors, refusals, or adverse events.

Content was disseminated in three languages — Kyrgyz, Uzbek, and Russian — ensuring inclusivity of diverse linguistic groups in the region.

4) RCSK made agreements with bloggers and social media influencers who agreed to promote vaccination and raise awareness among parents and caregivers of young children.

Coordination And Partnerships

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

Indicators

Title	Target	Actual

Progress Towards Outcome

Regular technical consultations were held with the global Public Health in Emergencies Officer and the NYSS software development team of the Norwegian Red Cross to support the launch of the CBS activities.
Weekly project management meetings were held with the participation of the IFRC CCD and RCSK' project management team at the start of the operation and later starting from June, the meetings were held on bi-weekly basis. These meetings included project manager, logistics officer, CBS officer, communications officers at NHQ level from RCSK. In turn the National Society conducted its own regular project coordination meetings with its branches. The project implementation is led by the RCSK' project team, composed by different specialists at the national headquarters level (finance, community-based surveillance, community engagement and accountability, logistics, communications, protection, gender and inclusion), branch level project staff responsible for implementation in their branches, finance officers and the project manager.

National Society Strengthening

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

Indicators

Title	Target	Actual
Number of lessons learnt workshops	1	0

Progress Towards Outcome

The process for registration of volunteers for IFRC insurance is underway.

About Support Services

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

350 volunteers and 13 staff of 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 is managed by the RCSK health department. The following profiles have been supporting the health department in its implementation:

- Project Manager (50 per cent) - 6 month work period
- Project Coordinator (50 per cent) - 6 month work period
- Field officers in the branches in Chui and Osh (50 per cent) - 5 month work period
- Finance officer in HQ (50 per cent) - 6 month work period
- Finance officers in implementing branches in Chui and Osh provinces (25 per cent) - 5 month work period
- CBS specialist in HQ (50 per cent) - 5 month work period
- Specialist in CEA and PGI (50 per cent) - 5 month work period
- Logistician in HQ (25 per cent) - 3 month work period
- PR specialist in HQ (15 per cent) - 5 month work period

In addition, in connection to the expansion to Jalal-Abad region, one field officer (50 per cent FTE) and one finance officer in Jalal Abad branch (25 per cent FTE) will be hired for the remaining DREF implementation period (3 months, July – September 2025).
In addition, the total number of volunteers involved in the operation has been increased from 300 to 350 volunteers, in connection with the expansion of the operation to Jalal-Abad.

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?

RCSK volunteer team actively strives to reflect the gender, age, and cultural diversity of the communities we serve. We recognize that having a diverse team is essential for building trust, ensuring culturally sensitive communication, and providing inclusive support.
Current Strengths:
Gender Diversity: Our volunteer base includes a balanced representation of both men and women, which is particularly important when engaging with diverse community groups, such as mothers, children, and health workers.

Cultural Representation: In regions like Osh, Chui, and Bishkek, our volunteers include individuals from various ethnic and linguistic

backgrounds, which helps us effectively reach minority and underserved groups.

Local Presence: Many of our volunteers are from the very communities they serve, allowing them to understand local dynamics, traditions, and concerns.

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 are an integral part of the operation and carried out involving the assisted people and other stakeholders utilizing participatory approaches throughout the operation's timeframe. Regular internal operation updates (monthly) are developed by the implementing team of the RCSK Branches, feeding to the RCSK headquarters and further informing the IFRC project manager.

Monthly financial and operation progress reports are produced to inform of the key operation's achievements and planned activities for the next period. Additionally, meetings with key stakeholders, performance reporting, field visits to follow progress on implementation of activities are conducted 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 are 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 be supporting 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 focuses 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

IFRC

DREF OPERATION

MDRKG021 - Red Crescent Society of Kyrgyzstan
Measles Situation 2025

Operating Budget

Planned Operations	**328,044**
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	248,478
Water, Sanitation & Hygiene	0
Protection, Gender and Inclusion	26,665
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	52,900
Environmental Sustainability	0
Enabling Approaches	**70,510**
Coordination and Partnerships	9,773
Secretariat Services	0
National Society Strengthening	60,738
TOTAL BUDGET	**398,554**

all amounts in Swiss Francs (CHF)

Internal 7/2/2025 #V2022.01

Click here to download the budget file

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