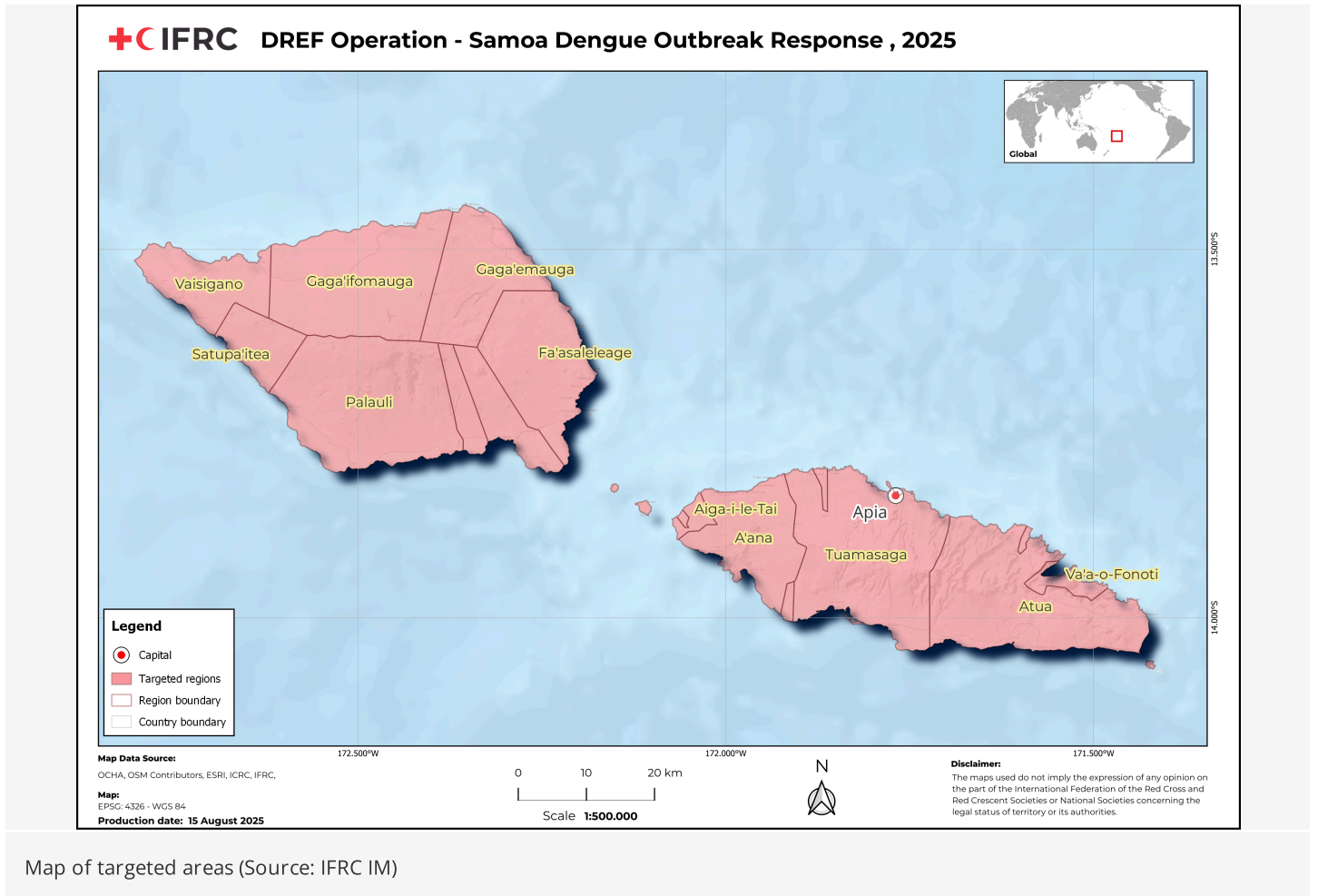




SRCS visits communities to verify families for cash assistance (Photo: SRCS)

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	
Event Onset: Slow	Operation Start Date: 14-08-2025	New Operational End Date: 28-02-2026	Total Operating Timeframe: 6 months
Reporting Timeframe Start Date: 14-08-2025	Reporting Timeframe End Date: 31-12-2025		
Additional Allocation Requested: 0	Targeted Regions: A'ana, Aiga-i-le-Tai, Atua, Fa'asaleleaga, Gaga'emauga, Gagaifomauga, Palauli, Satupa'itea, Tuamasaga, Va'a-o-Fonoti, Vaisigano		

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 [1] following a significant increase in the number of suspected and confirmed cases, particularly on Upolu Island. Since the declaration, Samoa experienced a sharp and sustained increase in confirmed cases over a short period. The outbreak was characterized by higher concentration in densely populated areas, and the predominance of younger age groups, highlighting the urgency for scaled up response.

Transmission intensified since April 2025, with a significant increase in cases reported nationwide, particularly on Upolu Island. The most affected areas included the Apia Urban Area and North West Upolu, notably the Faleata District. Hospitals were already facing increased demand, including urgent calls for fresh blood donations, indicating mounting pressure on the health system. Furthermore, communities required intensified health and hygiene promotion campaigns, clean-up drives, and mosquito breeding site elimination to curb further transmission.

As of 11 August, a total of 7,970 clinically diagnosed cases had been reported, of which 2,743 were lab-confirmed. During the epidemiological week of 4–10 August alone, 1,974 new clinically diagnosed cases were recorded, including 116 new lab-confirmed cases. The majority of cases (88 per cent) were from Upolu Island, with a gender distribution of 55 per cent male and 45 per cent female. Most cases were concentrated in the Apia Urban Area and Northwest Upolu regions, with individuals under 20 years old (87 per cent) being the most affected. Approximately 20 per cent of reported cases required hospitalisation, and of these admissions, 88 per cent had been discharged. Of the 20 cases with confirmed serotypes, 91 per cent are DENV-1 and 9 per cent are DENV-2. The majority of dengue cases were concentrated in the Apia Urban Area and North West Upolu, particularly in the Faleata District, where 32 per cent of all cases resided.

In response to the outbreak, the Samoa Red Cross Society (SRCS) had already contributed significantly to the national response, through



organizing blood drives and raising awareness of blood donation, promoting hygiene and vector control, conducting community education on household water treatment and safe water storage, and implementing community needs assessments with families. However, the rapid escalation of cases in July and early August, the high proportion of children affected, and the growing demands from health facilities, including urgent calls for fresh blood and expanded community prevention measures, exceeded the current capacity and resources of the National Society to respond. With IFRC support, a DREF operation was initiated in August 2025 to further support prevention, awareness, and lifesaving support activities.

Link/Source:

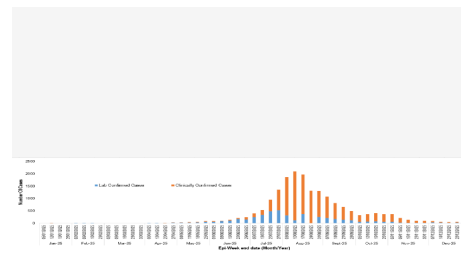
[1] Declaration of Dengue Fever Outbreak for Samoa – Government of Samoa



SRCS Volunteers carrying out household survey and awareness (Photo: SRCS)



Distribution of cash assistance (Photo: SRCS)



EpiPeak Chart (Source: MoH)

Scope and Scale

Climate change is significantly expanding the scope of dengue transmission in small South Pacific countries, including Samoa. Rising temperatures, increased rainfall, and higher humidity accelerate mosquito life cycles and enhance virus transmission. Flooding, rising sea levels, urbanization, and internal migration have further created conditions conducive to mosquito proliferation, while milder winters have extended transmission seasons. 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, have amplified transmission, particularly in local communities. While the entire population remains at risk, children, the elderly, and pregnant women are most affected. School closures, disruption to daily life, and growing psychosocial distress, especially following confirmed child fatalities underscore the urgent need for a coordinated, community-based response.

Based on Upolu Island's population of 140,000, an estimated 35,000 people (25 per cent of the population) are considered at risk, reflecting widespread *Aedes* mosquito presence, open water containers, and limited vector control. This estimate aligns with standard public health planning assumptions for active dengue outbreaks, with an applied gender distribution of 55 per cent male and 45 per cent female.

The 2025 outbreak progressed with unprecedented speed: by the end of July, 2,619 laboratory-confirmed cases had already been reported, nearly equalling the total recorded during the major 2017 outbreak in just three months of active transmission.

With no early signs of decline and amid continued warm and humid conditions, the outbreak continued to escalate, reaching its epidemiological peak mid-August 2025, with a total of 2,090 new cases in Epi week 32. During this period, case numbers surpassed those recorded in previous major dengue outbreaks in the country.

At the time of reporting, a Blue Alert remains in effect, indicating ongoing viral circulation; however, a downward trend in reported cases has been observed.

The Ministry of Health continues to implement a whole-of-government response through the Integrated Vector Control Committee, with a sustained focus on breeding-site elimination, environmental sanitation, and widespread risk communication.

Source Information

Source Name	Source Link
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Summary of Changes

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

Please explain the summary of changes and justification:

While the operational timeframe and total DREF budget are maintained, the Operational Strategy and budget lines require some adjustments. As part of the revised operational strategy, adjustments have been made to the budget allocations to ensure the effective, timely, and accountable delivery of planned activities. These adjustments reflect lessons learned during the initial phase of the response and evolving operational realities on the ground, including increased demands on personnel, logistics, and community engagement. The revised implementation modality strengthens the role of SRCS staff and volunteers in frontline delivery, improves coordination mechanisms, and ensures that resources are deployed in a manner that best supports priority response activities.

Summary of Changes:

1. Reallocation to under-budgeted activities: To maximize the utilization of available resources while remaining aligned with overall operational objectives, the Samoa Red Cross Society (SRCS), through IFRC, will reallocate identified savings to activities that were initially under-budgeted. These include volunteer allowances, which are essential to sustain extended field deployments; national staff and volunteer travel costs required to support monitoring, supervision, and coordination across affected areas; and blood drives, which remain a critical component of the response. In the original budget, the volunteer allowances were missing a day multiplier, meaning that an insufficient amount was budgeted from the beginning. SRCS has a limited number of staff and the majority of community assessments; health outreach activities including blood drives, and CVA verifications were conducted by volunteers. These were all volunteer-intensive activities that covered a large geographical area meaning high number of volunteer hours as well as travel costs.

2. Replenishment of essential non-food items: In addition, further savings will be redirected towards the replenishment of essential non-food items (NFIs), including hygiene kits, buckets and mosquito nets. During the initial response, hygiene kits were distributed following assessments that identified a high level of need among affected communities. This replenishment is critical to ensuring that the Samoa Red Cross Society remains well equipped and prepared to respond to future emergencies, as these items were significantly drawn down during the initial phase of the response. Some of the savings result from the decision not to procure mosquito repellent. This was based on the community feedback on mosquito repellent not being widely used despite government recommendations, concerns over safety with unfamiliar product and potential unsupervised access by children as well as uncertainty over completing medical procurement within the timeframe.

3. Increased allocation for blood donation activities and media campaigns: Furthermore, additional funding will be allocated to blood donation activities, in response to the Ministry of Health highlighting an ongoing and critical need to strengthen national blood supplies. For health promotion, a strategic shift was made from printing IEC to focus on more mass media campaigns and radio talk shows requiring a reallocation between the respective budget lines.

4. Reallocation of unused surge CEA Officer funding: Funding originally allocated for the Community Engagement and Accountability (CEA) Officer position was not utilized, as this role was fully funded through support from the Australian Red Cross. Consequently, these funds will be reallocated to cover increased volunteer allowances and travel costs, and to support IFRC monitoring visits, including the facilitation of a lessons learned workshop, as well as strengthened financial management and reporting support.

These budgetary and operational adjustments will strengthen SRCS's capacity to implement the response at scale and maintain continuity of services throughout the operational period. They will enable the effective delivery of key response activities, including community assessments and distributions, clean-up campaigns to reduce mosquito breeding sites, blood drives to support health



services, and targeted awareness and risk communication initiatives. Overall, the revised approach ensures that available resources are used efficiently and strategically to achieve the intended response outcomes

IFRC Network Actions Related To The Current Event

Secretariat	<p>IFRC is present in the region with IFRC CCD office and is in close collaboration with Samoa Red Cross Society providing, technical support and coordinating with PNS for possible responses.</p>
Participating National Societies	<p>Japan Red Cross Society (JRCS), French Red Cross (FRC), American Red Cross (AmCross), Australian Red Cross (ARC), New Zealand Red Cross Society (NZRC) are present in the region. JRCS partially supported the response through IFRC on Savai'i Island; however, as cases rapidly increased, additional support was required to strengthen response efforts, not only on Savai'i Island however including Upolu as well. Delegates from the IFRC CCD Suva Office and the FRC were deployed on a mission to Samoa, where they supported the National Society with needs assessments and response planning. ARC supported and fully funded the surge deployment role of the Community Engagement and Accountability Officer. ARC also provided complementary support through the Flexi Fund alongside the DREF, financing CVA training, additional 2 months of CVA surge deployment, logistics and FSP training for staff and volunteers and travel costs for IFRC in-country technical support.</p>

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	<p>No</p>
National authorities	<p>The Ministry of Health (MOH) of Samoa implemented a range of actions to combat the dengue outbreak, including conducting sensitization and awareness programs with Sui o Nuu, Sui Tamaitai o Nuu, and Sui o le Malo during their monthly meetings in both Upolu and Savai'i to strengthen community preparedness and promote vaccination in low-coverage areas. Community awareness activities continued in the Anoamaa and Vaa o Fonoti Districts, with dengue and measles messages integrated into broader immunization campaigns and reinforced through television, radio, and MOH social media platforms.</p>
UN or other actors	<p>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. In addition, 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.</p>



Are there major coordination mechanism in place?

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

SRCS is part of the National Coordination Body for the dengue outbreak, with the Secretary General participating in all important discussions. The Society is also the leading agency in Rainwater Harvesting (RWH) within the WASH sector. Acting as an auxiliary to the public authorities in the humanitarian field, SRCS has responded proactively to the dengue outbreak.

The National Society has begun community assessments and information and awareness-raising activities on best practices for individual care and vector control (against breeding sites) to help stop the spread of dengue. Awareness has also focused on blood donation, in response to increased demands from hospitals for fresh blood.

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

Needs (Gaps) Identified



Multi purpose cash grants

The concentrated and severe dengue outbreak in Samoa has exposed critical gaps in support for affected households, particularly those experiencing income loss due to illness. While the Government continues to provide medical treatment through local health facilities, many individuals diagnosed with dengue are temporarily unable to work. Parents and caregivers of infected children are also forced to stop working, resulting in additional financial strain.

These conditions have significantly reduced household access to adequate nutrition and essential items, both of which are crucial for recovery and for preventing further health deterioration.

To address this gap, the SRCS is providing targeted cash assistance to help vulnerable households meet immediate needs such as food, hygiene items, and other daily essentials. This approach aims to improve recovery outcomes, reduce household vulnerability, and ease the burden on overstretched health services. Assistance is directed toward households where the primary income earner has been clinically or laboratory-diagnosed with dengue, with priority given to households facing additional layers of vulnerability



Health

Initial assessments conducted by the SRCS highlighted several gaps during the dengue outbreak. These included high demand for fresh blood and platelets due to dengue complications, limited community awareness on dengue prevention and blood donation, insufficient training among volunteers in Epidemic Control for Volunteers (ECV) and Community-Based Surveillance (CBS), increasing psychological distress among affected populations, and a critical shortage of mosquito nets and other personal protection tools. Hygiene kits were distributed during the initial response based on identified community needs.

Following further assessments and community feedback, SRCS has adjusted its response to better align with current needs and preferences. Procurement of mosquito repellents is no longer planned, as further assessment findings showed that repellents are not commonly used or preferred by the public despite being recommended by the Government as a preventive measure. Distribution efforts now focus on mosquito nets, prioritizing households in dengue hotspot villages to protect vulnerable populations, particularly children, during peak mosquito activity hours.

Strengthening volunteer capacity is a key component of the response. All active SRCS volunteers have received training and orientation in ECV, CBS, and Psychological First Aid (PFA) to enhance community-level surveillance, outbreak response, and psychosocial support for affected populations.

SRCS also continues to support the Ministry of Health's need for blood and platelet supplies, alongside ongoing risk communication and health promotion activities on dengue prevention, early detection, and care-seeking behaviours. These adjustments ensure that the response remains evidence-based, community-focused, and targeted at the most urgent needs while maintaining readiness for future outbreaks.





Water, Sanitation And Hygiene

In the initial budget, SRCS planned for the procurement of jerry cans based on the preliminary identification of needs and available information at the time. During the initial phase of the response, SRCS distributed jerry cans from its existing stock to support safe household water storage and strengthen preparedness for dengue prevention through improved water management.

Subsequent field assessments conducted by SRCS identified several critical gaps in water, sanitation, and hygiene (WASH) practices. Community feedback revealed that households had a greater need for buckets rather than jerry cans, as buckets were more versatile for daily household use, including water collection, storage, and hygiene-related activities. In addition, essential hygiene items were required to address gaps in personal and household sanitation.

Based on community feedback indicating a preference for buckets and essential hygiene items, SRCS revised its implementation strategy and distributed hygiene kits from existing stock as the most appropriate means to address the identified needs. To restore emergency preparedness, SRCS will replenish the buckets and hygiene kits distributed during the initial response phase.

SRCS has continued community clean-up campaigns in hotspot villages to reduce environmental risks and minimize dengue transmission.



Protection, Gender And Inclusion

Initial assessments conducted by the Samoa Red Cross Society (SRCS) highlighted critical gaps in the protection of vulnerable groups, including children, the elderly, pregnant women, and persons with disabilities. The assessment identified the need for rapid training for response staff on protection risks and child safeguarding, collection of sex-, age-, and disability-disaggregated data, and integration of PGI principles using the Dignity, Access, Participation, and Safety (DAPS) framework across all interventions. It also emphasized the importance of re-orienting staff and volunteers on the SRCS Child Safeguarding Policy to ensure the safety and well-being of vulnerable populations. PGI continues to be a key priority in the ongoing dengue response.

SRCS is ensuring that all interventions are inclusive and consider the specific needs of vulnerable groups. Staff and volunteers have received refresher training on PGI standards and child safeguarding, reinforcing their capacity to identify and respond to protection concerns in the field. Efforts are also underway to collect and utilize sex-, age-, and disability-disaggregated data to inform tailored assistance and guarantee equitable access to services. By mainstreaming PGI principles across all activities, SRCS aims to safeguard the dignity, safety, and well-being of all affected populations while reducing risks of inequality or harm during the response.



Community Engagement And Accountability

Initial assessments conducted by the Samoa Red Cross Society (SRCS) highlighted gaps in public education and community engagement. Key findings included the need for stronger dissemination of dengue prevention messages through local media, limited CEA training among SRCS volunteers, the absence of structured engagement mechanisms to keep communities informed about SRCS activities, and the lack of confidential channels for community members to provide feedback or raise concerns.

Strengthening community engagement and accountability continues to be a key priority in the ongoing dengue response. SRCS has supported volunteers with training in CEA, enabling them to communicate effectively with affected populations and ensure timely, two-way dialogue. Public education efforts are being intensified through radio, community outreach, and locally relevant messaging to promote awareness of dengue transmission, prevention, and early symptom recognition. Additionally, SRCS has established confidential feedback mechanisms, including dedicated phone lines, 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 overall aim of this operation is 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.

Key actions include organizing community clean-up campaigns and distributing buckets to households in the most affected areas, as well as reducing transmission rates in hotspot communities through the distribution of mosquito nets. Public awareness of dengue risks will be raised through an expanded media campaign to increase reach across the population. In addition there will be an increase in blood



drives for the mobilization of blood donors to meet the increased demand during outbreaks, when some patients experience low platelet counts or mild bleeding that requires timely transfusion. To further reduce the impact of the outbreak on household well-being, targeted cash assistance will be provided to infected individuals and their families to help meet immediate needs such as food, hygiene supplies, and other daily essentials.

The response represents a locally driven and community-focused intervention designed to reduce transmission, strengthen the health response, and support community resilience.

Operation strategy rationale

The overall emphasis of this response is on prevention and community-centred activities. Interventions such as clean-up campaigns, awareness sessions, safe water storage, and risk communication are designed to reduce mosquito breeding sites, improve hygiene practices, and promote early detection—critical measures for halting the spread of dengue at the community level. While these activities require relatively low financial input compared to medical care or large-scale infrastructure, their effectiveness depends heavily on sustained community engagement and the active involvement of trained volunteers.

The SRCS recognizes that its volunteer network is central to delivering these life-saving interventions. Ensuring that volunteers are properly trained, equipped, and continuously supported is therefore essential to the success of this prevention-focused strategy. This approach not only addresses immediate health risks but also contributes to long-term community resilience against future outbreaks.

Considering the ongoing dengue cases and the urgent need for timely intervention, SRCS developed and submitted this revised operational plan as a more realistic and effective response strategy, grounded in its community-based approach and available internal capacity. The majority of field-level activities, including community assessments, CVA verifications, as well as health outreach activities such as blood drives, awareness campaigns, and clean-up campaigns, are carried out by volunteers.

The implementation requires high volunteer hours due to the extent of activities and the large geographical areas covered. With only one vehicle available for volunteer activities, SRCS must also rely on rental vehicles to conduct community visits, which has led to higher travel costs. In addition, minor reallocations towards communication (phone) and volunteer refreshment costs are anticipated to ensure the continuity and effectiveness of field operations.

In parallel, the Australian Red Cross (ARC) has confirmed its support for specific components of the response. This includes funding for selected training activities, partial coverage of surge deployment costs, and IFRC monitoring support. This contribution will complement the current DREF request and further strengthen SRCS's ability to deliver a more effective and well-supported response on the ground.

More details on key strategies:

(1) Health: Public Health and Blood Donation Mobilization

During dengue outbreaks, patients may experience thrombocytopenia (low platelet counts), placing them at risk of mild to severe bleeding. Timely access to fresh blood and platelets is essential in managing such cases. However, platelet shelf life is very short—typically 5–7 days—and donations often decline during health emergencies.

To address this, regular blood drives are continually conducted in coordination with local health authorities and blood banks to ensure a stable supply of safe and fresh blood components. This strategy strengthens surge capacity and reduces strain on the health system during peak caseload periods. The Ministry of Health (MoH) has the capacity to manage an increase in voluntary non-remunerated blood donations, with established systems for collection, screening, and storage. SRCS works closely with MoH to ensure that blood drives are well coordinated and aligned with national capacity, enabling effective management and sustainability of increased donations.

In addition, household visits and awareness sessions are being carried out in coordination with MoH to promote dengue prevention and early treatment-seeking behaviour. Training in Psychological First Aid (PFA) was provided to SRCS staff and volunteers to ensure psychosocial support is available during the response. Currently, SRCS volunteers and staff have had minimal exposure to Epidemic Control for Volunteers (ECV) and Community-Based Surveillance (CBS) training—both critical tools for effective community-level response. Strengthening their capacity through targeted ECV and CBS training is therefore essential to ensure timely detection, response, and management of outbreaks.

SRCS distributed essential non-food items (NFIs), including mosquito nets, as part of the dengue response. During the initial phase of the response, mosquito nets were drawn from existing SRCS stock and were not originally planned for replenishment under the initial strategy. However, given their utilization and the need to maintain adequate preparedness levels—particularly during the current cyclone season—the replenishment of mosquito nets has now been incorporated into the revised strategy.

(2) WASH: Vector Control and Safe Water Access

To reduce mosquito breeding grounds and prevent further spread of dengue, targeted clean-up campaigns are being organized in high-risk communities. These campaigns focus on eliminating stagnant water sources where mosquitoes breed, particularly in areas with poor waste disposal or where rainwater accumulates in containers, tires, or debris.



Hygiene kits were not included in the original response plan or budget; however, community assessments and consultations revealed a significant need for buckets instead of jerry cans, as well as hygiene items to support disease prevention and household hygiene. As a result, the procurement of hygiene kits has been incorporated into the revised strategy.

SRCS distributed jerry cans during the initial phase of the response using existing SRCS stock, with no initial plan for replenishment. Given the level of utilization and the need to maintain preparedness, the replenishment of buckets has now been included in the revised strategy.

(3) Risk Communication and Community Engagement (RCCE)

Raising awareness about dengue prevention, recognition of symptoms, and when to seek medical care is essential for controlling the outbreak and ensuring timely case detection. Effective communication and community engagement are also critical for dispelling misinformation, promoting behaviour change, and building trust in public health measures. Community Engagement and Accountability (CEA) is therefore a core component of this response strategy.

Culturally adapted posters with messages translated into Samoan were distributed across households, schools, churches, and public spaces, ensuring accessibility even for those with limited literacy. These efforts are complemented by in-person engagement from community health volunteers and local leaders, reinforcing messages through trusted channels.

To strengthen this work, orientation CEA training was provided to SRCS staff and volunteers, equipping them with the skills to deliver effective, consistent, and responsive engagement. Given the evolving nature of the outbreak, CEA surge support was also deployed to guide, coach, and provide technical input in real time.

The DREF allocation was initially budgeted to cover the surge deployment; however, this role has now been fully funded by the Partner National Society, Australian Red Cross (ARC). As a result, the originally allocated funds will be reallocated to support IFRC CCD monitoring, including finance and operations management, as well as participation in LLW, ensuring continued effective oversight and coordination throughout the response.

(4) Protection, Gender, and Inclusion (PGI)

To ensure a safe and inclusive response, SRCS staff and volunteers have undergone refresher training on Protection, Gender, and Inclusion (PGI) and Child Safeguarding. This training reinforced their understanding of key principles that uphold dignity, safety, and equitable support for all individuals, particularly vulnerable groups such as children, women, the elderly, and persons with disabilities.

Strengthening staff and volunteer capacity in PGI and Child Safeguarding is critical to minimizing risks of harm, upholding humanitarian standards, and ensuring that all activities are safe, inclusive, and accountable.

(5) Cash Assistance

Many affected individuals, particularly household breadwinners, are unable to engage in income-generating activities due to illness. Caregivers of children with dengue also face additional economic strain, compounding household vulnerability. These conditions create barriers to accessing adequate nutrition and essential supplies—both crucial for recovery and preventing further deterioration in health.

To address these needs, SRCS is providing targeted cash assistance to enable affected households to cover immediate essentials such as food, hygiene products, and daily necessities.

The primary eligibility criterion for assistance is that the household's breadwinner must be clinically or laboratory confirmed to have dengue. Within this group, priority will be given to households living below the poverty line, women-headed households, households with elderly or disabled members, households with multiple dengue cases, and caregivers supporting children diagnosed with dengue. These households face greater challenges in coping with the socio-economic impacts of the outbreak, making cash assistance vital to their resilience and recovery.

The transfer value is aligned with Samoa's minimum wage standard effective from 1 July 2025, ensuring adequacy to partially cover essential needs. Based on an estimated monthly income loss of SAT 960 (CHF 290), SRCS proposes a one-off cash transfer equivalent to 50 per cent of average monthly income, or SAT 480 (CHF 145) per affected individual. This support is intended to meet urgent household needs during the recovery period, reducing the risk of further health deterioration due to economic hardship.

Given that SRCS last implemented Cash and Voucher Assistance (CVA) in 2009 with support provided by the Australian Red Cross, there is a critical need to strengthen internal capacity to ensure effective and accountable delivery. As global CVA practices have evolved significantly, many current volunteers and staff lack practical experience in cash programming. Comprehensive CVA training was conducted for all personnel engaged in the activity, covering beneficiary targeting, data collection, verification, cash distribution, post-distribution monitoring, and safeguarding.

This training was essential to ensure that assistance reaches the right people in the right way, while building longer-term institutional capacity.



Targeting Strategy

Who will be targeted through this operation?

This operation will target communities most affected by the current dengue outbreak, with focus on vulnerable communities on Savaii and Upolu Islands. This includes:

- Families using unsafe water storage methods (e.g., open barrels, containers without lids)
- Low-income and rural households with limited access to health services and proper sanitation
- Youth and adults are eligible to donate blood
- Children, Persons with disabilities, pregnant and lactating mothers, the elderly, and other socially vulnerable groups
- Red Cross staff and volunteers who serve as frontline responders, teachers and community leaders
- School children through awareness campaigns and materials
- Breadwinners who need to serve as caregivers for children diagnosed with dengue

Explain the selection criteria for the targeted population

The targeted population for the dengue outbreak response in Samoa is selected based on a combination of risk exposure and vulnerability. Priority is given to households in high-risk or hotspot areas identified through Samoa Ministry of Health case surveillance, particularly those using open or unsafe water storage methods that contribute to mosquito breeding. Low-income families and rural communities are also prioritized, as they often lack access to proper sanitation, healthcare, and reliable information.

In addition, youth and adults who meet health and age criteria for blood donation are targeted through awareness and recruitment campaigns to support the national blood supply for severe dengue cases. Red Cross staff and volunteers are also included for refresher training in Psychological First Aid (PFA), Child Safeguarding, Community Engagement and Accountability (CEA), and Epidemic Control to enhance frontline support and improve outreach effectiveness.

Children and schools have also been prioritized as a key target group for dengue awareness activities. The majority of reported dengue cases have occurred among children, making them a particularly vulnerable demographic. Moreover, due to the outbreak, many schools were closed, limiting access to structured health education and increasing the risk of misinformation or lack of awareness. By re-engaging schools through poster distribution, health sessions, and child-friendly materials, the response aims to improve children's understanding of dengue prevention and early symptoms. Children also serve as effective messengers, often bringing health information back to their families, thereby amplifying the reach of community education efforts.

To address the socio-economic impact of the dengue outbreak, targeted cash assistance will be provided to the most affected and vulnerable households. The primary selection criterion for this assistance is households where the breadwinner has been clinically or laboratory-confirmed with dengue, as the resulting loss of income significantly undermines household resilience. Additional prioritization will be given to households living below the poverty line, women-headed households, households with elderly or disabled members, households with multiple dengue cases, and caregivers—particularly breadwinners—who are unable to work while caring for children infected with dengue.

This activity is justified by the urgent need to support affected households in meeting essential needs such as food, hygiene supplies, and other basic necessities during the recovery period. Without this support, already vulnerable households face heightened risks of health deterioration, food insecurity, and deeper financial hardship. Providing timely cash assistance will not only improve recovery outcomes but also help ease the burden on health services by enabling affected individuals to recuperate in safer and more stable conditions.

The operation places a strong focus on reaching socially vulnerable groups such as children, persons with disabilities, pregnant women, lactating mothers, and the elderly, who may face challenges accessing health services or receiving timely public health information. Outreach efforts will include community-based methods such as door-to-door visits, local radio, and culturally appropriate media campaigns to ensure inclusive communication. The rationale behind targeting these specific groups is to reduce the immediate health burden, prevent further transmission, and strengthen community preparedness by addressing root causes of vulnerability. This targeted, equity-based approach ensures that the response not only addresses urgent needs but also builds long-term community resilience.



Total Targeted Population

Women	6,750	Rural	-
Girls (under 18)	-	Urban	-
Men	8,250	People with disabilities (estimated)	-
Boys (under 18)	-		
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
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 risk with procurement of Mosquito repellents. There is a risk of delay with the procurement of mosquito repellent as it falls under medicine procurement and will require technical validation certificate.	IFRC CCD Suva and IFRC APRO will support the procurement process including the technical validation process.
Upcoming General Elections - no mission order is given from the Government from mid-August to the end of September, which can delay or affect possible missions of CCD and other delegates	All possible support will be provided online and training that requires facilitators from other countries will be planned for after the election period or conducted online if possible
Potential disaster happening during the period of implementation, which can affect the national society's capacity	- Coordination and technical support from CCD office. - Activation of regional surge capacities to support SRCS.



to respond to multiple emergencies.

- Coordination and partnership with other humanitarian actors.

Please indicate any security and safety concerns for this operation:

From mid-August to the end of September, during the election period, there is a possible low security risk. An additional health risk exists due to the ongoing spread of dengue among the population, which could accelerate further and overwhelm healthcare capacities.

Has the child safeguarding risk analysis assessment been completed?

Yes

Planned Intervention



Multi Purpose Cash

Budget: CHF 53,415

Targeted 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

Progress Towards Outcome

With support from IFRC, SRCS strengthened its capacity in Cash and Voucher Assistance (CVA) through a two-day CVA training conducted from 1–2 October 2025, facilitated by an IFRC CVA Delegate and a Surge CVA Officer. This marked an important milestone as SRCS prepared to implement CVA for the first time as part of its dengue outbreak response.

SRCS officially delivered its first-ever CVA distribution from 26–27 November 2025 at its Headquarters, followed by a second distribution on 12 December 2025. Transfers for recipients with bank accounts were completed on 28 November and 11 December 2025, while recipients without bank accounts received cheques. In total, 300 households (approximately 1,200 people) were supported through the intervention.

Recipients were identified using Ministry of Health (MoH) lists, complemented by SRCS's independent household verification. Households met predefined targeting criteria, including low-income families, persons with disabilities, and caregivers who experienced loss of income while caring for dengue patients. Verification through phone calls and follow-up assessments helped ensure accurate inclusion.

The CVA assistance enabled households to purchase food, medicine, cleaning supplies, and other essential items. Several recipients also reported that the support helped them cover school graduation costs after their income was affected during caregiving. Post-distribution monitoring (PDM) is scheduled for January–February 2026, with findings to be presented during the Lessons Learned Workshop in mid-February.

Detailed updates will be provided in the final DREF report.



Health

Budget: CHF 52,623



Targeted Persons: 10,000
Targeted Male: 5,500
Targeted Female: 4,500

Indicators

Title	Target	Actual
# of blood donation campaigns organized	15	11
# of voluntary blood donors mobilized	100	182
# 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	0

Progress Towards Outcome

Progress to date indicates that the target number of voluntary blood donors has been achieved, alongside the successful completion of volunteer trainings and the development of IEC materials. However, due to continued demand for blood and platelet supplies, additional blood drives are planned, requiring SRCS to allocate additional resources to meet these ongoing needs.

The distribution of mosquito nets during the early phase of the response was conducted through community visits, ensuring that vulnerable households in high-risk areas were reached directly. While this decentralized approach enhanced coverage, it resulted in higher-than-budgeted travel costs due to the wide geographical spread of the communities visited. Mosquito nets initially distributed from existing SRCS stock now require replenishment to maintain SRCS preparedness for future outbreaks and to support ongoing vector control and community protection efforts.

Following further assessments, mosquito repellent is no longer considered a priority intervention and has therefore been removed from the response budget.

Detailed updates on all activities, resource utilization, and lessons learned will be provided in the final DREF report, ensuring transparency and accountability in the response.



Water, Sanitation And Hygiene

Budget: CHF 21,571
Targeted Persons: 4,000
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



Progress Towards Outcome

The priority actions outlined, including the procurement and distribution of jerry cans or closed buckets, implementation of community clean-up activities and awareness sessions, and the conduct of post-distribution monitoring, have been completed.

SRCS has carried out clean-up activities across Upolu and Savaii, alongside the procurement of personal protective equipment (PPE) for volunteers involved in these activities. These items include hats, boots, gloves, and masks.

Hygiene kits, which were not included in the original response plan, were distributed during the initial phase of the response based on needs identified through initial assessments. However, there is now an urgent need to replenish these stocks through local procurement. Restocking hygiene kits and jerry cans or buckets is critical to ensure that the SRCS remains prepared and fully equipped to respond effectively to ongoing and future emergencies. Local procurement is feasible for these items.

Detailed updates on all implemented activities will be provided in the final DREF report.



Protection, Gender And Inclusion

Budget: CHF 544
Targeted Persons: 121
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

Progress Towards Outcome

Training for staff and volunteers on protection risks and safeguarding has been completed. SRCS has successfully integrated child-friendly messaging to reach children in schools and communities. A Child Safeguarding Risk Assessment (CSRA) has also been conducted.

Detailed updates on all activities and resource utilization will be provided in the final DREF report.



Community Engagement And Accountability

Budget: CHF 6,496
Targeted Persons: 10,000
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

Progress Towards Outcome

All priority actions have been successfully implemented. These include media campaigns and radio talkback sessions, training Red Cross staff and volunteers on CEA, household visits and awareness sessions, and the establishment of a dedicated phone line for confidential feedback.

Overall progress has been positive, with all planned activities completed. During implementation, however, it became evident that expanding media campaigns and radio talkback sessions was necessary to reach a wider audience and reinforce key messages.

As a result, the strategy was adjusted to prioritize mass media campaigns over printed IEC materials. This ensured that community engagement and accountability efforts remained strong and effective throughout the response. Detailed updates on activities and resource utilization will be provided in the final DREF report.



Secretariat Services

Budget: CHF 20,769

Targeted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

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

Progress Towards Outcome

The priority actions, including conducting monitoring visits, deploying CEA and CVA surge support, and providing continuous technical and coordination assistance, have been implemented and are ongoing.

This continued support ensures that SRCS is well equipped and effectively supported to deliver the key activities of the response.

The CEA surge support has been covered through Australian Red Cross funding. As a result, funds originally allocated for this role will be reallocated to support monitoring activities for the Lessons Learned Workshop (LLW), as well as financial and reporting support. These changes will be reflected in the budget adjustments.

Detailed updates on all activities and resource utilization will be provided in the final DREF report, ensuring full transparency and accountability.





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

Indicators

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

Progress Towards Outcome

The priority actions, including the appointment and engagement of the SRCS DM/DREF Coordinator, Health Coordinator, Finance Officer, and PMER Officer; the provision of volunteer allowances; and the organization of a lessons learned workshop—are progressing and supporting effective response implementation.

The provision of volunteer allowances remains a critical component, as SRCS operates with a limited number of staff and relies heavily on volunteers to carry out the majority of community assessments and health outreach activities, including blood drives and CVA verifications. These activities are highly volunteer-intensive, covering large geographical areas and requiring substantial volunteer time and travel. This highlights the need for increased funding to adequately support volunteer allowances and sustain effective field operations.

About Support Services

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

Four DREF team members from SRCS (DREF Coordinator, Health Coordinator, PMER Officer, and Finance Officer), along with 30 SRCS volunteers who will be trained and deployed to communities, and IFRC staff will support the operation and lessons learned exercise.

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?

SRCS is promoting inclusivity, gender balance and has a diverse team of volunteers.

Will surge personnel be deployed? Please provide the role profile needed.

The deployment of CEA surge support to SRCS plays a critical role in strengthening the organization’s capacity to engage communities effectively and inclusively. By providing continuous technical guidance—starting with online training for staff and volunteers, followed by in-person training and mentoring—the CEA surge ensures that SRCS teams are well-prepared to implement community-centered approaches. This support is especially important during home awareness sessions, where direct interaction with households allows the Red Cross to share important information, receive feedback, and ensure messaging is clear, culturally appropriate, and actionable.



Embedding the CEA surge during these sessions allows for real-time coaching and adaptation, reinforcing the importance of two-way communication, community trust, and accountability throughout program implementation.

Similarly, CVA surge personnel play a vital role in building SRCS's capacity to deliver effective and accountable cash and voucher assistance. As the last CVA activity conducted by SRCS took place in 2009, there is a clear need to refresh and strengthen the knowledge and skills of current staff and volunteers. To address this, the CVA surge is leading a dedicated three-day training focused on core CVA principles, processes, and best practices, ensuring content is relevant and contextualized to Samoa's operational environment, cultural dynamics, and community needs.

Beyond the training, surge personnel provide hands-on guidance and support during the initial phases of implementation, ensuring the CVA program is delivered effectively, in alignment with Red Cross standards, and responsive to the needs of the communities being served.

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

Procurement process will be done jointly by SRCS and IFRC CCD Suva office. Procurement will be done locally where possible with technical support from the IFRC. If there is a need for international procurement it will be done by IFRC CCD Office following standardized and approved procedures. Procured items will be distributed to the most affected communities, while some will be used for the replenishment of supplies.

How will this operation be monitored?

The SRCS team will be responsible for the overall implementation and follow-up of the operation, working closely with the Disaster Management (DM) team at the IFRC CCD Suva. The SRCS PMER Officer will oversee continuous monitoring and reporting, with additional PMER support provided by the IFRC CCD Suva office as needed. Monitoring visits will be conducted to strengthen and support response activities.

The CVA surge personnel will provide training for Red Cross staff and volunteers and support the coordination and implementation of activities in communities. At the conclusion of the operation, a lessons learned workshop will be conducted to capture experiences, challenges, and best practices for future responses.

Please briefly explain the National Societies communication strategy for this operation

SRCS, in coordination with IFRC CCD Suva, will lead the collection and dissemination of communication materials. For field activities, beneficiaries may be invited to participate in photo or video documentation to support humanitarian advocacy and resource mobilization by Movement partners and other stakeholders.

All content collection will be conducted with the informed consent of individuals and in line with IFRC's ethical standards and safeguarding policies, ensuring respect for dignity, privacy, and the protection of vulnerable groups. These materials will also be proactively shared with IFRC CCD Suva and APRO Communications to support visibility efforts.

During the DREF operation, SRCS will work closely with local media and implement media and social media campaigns, as well as radio talk shows, to reach the public. IFRC CCD Suva and APRO Communications will provide support in relevant communication activities throughout the operation.



Budget Overview



DREF OPERATION

MDRWS003 - Samoa Red Cross Society Dengue Outbreak

Operating Budget

Planned Operations	134,651
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	53,415
Health	52,623
Water, Sanitation & Hygiene	21,571
Protection, Gender and Inclusion	544
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	6,498
Environmental Sustainability	0
Enabling Approaches	74,421
Coordination and Partnerships	0
Secretariat Services	20,769
National Society Strengthening	53,652
TOTAL BUDGET	209,072

all amounts in Swiss Francs (CHF)

Internal

28/1/2026

#V2022.01

[Click here to download the budget file](#)



Contact Information

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

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