DREF Final Report

Samoa Dengue Outbreak Response

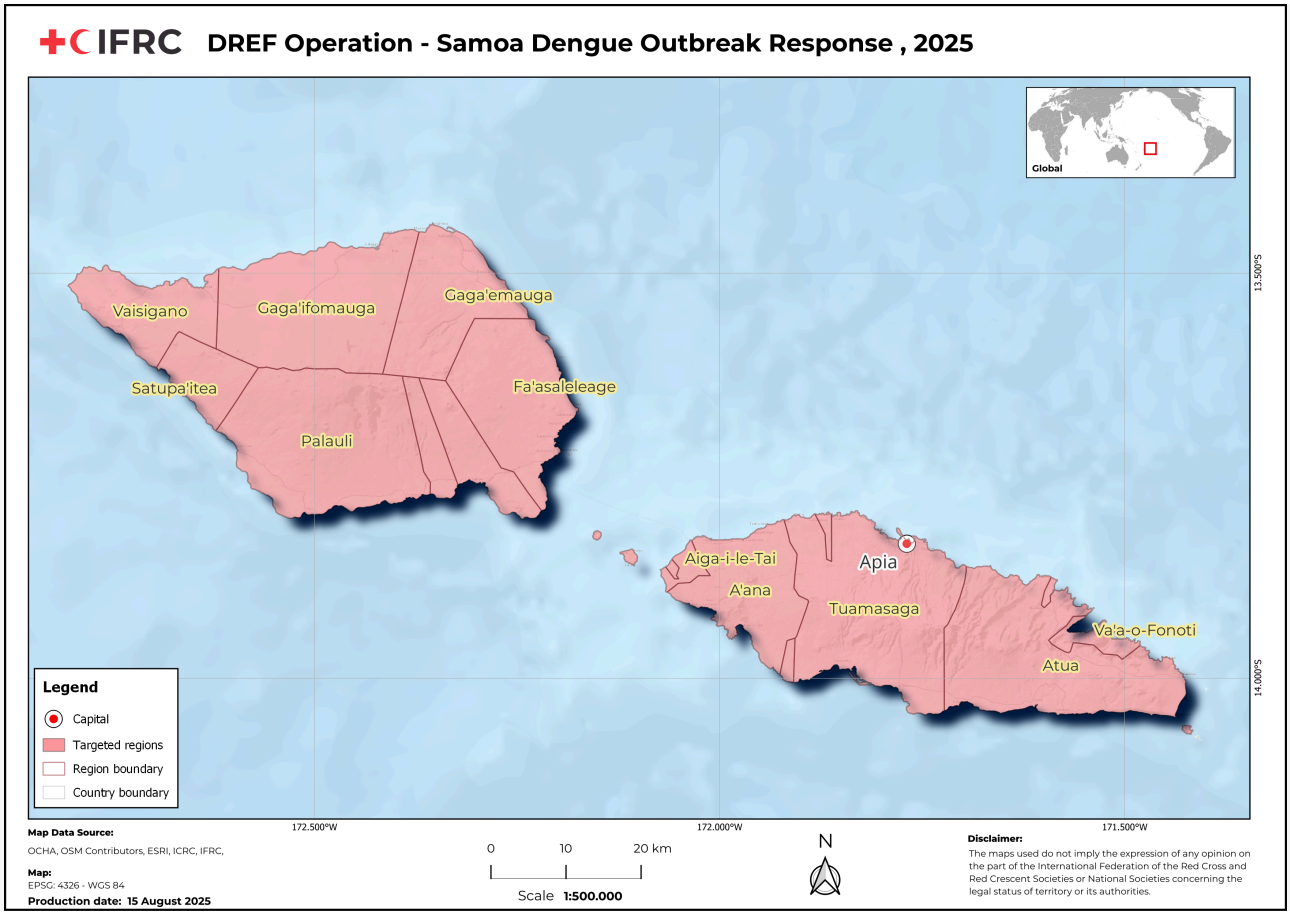
SRCS carrying out household visits for awareness and assessment (Photo: SRCS)

Appeal: **MDRWS003**	Total DREF Allocation: **CHF 209,072**	Crisis Category: **Yellow**	Hazard: **Epidemic**
Glide Number: **EP-2025-000137-WSM**	People Affected: **35,000 people**	People Targeted: **15,000 people**	People Assisted: **48,197 people**
Event Onset: **Slow**	Operation Start Date: **14-08-2025**	Operational End Date: **28-02-2026**	Total Operating Timeframe: **6 months**

Targeted Regions:
A'ana, Aiga-i-le-Tai, Atua, Fa'asaleleaga, Gaga'emauga, Gagaifomauga, Palauli, Satupa'itea, Tuamasaga, Va'a-o-Fonoti, Vaisigano

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Description of the Event



Map of targeted areas (Source: IFRC IM)

Date when the trigger was met

05-08-2025

What happened, where and when?

The Ministry of Health officially declared a dengue fever outbreak in Samoa on 17 April 2025, following a significant increase in suspected and confirmed cases, particularly on Upolu Island. As of the trigger date (5 August 2025), 7,970 clinically diagnosed cases had been reported, of which 2,743 were laboratory-confirmed.

Between 4 and 10 August alone (epi-week 32), 1,974 new clinically diagnosed cases were recorded, including 116 laboratory-confirmed cases. The majority of cases (88 per cent) were from Upolu Island, with 55 per cent male and 45 per cent female. Cases were concentrated in the Apia Urban Area and Northwest Upolu regions, with the Faleata District accounting for 32 per cent of all cases. Individuals under 15 years old were disproportionately affected, comprising 72 per cent of all confirmed cases. Of the laboratory-confirmed serotypes, 91 per cent were DENV-1 and 9 per cent were DENV-2. The incidence rate was estimated at 620.7 per 100,000 population at the time of the trigger, with no signs of decline, indicating that the epidemiological peak was still ahead. Tragically, six dengue-related fatalities were confirmed during the outbreak, including children. Approximately 20 per cent of reported cases required hospitalization; of these, the majority were discharged following treatment, with no cases admitted to intensive care by the final weeks of the outbreak.

The outbreak reached its epidemiological peak in mid-August 2025 (epi-week 32), when 2,090 new cases were recorded in a single week. The incidence rate reached 1,108 cases per 100,000 population by epi-week 30. By the end of the operation reporting period (epi-week 34), a cumulative total of 10,982 clinically diagnosed cases had been recorded, of which 3,379 were laboratory-confirmed (MOH Situation Report Issue No. 19). A sustained downward trend was observed toward the end of the reporting period, with epi-week 34 recording a 19 per cent decrease compared to the previous week; however, a Blue Alert remained in effect, indicating ongoing viral circulation.

Awareness and assessment sessions (Photo: SRCS)

Training for SRCS staff and volunteers (Photo: SRCS)

SRCS community blood drives supporting lifesaving blood supplies. (Photo: SRCS)

Cash assistance distribution to support affected communities (Photo: SRCS)

Scope and Scale

Climate change is significantly expanding the scope of dengue transmission in small South Pacific countries. Rising temperatures, increased rainfall, and higher humidity accelerate mosquito life cycles and enhance virus transmission. Meta-analyses across tropical settings indicate that each 1°C rise in temperature increases dengue risk by 13 per cent.

In Samoa, warmer and wetter seasons, combined with water accumulation around homes and limited access to safe drinking water, amplified dengue transmission. Based on Upolu Island's population of 140,000, an estimated 35,000 people (25 per cent) were considered at risk. The 2025 outbreak progressed with unprecedented speed: by the end of July, 2,619 laboratory-confirmed cases had been reported, nearly equaling the total from the major 2017 outbreak in just three months. Children, the elderly, and pregnant women were the most affected. School closures, disruption to daily life, and growing psychosocial distress—especially following confirmed child fatalities—underscored the urgent need for a coordinated, community-based response.

Government figures identified 112 out of 362 villages as dengue hotspots, equating to approximately 68,600 people living in high-risk areas. SRCS household assessments confirmed that the outbreak disproportionately affected children: of 284 confirmed cases in assessed households, 11.6 per cent were children aged 0 to 5 years, and 45.1 per cent were youth aged 6 to 17 years.

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No

IFRC Network Actions Related To The Current Event

Secretariat	IFRC is present in Samoa through the Country Cluster Delegation (CCD) office in Suva and provided continuous technical support and coordination throughout the operation. Two surge personnel were deployed to support Community Engagement and Accountability (CEA) and Cash and Voucher Assistance (CVA). Delegates from the IFRC CCD Suva Office and the French Red Cross (FRC) were deployed on a mission to Samoa to support the National Society with needs assessments and response planning. During this period, three monitoring visits were conducted, including post-distribution monitoring (PDM) on Upolu and Savai'i islands.
Participating National Societies	Several Participating National Societies (PNS) are present in the region, including the Japanese Red Cross Society (JRCS), FRC, American Red Cross (AmCross), Australian Red Cross (ARC), and New Zealand Red Cross Society (NZRC). JRCS partially supported the response through IFRC on Savai'i Island; however, as case numbers rapidly increased, additional support was required to strengthen response efforts across both Savai'i and Upolu islands. The FRC delegate supported initial needs assessments, response planning, and the development of the DREF application. The ARC fully funded the CEA surge deployment and provided complementary support through the Flexible Fund, financing CVA training and also supporting the CVA surge deployment for 2 months, logistics and Financial Service Provider (FSP) training for 20 SRCS staff, warehouse assessments across all four islands, and IFRC in-country technical support.

ICRC Actions Related To The Current Event

ICRC is present in the region without operations related to dengue outbreak.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	The Ministry of Health implemented a whole-of-government response through the Integrated Vector Control Committee (IVCC), focusing on mosquito breeding-site elimination, environmental sanitation, and widespread risk communication. Response efforts included source reduction measures, ongoing Risk Communication and Community Engagement (RCCE social listening) to monitor public concerns and misinformation, and tailored messaging disseminated across all media outlets.
UN or other actors	A joint MOH–UNICEF KAP survey involving over 400 participants demonstrated improved knowledge and awareness of dengue compared to 2024, as well as increased

	perception of disease severity, providing a key opportunity to further promote protective behaviors through RCCE efforts.

Are there major coordination mechanism in place?

Acting as an auxiliary to public authorities in the humanitarian field, SRCS has responded proactively to the dengue outbreak.

SRCS participated in the National Coordination Body for the dengue outbreak (IVCC), with the Secretary General attending all key discussions. The Society also serves as the leading agency for Rainwater Harvesting (RWH) within the WASH sector.

Additionally, SRCS is a member of the National Security Taskforce and the National Disaster Advisory Committee (DAC). The Society has signed a Memorandum of Understanding (MoU) with the Ministry of Health for voluntary non-remunerated blood donor (VNRBD) recruitment and is actively involved in coordination meetings with all relevant actors in the country.

SRCS has been engaged in the response from day one, primarily through organizing blood donation drives, promoting blood donation, and conducting community assessments.

Needs (Gaps) Identified

Multi purpose cash grants

Households with dengue-infected breadwinners experienced significant income loss, as parents and caregivers missed work to care for sick children. Affected households also faced difficulties accessing adequate nutrition and essential items. Targeted cash assistance was therefore needed to meet immediate recovery needs.

Health

There was a heightened demand for fresh blood and platelets due to thrombocytopenia complications, while community awareness of blood donation remained limited. Volunteer capacity constraints, particularly in Epidemic Control for Volunteers (ECV) and Community-Based Surveillance (CBS), affected timely outreach and early detection efforts. Communities experienced significant psychological distress, exacerbated by child fatalities and prolonged illness, highlighting the need for psychosocial support interventions. Additionally, a critical shortage of mosquito nets—only 1,700 units were available—exposed vulnerable populations to ongoing health risks, underscoring the importance of targeted health support.

Water, Sanitation And Hygiene

During the operation, 112 out of 362 villages were classified as dengue hotspots, placing approximately 68,600 people in high-risk areas. Many households relied on open water containers, which created ideal mosquito breeding grounds. Available resources were insufficient to meet the immediate needs, with only 2,500 jerry cans in stock. Community clean-up campaigns and hygiene promotion were urgently required to reduce vector breeding sites and prevent further transmission.

Protection, Gender And Inclusion

The SRCS identified the need for rapid training for response staff on protection risks and child safeguarding, the collection of sex-, age-, and disability-disaggregated data (SADDD), and the integration of PGI principles using the Dignity, Access, Participation, and Safety (DAPS) framework across all interventions. Emphasis was also placed on re-orienting staff and volunteers on the SRCS Child Safeguarding Policy to ensure the safety and well-being of vulnerable populations. SRCS ensured PGI continued to be a key priority in the response and that all interventions were inclusive and addressed the specific needs of vulnerable groups.

Community Engagement And Accountability

Strengthening Community Engagement and Accountability (CEA) was a key priority in the ongoing dengue response. SRCS identified training in CEA for staff and volunteers, enabling them to communicate effectively with affected populations and facilitate timely, two-way dialogue. Additionally, a confidential feedback mechanism—including dedicated phone lines—was established to allow community members to safely raise concerns, ask questions, and provide input on response activities. These measures help build trust, encourage participation, and ensure that the response remains responsive, transparent, and community-focused.

Operational Strategy

Overall objective of the operation

The IFRC-DREF operation aimed to assist 15,000 people affected by the dengue outbreak in Samoa by implementing targeted prevention, awareness, and lifesaving support activities over a six-month period. By the end of the operation, SRCS reached 48,197 people, exceeding the initial target, primarily through the dissemination of information via radio, Facebook, and TV, which proved more cost-effective.

Operation strategy rationale

The overall strategy emphasized prevention and community-centred interventions that were both cost-effective and impactful. Core activities included clean-up campaigns, awareness sessions, safe water distribution and storage, and risk communication, all designed to reduce mosquito breeding sites, improve hygiene practices, and promote early detection—critical measures for halting dengue transmission at the community level. While these activities required relatively low financial input compared to medical care or infrastructure, their effectiveness depended heavily on sustained community engagement and the active involvement of trained volunteers.

The SRCS volunteer network was central to delivering these life-saving interventions, building on successful community-based surveillance approaches from previous epidemic responses, including Lymphatic Filariasis elimination, Scabies (SaMELF), COVID-19, and Measles immunization campaigns. Ensuring volunteers were properly trained, equipped, and continuously supported was essential to the success of the prevention-focused strategy. The operation also integrated cash assistance to mitigate the socio-economic impacts of dengue, recognizing that illness-related income loss was driving vulnerable households into deeper hardship.

Support from PNS strengthened the response. The Australian Red Cross (ARC) contributed through CEA surge deployment, partial coverage of CVA surge deployment, CVA training, logistics capacity strengthening, and IFRC monitoring support, complementing the DREF and enhancing SRCS operational capacity. Delegates from the IFRC CCD Suva Office and the French Red Cross (FRC) provided additional technical support, including needs assessments, response planning, and coordination.

During the operation, a revised strategy was published to emphasize prevention and community-led activities, highlighting that most field interventions were volunteer-led, required substantial volunteer hours across large geographic areas, and needed additional logistical support due to limited SRCS vehicles (only one SRCS vehicle, necessitating rental vehicles and higher travel costs). The revision also included mosquito-net and hygiene-kit replenishment needs, minor budget reallocations for communications and volunteer refreshment, and funding for IFRC CCD monitoring and coordination to ensure continuity.

Overall, the strategy demonstrated the value of a volunteer-led, community-focused, and multi-sectoral approach. The combination of awareness campaigns, risk communication, hygiene promotion, and support to vulnerable households not only addressed immediate health and protection needs but also strengthened community engagement and preparedness for ongoing and future outbreaks.

After the conclusion of the operation, the Ministry of Health will continue to support and manage remaining cases and will maintain response activities to control the ongoing dengue outbreak across affected communities.

Targeting Strategy

Who was targeted by this operation?

This operation targeted communities most affected by the dengue outbreak across Savai and Upolu Islands: families using unsafe water storage methods (open barrels, containers without lids); low-income and rural households with limited access to health services and proper sanitation; youth and adults eligible to donate blood; children, persons with disabilities, pregnant and lactating mothers, the elderly, and other socially vulnerable groups; Red Cross staff and volunteers serving as frontline responders; school children through awareness campaigns and materials; and breadwinners serving as caregivers for children diagnosed with dengue. Cash assistance specifically targeted households where the breadwinner had been clinically or laboratory-confirmed with dengue.

Explain the selection criteria for the targeted population

The targeted population was selected based on a combination of risk exposure and vulnerability. Priority was given to households in high-risk or hotspot areas identified through MOH case surveillance, complemented by SRCS randomized community assessments. Low-income families and rural communities were prioritized due to limited access to sanitation, healthcare, and reliable information. For CVA, the primary eligibility criterion was that the household breadwinner must be clinically or laboratory-confirmed to have dengue. Additional prioritization was given to: households living below the poverty line; women-headed households; households with elderly or disabled members; households with multiple dengue cases; and caregivers unable to work while caring for children with dengue. Youth and adults meeting health and age criteria for blood donation were targeted through recruitment campaigns. SRCS staff and volunteers were included for capacity-building training. Children and schools were prioritized given that 72 per cent of confirmed cases occurred in children under 15 years.

Total Assisted Population

Assisted Women	14,778	Rural	-
Assisted Girls (under 18)	8,840	Urban	-
Assisted Men	14,889	People with disabilities (estimated)	-
Assisted Boys (under 18)	9,690		
Total Assisted Population	48,197		
Total Targeted Population	15,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes

Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	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
Potential concurrent disaster during implementation affecting NS capacity.	Coordination and technical support from CCD office; activation of regional surge capacities; partnership with other humanitarian actors.
Funding disbursement delays causing activity stagnation.	Close coordination with IFRC finance; early engagement of financial service providers; ARC Flexi Fund provided complementary resources.
Limited SRCS staffing capacity affecting reliability and timely delivery.	Engagement of 4 dedicated DREF positions; deployment of up to 57 staff/volunteers at peak; IFRC surge support for CEA and CVA.
Assessment bias from reliance on MOH confirmed case lists.	Mid-operation shift to randomized community sampling in hotspot areas, yielding more representative vulnerability data.
Logistical risk may arise with international procurement, which can arise from delays in transportation, customs issues or natural disasters.	The National Society will receive support from the IFRC Logistics team to ensure efficient and transparent procurement. This includes guidance on supplier selection, contract management, and quality assurance, as well as support with transport and timely delivery of goods. The IFRC will also ensure that ERP is raised early and swiftly to prevent any delays.
Logistical delays with international procurement due to transportation, customs, or natural disasters.	IFRC Logistics team provided guidance on supplier selection, contract management, quality assurance, and timely delivery. ERP raised early to prevent delays.
Procurement delays for mosquito repellents requiring technical validation certificate.	Mosquito repellent procurement was cancelled based on community feedback; funds reallocated to more effective interventions.
General Elections (mid-August to end September 2025) restricted government mission orders, delaying delegate deployments.	Support provided online where possible; training requiring international facilitators was scheduled after the election period.

Please indicate any security and safety concerns for this operation:

Key security and safety concerns identified during the operation included the risk of staff and volunteers contracting dengue while conducting field activities, as well as the potential for injuries during cleanup campaigns and community outreach activities. To mitigate these risks, staff and volunteers were required to wear the necessary personal protective equipment (PPE) provided throughout the operation.

In addition, prolonged operational demands resulted in staff and volunteers being overworked during the response. Guidance was provided to the National Society to ensure staff and volunteers were allocated regular break days, particularly during weekends, to allow adequate rest, recuperation, and to help prevent burnout.

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

Implementation

Multi Purpose Cash

Budget: CHF 53,415
Targeted Persons: 1,200
Assisted Persons: 1,200
Targeted Male: 660
Targeted Female: 540

Indicators

Title	Target	Actual
# of people provided with unconditional cash assistance	1,200	1,200
# of Staff and volunteers trained in CVA	30	15

Narrative description of achievements

SRCS strengthened its capacity in CVA through a two-day training conducted from 1–2 October 2025. The training, facilitated by an IFRC CVA Delegate and a Surge CVA Officer, provided foundational knowledge and practical skills for staff to implement CVA effectively. This marked a significant milestone, as SRCS delivered CVA for the first time since 2009. Fifteen staff members completed the training, reaching 50 per cent of the planned target due to time constraints.

The first CVA distribution was conducted from 26–27 November 2025 at SRCS Headquarters, followed by a second distribution on 12 December 2025. Bank transfers for recipients with accounts were completed on 28 November and 11 December 2025, while households without bank accounts received cheques. In total, 300 households, approximately 1,200 people, received support, achieving 100 per cent of the planned target. Each recipient received a transfer value of SAT 480 (CHF 145), equivalent to 50 per cent of the average monthly income loss, providing immediate financial relief.

Households were selected using Ministry of Health case lists, complemented by SRCS independent household verification. Targeting criteria prioritized low-income families, persons with disabilities, and caregivers who had experienced income loss due to dengue illness. Household assessment data revealed diverse livelihood profiles: 46 per cent in formal employment, 31 per cent in informal work (plantations, seasonal labour, remittances), 15 per cent self-employed, and 9 per cent retired or not working. Notably, 25 per cent of households had at least one family member working overseas as a seasonal worker, highlighting the role of remittances in household resilience.

The cash assistance enabled households to purchase food, medicine, cleaning supplies, and other essential items, directly addressing their immediate needs.

Post-distribution monitoring (PDM) was conducted between January and February 2026, ensuring accountability and capturing feedback to inform lessons learned. Monitoring confirmed that cash assistance reached the most vulnerable households as intended and supported their basic household needs.

Lessons Learnt

• Early engagement of financial service providers (FSPs) is essential for timely CVA delivery; due diligence and framework agreements should begin at the DREF design stage.

• SRCS successfully rebuilt CVA capacity after a 15-year gap (since 2009) through structured IFRC surge support. Appointing a technical volunteer as CVA officer ensures institutional continuity.

• Combining Ministry of Health (MOH) case lists with independent household verification improved targeting accuracy and ensured that the most vulnerable households were reached.

• Bank transfers proved more efficient than cheques; future operations should prioritize digital payment modalities from the outset.

• SRCS's first CVA implementation since 2009 was successfully delivered with IFRC surge support, demonstrating that early planning, technical guidance, and proper coordination are critical for effective CVA rollouts.

Challenges

• Delays in the disbursement of DREF funds, driven by several contributing factors, affected the rollout of household assessments and CVA distribution, resulting in a condensed implementation timeline.

• Lengthy IFRC appointment processes for CVA surge personnel delayed in-country technical support.

• Only 15 of 30 targeted staff and volunteers were trained in CVA due to the compressed timeframe; additional training is needed to build full institutional capacity.

• Some recipients lacked bank accounts, requiring cheque-based payments, which added administrative complexity.
Beneficiary verification was time-intensive due to the need to cross-reference Ministry of Health data with field assessments.

Health

Budget: CHF 52,623
Targeted Persons: 10,000
Assisted Persons: 20,667
Targeted Male: 5,500
Targeted Female: 4,500

Indicators

Title	Target	Actual
# of blood donation campaigns organized	15	23
# of voluntary blood donors mobilized	100	236
# of people reached by epidemic preparedness and response activities	10,000	20,400

% of people using mosquito nets on a regular basis	60	90
# of people reached with psychosocial support services (MHPSS)	100	31

Narrative description of achievements

Voluntary Blood Donation:

SRCS significantly exceeded its target for voluntary blood donors. Regular blood drives were conducted in coordination with the Ministry of Health's National Blood Service across multiple sites, including BSP, TTM Hospital Blood Bank, Ministry of Sports and Recreation, Australian High Commission, Samoa Water Authority, Ministry of Education and Culture, and Alofaina Christian Church. Between 18 and 31 August 2025 alone, 418 potential donors presented, resulting in 236 successful blood units collected, with a deferral rate of 43.5 per cent due primarily to high blood pressure (predominantly males) and low hemoglobin (predominantly females).

Mosquito Net Distribution:

Mosquito nets were distributed through community visits to vulnerable households in high-risk areas, with household assessment data showing usage increasing from 69 per cent initially to 90 per cent by the end of the operation. All active SRCS volunteers received training in Epidemic Control for Volunteers (ECV), Community-Based Surveillance (CBS), and Psychological First Aid (PFA), with 31 staff trained in PFA to provide psychosocial support.

Epidemic Preparedness and Response Activities:

Health outreach activities reached over 20,400 people, combining direct household visits (1,400 people) and mass media campaigns (approximately 19,000 estimated listeners). The strategic shift from printed IEC materials to mass media campaigns expanded coverage significantly and was informed by community preference data: Facebook (91.9 per cent), television (74.7 per cent), and radio (64 per cent) were the most preferred information channels. Based on community feedback, mosquito repellent procurement was removed, as it was not commonly used.

This integrated approach enabled SRCS to provide life-saving health interventions, strengthen epidemic preparedness, and deliver both preventive and psychosocial support to vulnerable populations during the dengue outbreak. By the end of the operation, SRCS reached 20,667 people through various health interventions, significantly exceeding its original target of 10,000 people.

Lessons Learnt

• Mass media (radio, TV, Facebook) proved far more cost-effective than printed IEC materials, reaching 19,000 people compared to 1,400 reached through direct visits.

• Community-responsive programming is essential; the removal of mosquito repellent based on community feedback demonstrates the importance of ongoing consultation.

• Blood donor mobilization exceeded targets when combined with community education and culturally appropriate donor care, including refreshments and recognition.

Challenges

• MHPSS was provided informally through PFA-trained staff and volunteers but was not systematically tracked, resulting in underachievement.

• Blood donor deferral rate was high at 43.5 per cent (high blood pressure in males, low hemoglobin in females), highlighting the need for pre-screening health education.

• The election period (mid-August to the end of September) restricted government mission orders, delaying delegate access for training facilitation.

• The decentralized distribution of mosquito nets across wide geographical areas resulted in higher-than-budgeted travel costs.

Water, Sanitation And Hygiene

Budget: CHF 21,571
Targeted Persons: 4,000
Assisted Persons: 6,830
Targeted Male: 67
Targeted Female: 53

Indicators

Title	Target	Actual
# of people covered with hygiene promotion activities	4,000	6,830
% of households using the jerry cans as intended	80	90

Narrative description of achievements

SRCS carried out community clean-up campaigns across Upolu and Savai'i, targeting hotspot villages including Vailoa, Leauvaa, Malie, and Nofoalii. Volunteers were equipped with personal protective equipment (PPE) including hats, boots, gloves, and masks. These campaigns directly addressed mosquito breeding sites and reached 6,830 people, surpassing the initial target of 4,000.

Based on community feedback indicating a preference for buckets over jerry cans, SRCS revised its implementation strategy. Hygiene kits distributed during the initial response were replenished through local procurement to maintain emergency preparedness. The use of jerry cans as intended was observed in 90 per cent of households, exceeding the target of 80 per cent.

A shift to randomized community assessments in September 2025 revealed critical gaps in safe water access that were not apparent from MOH-confirmed case lists. Key findings included:

• 37 per cent of respondents had a recent dengue case in their household.
• 20 per cent believed someone currently had dengue.
• 33 per cent listed "other" as their current water source, with concerning comments such as "we don't have water" or "we get it from the neighbour."
• 20 per cent reported problems with their current water source, mostly regarding drinking water safety.

Volunteers also observed widespread use of open rainwater barrels for collection and storage, creating significant mosquito breeding grounds.

These findings reinforced the importance of combining hygiene promotion with vector control interventions to reduce disease transmission and improve household water safety.

Lessons Learnt

• Safe water storage is a cornerstone of dengue prevention, reducing mosquito breeding sites while supporting healthier households.

• Community feedback should guide NFI selection; buckets were preferred over jerry cans for their versatility in daily household use.

• Randomized community assessments revealed hidden needs not apparent from MOH case lists: 33 per cent of households reported problematic water sources, and 20 per cent reported concerns about drinking water safety.

• Clean-up campaigns combining hygiene promotion with vector control were highly effective; monitoring confirmed that children in households with regular trash removal had a lower risk of dengue.

Challenges

• Initial household assessment data, based on MOH-listed households, reflected better-resourced households (93 per cent with tap water, 97.4 per cent with treated water); however, randomized community sampling revealed significantly higher vulnerability among households not on the confirmed case lists.

• Open rainwater barrels were widespread but deeply embedded in community practices, requiring sustained behavior change messaging.

• Limited pre-positioned WASH stock (only 2,500 jerry cans) meant that distributions quickly depleted emergency reserves.
Some communities reported difficulty accessing water sources to utilize jerry cans and requested water tanks as an alternative.

Protection, Gender And Inclusion

Budget: CHF 544
Targeted Persons: 121
Assisted Persons: 200
Targeted Male: 67
Targeted Female: 54

Indicators

Title	Target	Actual
# of staff and volunteers trained on protection risk and safeguarding	20	21
# of children reached through dengue child friendly messaging	100	200
# of CSRA conducted by the National Society	1	1

Narrative description of achievements

Training on PGI and Safeguarding:

Training on PGI, and Safeguarding was successfully completed with 21 participants, co-facilitated by the Health Coordinator from Fiji Red Cross and the IFRC PGI Technical Lead. Given that over 70 per cent of confirmed dengue cases were among children under 15 years, messaging was specifically targeted at caregivers and schools to maximize reach and relevance.

Child-friendly Messaging and Child Safeguarding Risk Assessment:

SRCS integrated child-friendly messaging, reaching 200 children across schools and communities, effectively doubling the original target. In addition, a Child Safeguarding Risk Assessment (CSRA) was conducted to identify potential protection risks and ensure that all interventions prioritized the safety and well-being of children.

This integrated approach strengthened the PGI capacity of staff and volunteers, ensured that messaging was appropriate for children, and contributed to a safer, more inclusive dengue response.

Lessons Learnt

• PGI training should be integrated early in operations, particularly given high volunteer turnover in the National Society.

• The high proportion of child cases (72 per cent under 15 years; 56.7 per cent of assessed household cases aged 0–17) underscores the importance of child-focused messaging and caregiver education in dengue responses.

• Capturing detailed SADD vulnerability data (pregnant women, lactating mothers, persons with disabilities, cognitive conditions) enabled more targeted interventions.

• Collaboration with Fiji Red Cross for PGI/safeguarding training demonstrated effective regional capacity sharing.

Challenges

• High volunteer turnover meant safeguarding training needed to be refreshed frequently, requiring ongoing investment in training cycles.

• Budget allocation for PGI was limited, constraining the scope of activities.

• Collecting disability-disaggregated data in community settings required additional time and sensitivity from assessors.

• Child-friendly messaging materials needed to be adapted for different age groups (0–5 years vs 6–17 years) given the different vulnerability profiles.

Community Engagement And Accountability

Budget: CHF 6,496
Targeted Persons: 10,000
Assisted Persons: 19,000
Targeted Male: 5,500
Targeted Female: 4,499

Indicators

Title	Target	Actual
# of people reached by media campaigns	10,000	19,000
# of staff, volunteers and leadership trained on community engagement and accountability	10	21
The National Society has a functioning feedback mechanism in place for the whole organisation (Yes =1. No=0)	1	1
% of people surveyed who feel the National Society's support/services meets their most important needs/provides useful support	30	90

Narrative description of achievements

All priority CEA actions were successfully implemented across the response. Media campaigns, including radio talkback sessions (such as Good Morning Samoa), household visits, awareness sessions, and a dedicated confidential feedback hotline were conducted to engage communities and ensure accountability. The feedback mechanism became fully operational by early October 2025, with a hotline and information desk at SRCS Headquarters receiving 166 calls and 187 in-person visits during the reporting period.

Staff, volunteers, and leadership were trained on CEA principles, with 21 participants completing training, exceeding the original target of 10. These trained personnel facilitated household-level engagement, monitored community concerns, and ensured that messaging was culturally appropriate and accessible.

Weekly household assessments initially relied on MOH-confirmed case lists but shifted to randomized sampling in hotspot areas from late September 2025. This methodological change provided a more representative vulnerability data. Initial assessments had captured

households with relatively good access to income, water, sanitation, and healthcare (93 per cent tap water, 97.4 per cent treated water, 97.1 per cent flush toilets). The randomized approach revealed deeper vulnerabilities: 62 per cent of households lived on less than 100 tala per week, and 24 per cent reported suspected dengue cases not reflected in MOH figures.

This integrated approach, combining mass media outreach, direct community engagement, training, and enhanced monitoring enabled SRCS to reach 19,000 people, nearly doubling the original target.

Lessons Learnt

• Randomized community assessments should be conducted from the outset rather than relying solely on confirmed case lists.

• Two-way feedback mechanisms build trust and improve programme relevance; the CEA hotline (166 calls) and information desk (187 in-person visits) were well-utilized.

• Embedding CEA from the start of operations improves SRCS accountability to the community.

• Community preference data should inform communication strategies from the operation design phase.

Challenges

• The initial assessment methodology, which was biased toward MOH-confirmed cases, created a skewed picture of community vulnerability and required a mid-operation methodological shift.

• Managing community expectations around assistance was challenging when randomized assessments identified households with greater needs than initially anticipated.

Secretariat Services

Budget: CHF 20,769
Targeted Persons: 0
Assisted Persons: 0
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of monitoring visits conducted	3	3
# of IFRC surge personnel deployed	4	2

Narrative description of achievements

Monitoring visits were conducted, including a post-distribution monitoring (PDM) visit to Savai'i. CEA surge support was funded by the Australian Red Cross, with some funds reallocated to monitoring, lessons learned workshops (LLW), and financial management support.

A CVA surge was deployed to provide training and implementation support. In addition, the Australian Red Cross Flexi Fund supported a dedicated Logistics Capacity Strengthening Mission from 29 October to 11 November 2025. This mission delivered logistics training to 20 SRCS staff and volunteers, conducted comprehensive warehouse assessments across all four islands, and established the Financial Service Provider (FSP) framework for CVA delivery.

Communications and visibility efforts on the operations can be found through the following links:

https://x.com/IFRCAsiaPacific/status/1996006636075336020?s=20

https://x.com/IFRCAsiaPacific/status/2018504782818804053?s=20

https://x.com/IFRCAsiaPacific/status/2019235833585279339?s=20

LinkedIN : Cash and voucher programmes• •

Lessons Learnt

• Combining DREF monitoring with ARC Flexi Fund logistics assessments maximized the value of in-country missions.

• Regular communication between SRCS and IFRC CCD Suva facilitated consistent operational management and timely problem-solving.

• Surge deployments (CEA, CVA) were critical force multipliers, but lengthy appointment processes reduced their effective in-country time.

• The logistics capacity strengthening mission demonstrated that operational responses can be effectively combined with preparedness investments when complementary funding is available

Challenges

• Limited SRCS PMER capacity impeded timely and accurate data collection, analysis, and reporting.

• Lengthy IFRC surge appointment and deployment processes reduced effective in-country time for technical support.

• Coordination across multiple funding streams (DREF, ARC Flexi
Fund, ARC CEA surge) required careful financial management and reporting alignment.

• Remote monitoring from CCD Suva could not fully substitute for in-country presence during critical implementation phases.

• Extremely limited communications capacity in the region impeded continued efforts to gather stories and testimonies from volunteers or beneficiaries for advocacy exercises

National Society Strengthening

Budget: CHF 53,652
Targeted Persons: 0
Assisted Persons: 0
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of staff and volunteers involved with the operation	35	57
# of lessons learned workshop conducted	1	0

Narrative description of achievements

Four DREF team members were appointed (DM/DREF Coordinator, Health Coordinator, Finance Officer, PMER Officer), alongside 30 trained and deployed volunteers. At peak periods, up to 57 staff and volunteers were engaged during intensive assessment and distribution activities. Volunteer allowances were a critical component, as SRCS operates with limited permanent staff.

Training was delivered in multiple areas: Epidemic Control for Volunteers (ECV); Community-Based Surveillance (CBS); Psychological First

Aid (PFA) ,Protection, Gender and Inclusion (PGI) and Child Safeguarding, Community Engagement and Accountability (CEA) for 21 volunteers and staff; Cash and Voucher Assistance (CVA) for 15 staff; and Logistics, Procurement, and Warehouse Management for 20 participants (ARC Flexi Fund).

These capacity-building initiatives enabled the SRCS team to conduct assessments, distributions, and community engagement activities effectively while ensuring compliance with safeguarding and operational standards.

Lessons Learnt

• Realistic budget planning for volunteer-intensive operations is critical; the original budget omitted a day multiplier for allowances, which caused significant implementation challenges.

• Multi-sector training delivery—including ECV, brief orientation on CBS, PFA, PGI, CEA, CVA, and Logistics—during a single operation built substantial institutional capacity that will benefit future responses.

• The engagement of four dedicated DREF positions (DM Coordinator, Health Coordinator, Finance Officer, PMER Officer) was essential given SRCS's limited permanent staffing.

• ARC Flexi Fund-supported logistics training, reaching 20 participants across eight departments, demonstrated the value of complementary funding to strengthen National Society capacity during operations.

Challenges

• Volunteer allowances were significantly underbudgeted (missing a day multiplier), requiring reallocation from other budget lines.

• Travel costs for community-level activities across wide geographical areas (Upolu and Savai'i) were underestimated at the DREF design stage.

• Key SRCS positions (Disaster Manager, Health Coordinator, Finance Officer) operate largely on a voluntary basis, limiting sustained operational capacity.

• Staff availability was constrained due to competing operational priorities across multiple departments.

Financial Report

Selected Parameters			
Reporting Timeframe	2025/8-2026/5	Operation	MDRWS003
Budget Timeframe	2025/8-2026/2	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 29/Jun/2026

All figures are in Swiss Francs (CHF)

MDRWS003 - Samoa - Dengue Outbreak

Operating Timeframe: 14 Aug 2025 to 28 Feb 2026

I. Summary

Opening Balance	**0**
Funds & Other Income	**209,072**
DREF Response Pillar	209,072
Expenditure	**-189,448**
Closing Balance	**19,624**

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			**0**
PO02 - Livelihoods			**0**
PO03 - Multi-purpose Cash	50,155	59,338	**-9,183**
PO04 - Health	50,411	56,661	**-6,250**
PO05 - Water, Sanitation & Hygiene	20,255	17,100	**3,154**
PO06 - Protection, Gender and Inclusion	508	1,244	**-736**
PO07 - Education			**0**
PO08 - Migration			**0**
PO09 - Risk Reduction, Climate Adaptation and Recovery	12,761	8,156	**4,606**
PO10 - Community Engagement and Accountability	6,102	5,286	**816**
PO11 - Environmental Sustainability			**0**
Planned Operations Total	**140,192**	**147,785**	**-7,593**
EA01 - Coordination and Partnerships			**0**
EA02 - Secretariat Services	18,502	11,216	**7,286**
EA03 - National Society Strengthening	50,377	30,448	**19,929**
Enabling Approaches Total	**68,879**	**41,663**	**27,215**
Grand Total	**209,070**	**189,448**	**19,622**

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Please explain variances (if any)

A total of CHF 209,072 was allocated from the IFRC-DREF to support the Samoa Red Cross Society for the Dengue Outbreak Response. By the end of the operation, the total expenditure recorded was CHF 189,448, with CHF 19,624 of the unspent balance. The balance will be returned to the DREF pot.

It should be noted that, in the attached final financial report, several expenditures have been incorrectly coded to budget lines. As a

result, the expenditure reflected under individual budget categories does not accurately represent the actual allocation of costs across the operation. However, the overall expenditure and the total unspent balance are accurate.

Based on multiple budget revisions made during the operation, several budget lines across different output codes (AP codes) were reduced and reallocated to other output codes following the first and second Fund Transfer Requests (FTRF). As a result, expenses continued to be recorded against the output codes specified in the original FTRF, which were based on the initially approved DREF budget. Although subsequent budget revisions were reflected in the WBS, the expenses that had already been transferred under the earlier FTRF were not reclassified to align with the revised budget allocations. This created a discrepancy between the revised budget and the actual expenditure.

Contact Information

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

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IFRC focal point for the emergency: Operations Coordinator, opscoord.pacific@ifrc.org

Click here for reference