

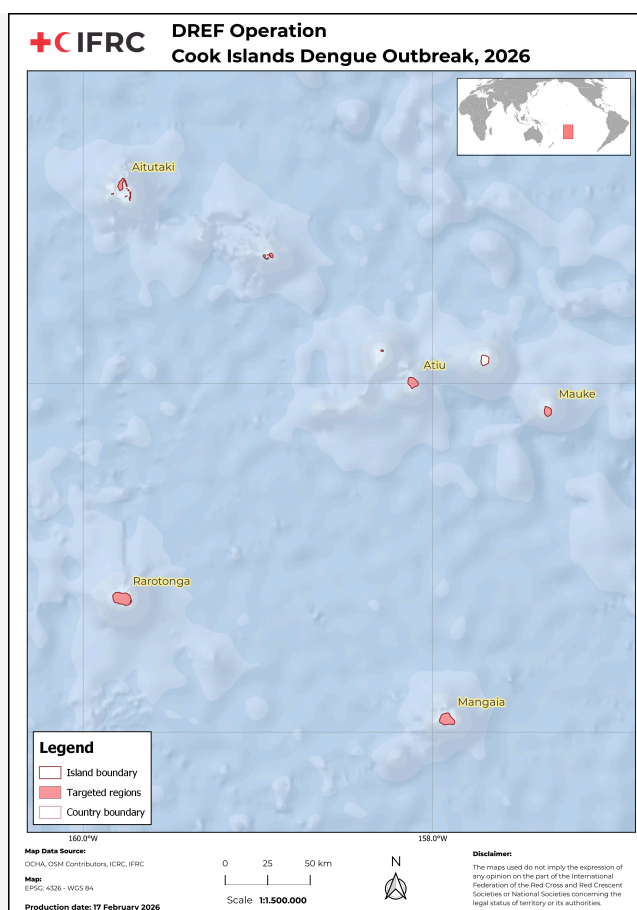


CIRCS conducting PDM with those affected by Dengue (Photo: CIRCS)

Appeal: MDRCK003	Total DREF Allocation: CHF 161,039	Crisis Category: Yellow	Hazard: Epidemic
Glide Number: EP-2025-000232-COK	People Affected: 15,000 people	People Targeted: 10,000 people	People Assisted: 15,000 people
Event Onset: Slow	Operation Start Date: 02-02-2026	Operational End Date: 31-07-2026	Total Operating Timeframe: 5 months
Targeted Regions: Cook Islands			

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

Description of the Event



Map of targeted areas (Source: IFRC IM)

Date when the trigger was met

02-02-2026

What happened, where and when?

A dengue fever outbreak was officially declared in the Cook Islands on 22 May 2025. Transmission spread across Rarotonga and the outer islands of Aitutaki, Atiu, Mauke and Mangaia, affecting both urban and remote communities. At the peak of the outbreak, the rapid increase in cases placed considerable pressure on the national health system and required a coordinated multi-sectoral response.

Since the declaration of the outbreak, the Cook Islands recorded a cumulative total of 1,251 dengue cases, with 1,250 people making a full recovery and one dengue-related death. During the height of the outbreak, a high proportion of cases were reported among children, which increased public health concerns and reinforced the need for community-based prevention measures.

The outbreak placed significant strain on surveillance, case management, public awareness and vector-control activities. Outer-island communities faced additional challenges because of geographic isolation, limited access to health services, reduced health workforce capacity and logistical constraints in transporting personnel and essential supplies.

The Government of the Cook Islands activated a national taskforce led by Ministry of Health (MoH). Public awareness campaigns, community outreach and environmental clean-up initiatives were implemented to promote dengue prevention and early care-seeking behaviours. As dengue case numbers escalated, the Ministry of Health (MoH) formally requested the Cook Islands Red Cross Society (CIRCS), in its auxiliary role to the public authorities, to support the dengue outbreak response. This formal request, received on 2 February 2026, served as the trigger date for the DREF operation.



Following activation, CIRCS mobilized staff and volunteers to distribute dengue prevention kits and IEC materials, conduct awareness activities, support vector-control initiatives and engage households and communities at higher risk. Priority was initially informed by laboratory-confirmed case information from MoH and was later broadened through PDM findings, community assessments, school outreach, government referrals and NGO/community referrals.

By the end of the operation, the epidemiological situation remained stable, with dengue cases having declined significantly during the earlier stages of implementation. Despite this decline, it remained important to continue prevention and vector-control activities throughout the operation to further reduce the risk of renewed transmission. MoH indicated that enhanced surveillance and the routine Tutaka Programme would continue after the DREF period to support early detection, environmental management and monitoring of dengue risk.



Meeting with village elders during the clean-up campaign. (Photo: CIRCS)



Staff and volunteers organizing Dengue Packs for distribution (Photo: CIRCS)



CIRCS and IFRC collecting data on PDM with the locals (Photo: CIRCS)



Practical Warehouse Training for staff and volunteers (Photo: CIRCS)

Scope and Scale

The outbreak affected communities across Rarotonga, Aitutaki, Atiu, Mauke and Mangaia. According to the Cook Islands Statistics Office, the resident population was approximately 17,300 people. The island geography and dispersed population increased the operational complexity of surveillance, distributions, community engagement and vector-control activities.

MoH, CIRCS and partners contributed to a significant reduction in active cases. However, community assessments and clean-up activities continued to identify environmental conditions that could support mosquito breeding. On Rarotonga, clean-up assessments covered 5,048 premises and identified 1,755 mosquito breeding grounds, including tyres, discarded household appliances and motor parts, plastic containers, pots and vases, tin/scrap materials, general accumulated waste, clogged drains and stagnant water.

CIRCS also worked with MoH on regular blood bank replenishment and recruitment of voluntary blood donors during the response. This activity complemented broader public health efforts and supported the availability of blood products required for severe dengue and other medical needs.

Source Information

Source Name	Source Link
1. Dengue Sitrep: Ministry of Health	https://www.health.gov.ck/dengue-update-46/
2. SPC Epidemics Alert	https://spc.int/phd/epidemics/
3. Cook Islands Statistics Office	https://stats.gov.ck/vital-statistics-and-population-estimates/#:~:text=In%20June%20Quarter%202025%2C%20the,changes%20in%20the%20resident%20population.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC does not have a permanent in-country presence in the Cook Islands; however, the response was supported through the IFRC Country Cluster Delegation (CCD) Pacific. During the operation, CIRCS received support across key Secretariat service areas, including financial management, logistics coordination, National Society Development (NSD), and technical advice. This support strengthened the planning, implementation, and accountability of the response and ensured alignment with IFRC standards and procedures.
Participating National Societies	The New Zealand Red Cross (NZRC) was the primary Partner National Society supporting the operation and provided remote assistance to CIRCS in the areas of NSD, financial support and oversight, and technical advice. This support strengthened operational planning, implementation, and reporting for the response.

ICRC Actions Related To The Current Event

The ICRC does not have a permanent presence in the Cook Islands and no direct support from the ICRC was reported or documented during the operation.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	During the operation, the MoH led and coordinated the national dengue response through a whole-of-government approach, working closely with relevant ministries and local island authorities. Response efforts focused on strengthening surveillance and case management, implementing environmental vector-control measures, and



	conducting nationwide risk-communication campaigns. Public messaging delivered through radio, television, and social media emphasised dengue-prevention measures, including eliminating mosquito-breeding sites, using mosquito repellents and nets, wearing protective clothing, recognising early symptoms, and promptly seeking medical attention when warning signs appeared.
UN or other actors	-

Are there major coordination mechanism in place?

CIRCS ensured strong coordination through the established national mechanisms led by the MoH. The MoH established and activated a National Dengue Taskforce to coordinate and oversee the outbreak response across Rarotonga and the outer islands. As an auxiliary to the public authorities, CIRCS played an active and integral role within the taskforce structure.

CIRCS regularly shared situation reports and response mapping with the MoH and strengthened information-sharing with partners, to maintain transparency, avoid duplication, and ensure alignment with national priorities. The National Society actively participated in coordination meetings and joint planning discussions, contributing to consolidated needs assessments and agreed targeting approaches.

Through this coordination mechanism, CIRCS supported community-level assessments, dengue-prevention awareness campaigns, and the distribution of mosquito nets, repellents, and information, education and communication (IEC) materials in areas where gaps had been identified by the taskforce. This structured coordination ensured that Red Cross interventions were integrated into the national response and strengthened its overall coverage, efficiency, and impact.

Needs (Gaps) Identified



Community assessments, clean-up campaigns, surveillance activities and post-distribution monitoring (PDM) findings indicated that mosquito breeding sites remained present in several communities, while awareness of and access to preventive measures varied across population groups.

According to information provided by the Ministry of Health (MoH), dengue transmission affected multiple islands, including Rarotonga, Aitutaki, Atiu, Mauke and Mangaia. While the epidemiological situation improved, environmental conditions that supported mosquito breeding remained present, highlighting the continued need for community engagement, vector control activities and public awareness efforts.

Throughout the response, PDM activities informed CIRCS's decision to broaden its outreach beyond laboratory-confirmed cases. This included using community referrals, schools, Internal Affairs, non-governmental organisations (NGOs) and vulnerability criteria to identify and support additional people affected by dengue.

In addition, MoH worked closely with CIRCS on blood donor recruitment and blood bank replenishment activities. Maintaining adequate blood supplies remained an important component of the overall dengue response, as it supported the national health system's capacity to manage severe dengue cases and other ongoing medical needs.

- Key findings and considerations included:
- Community awareness and risk communication activities remained necessary to sustain dengue prevention behaviours and reduce the risk of renewed transmission.
 - Mosquito breeding sites continued to be identified through community assessments and clean-up campaigns, requiring continued vector control and environmental management measures.
 - Vulnerable groups, including children, older people, persons with disabilities, pregnant women and low-income households, required targeted support to improve access to dengue prevention measures.
 - PDM findings highlighted gaps in identifying all individuals affected by dengue through routine surveillance data alone, reinforcing the need for a broader community-based targeting approach.
 - Continued blood donor recruitment and awareness activities were required to support blood bank replenishment efforts led by MoH.



- The continued distribution of dengue prevention kits and information, education and communication (IEC) materials remained necessary to support high-risk communities and vulnerable populations.



Water, Sanitation And Hygiene

As the dengue outbreak continued in the Cook Islands, controlling mosquito breeding sites in affected communities became a critical component of the response. Many urban and outer-island neighbourhoods faced an increased risk of transmission due to accumulated waste, clogged drains and stagnant water, which provided favourable conditions for mosquito breeding.

Addressing these environmental risks was essential to reducing dengue transmission and protecting high-risk groups, including children and older people. Organised community clean-up campaigns were identified as a key intervention to reduce these hazards, mobilise volunteers and raise awareness of dengue prevention practices.

Initial assessment findings included:

- Environmental factors, including stagnant water, uncollected waste and clogged drains, contributed to mosquito breeding and increased transmission risks.
- Limited hygiene promotion and community awareness of dengue prevention reduced the effectiveness of preventive measures.
- Clean-up campaigns and other community-based WASH interventions were required to eliminate mosquito breeding sites and minimise outbreak risks.
- CIRCS had limited capacity to fully scale up these interventions without additional support and volunteer mobilisation.



Protection, Gender And Inclusion

During the dengue outbreak, vulnerable groups, including children, older people, pregnant and lactating women, and persons with disabilities, faced heightened protection risks. Without inclusive planning, their needs risked being overlooked, creating gaps in ensuring a safe and equitable response.

Limited sex-, age- and disability-disaggregated data further constrained the ability to design interventions that adequately addressed the diverse needs of affected populations.

CIRCS applied Protection, Gender and Inclusion (PGI) principles and child safeguarding standards across its response activities. However, consistent integration of these principles throughout all stages of the operation remained important to ensure the safety, dignity, access and participation of the most vulnerable people.

Key findings and considerations included:

- The safety and well-being of children, older people, pregnant women and other vulnerable groups needed to be prioritised across all interventions.
- Sex-, age- and disability-disaggregated data needed to be collected and used to inform tailored programming.
- The PGI in Emergencies Minimum Standards and the dignity, access, participation and safety (DAPS) framework needed to be applied to ensure equitable and safe assistance.
- A Child Safeguarding Risk Analysis (CSRA) was conducted by the National Society to support the identification and management of safeguarding risks during the response.



Community Engagement And Accountability

Initial assessments identified a clear need to strengthen public education and awareness of dengue transmission, prevention and early recognition of symptoms, particularly in remote and hard-to-reach communities across the Cook Islands.

Although mass media channels, such as radio and television, remained important, their potential to support behaviour change had not been fully maximised, and community-specific outreach remained limited. Without structured feedback mechanisms, misinformation could spread and community concerns could remain unaddressed, potentially limiting trust and participation in preventive measures.

Furthermore, the absence of confidential and accessible channels through which community members could provide feedback or raise concerns restricted the responsiveness and accountability of the health response. Strengthening community engagement was therefore



essential to inform communities about dengue prevention, raise awareness of CIRCS activities and promote active community participation in the response.

Initial assessment findings included:

- Public education and the dissemination of dengue-related information through local media needed to be strengthened.
- Structured community engagement was required to ensure communities were informed about CIRCS activities and could participate in the response.
- CIRCS needed to establish a confidential and accessible feedback mechanism, such as a dedicated telephone line, to enable safe and effective two-way communication with affected populations.

Operational Strategy

Overall objective of the operation

The operation aimed to assist approximately 10,000 people affected by the dengue outbreak in the Cook Islands through targeted prevention, awareness, and lifesaving support activities. By the end of the operation, CIRCS reached approximately 15,000 people through the combined delivery of dengue prevention, health promotion, community engagement, vector control and broader public health activities.

Operation strategy rationale

The overall strategy of the operation focused on community-based prevention and response interventions designed to reduce dengue transmission and support the national response led by the Ministry of Health (MoH). The approach prioritised household-level protection, vector control, risk communication, community engagement and support to vulnerable groups, reflecting the main needs identified during the outbreak across Rarotonga and the outer islands of Aitutaki, Atiu, Mauke and Mangaia.

At the onset of the operation, the most urgent needs included reducing exposure to mosquito bites, strengthening public knowledge of dengue prevention and early symptom recognition, reducing mosquito breeding sites, and ensuring that affected and high-risk households had access to appropriate preventive measures. These priorities were identified because dengue transmission had occurred across multiple islands, health services were under increased pressure, and communities in the outer islands faced additional challenges related to geographic isolation, limited access to services and transport constraints.

Key interventions included the distribution of dengue prevention kits, community clean-up campaigns, targeted vector control measures, public awareness activities and support to public health initiatives implemented in coordination with MoH. Information, education and communication (IEC) materials were disseminated through households, schools, community spaces and public campaigns to promote dengue prevention, early symptom recognition and protective behaviours.

The operation also supported community engagement, blood donor recruitment and awareness activities that complemented national efforts to reduce the humanitarian impact of the outbreak and mitigate the risk of further transmission.

As the epidemiological situation evolved and reported dengue cases declined, the strategy was adjusted based on implementation experience, surveillance information, community assessments, post-distribution monitoring (PDM) findings and feedback from affected communities. Rather than discontinuing response activities, CIRCS adapted its approach by broadening its targeting strategy while continuing to address ongoing transmission risks, persistent mosquito breeding sites and the needs of vulnerable groups.

CIRCS implemented the operation in its auxiliary role to government and worked closely with MoH throughout the response. This coordination supported alignment with national surveillance, vector control, health promotion, blood donation and community outreach activities, while helping to avoid duplication and ensure that Red Cross assistance complemented the broader national dengue response.

The response remained a locally driven, community-focused intervention designed to reduce dengue transmission, enhance public knowledge and strengthen community resilience, particularly among high-risk populations such as children, older people, persons with disabilities, pregnant women and other vulnerable groups. By combining preventive measures, environmental management, targeted vector control and awareness-raising activities, CIRCS supported communities in reducing the impact of the outbreak and promoting sustained dengue prevention practices.

1. Health



The health strategy focused on reducing exposure to mosquito bites and supporting affected and high-risk households through the distribution of dengue prevention kits containing mosquito repellents, mosquito coils and other protective items, together with culturally appropriate IEC materials.

Initially, beneficiary identification relied primarily on laboratory-confirmed dengue case information provided by MoH. However, PDM findings indicated that relying solely on the case information available to CIRCS was too narrow for effective beneficiary targeting. In response, CIRCS broadened its targeting approach to include community assessments, schools, vulnerable groups, referrals from government agencies and non-governmental organisations (NGOs), and other community-based identification mechanisms.

Particular attention was given to children, pregnant women, older people, persons with disabilities, low-income households and other groups who faced increased vulnerability or had limited access to preventive measures. This broader targeting approach helped reduce the risk of excluding people affected by the outbreak solely because they were not included in the available laboratory-confirmed case lists.

Vector control also remained an important component of the health response. Community assessments and clean-up activities identified mosquito breeding habitats that could not always be effectively removed through environmental clean-up alone. Targeted larvicide treatment was therefore incorporated into the revised strategy as a complementary measure for priority locations identified through surveillance and field assessments, alongside continued source reduction and community clean-up activities.

CIRCS also worked closely with MoH to support blood bank replenishment and the recruitment of voluntary blood donors. This activity complemented the dengue response by supporting the availability of blood supplies for severe dengue cases and other medical needs during the response period.

The Epidemic Control for Volunteers (ECV) training was reduced from five days to three days following technical guidance. The revised training retained the essential technical content while generating operational savings. These savings were subsequently redirected to other identified operational needs, including strengthening logistics and procurement capacity, which had emerged as an important requirement during implementation.

2. Risk Communication and Public Awareness

Risk communication and public awareness remained central to the response because sustained behavioural change was required to reduce mosquito breeding, encourage the use of personal protective measures, and promote early recognition of dengue symptoms and appropriate care-seeking behaviours.

CIRCS implemented a multi-channel communication approach using IEC materials, community outreach, television, radio, public campaigns and direct engagement with affected communities.

Particular emphasis was placed on dengue awareness outreach targeting primary and secondary school students, recognising the important role of children and young people in promoting dengue prevention practices within their households and communities. School-based outreach provided an opportunity to reinforce practical messages on eliminating mosquito breeding sites, recognising dengue symptoms, using personal protective measures and encouraging families to maintain clean household environments.

Dengue awareness was also integrated into community events, clean-up campaigns, blood donor activities and World Blood Donor Day activities. These platforms were used to reinforce key public health messages while encouraging community participation in dengue prevention and voluntary blood donation.

The combination of school outreach, mass media, community activities and direct engagement enabled dengue prevention messages to reach a broad cross-section of the population across Rarotonga and the outer islands. This approach was particularly relevant in the Cook Islands context, where communities were geographically dispersed and direct household-level engagement across all islands was constrained by transport, logistics and available human resources.

3. Community Engagement and Accountability (CEA)

Community participation was central to the implementation of the response. CIRCS supported community-led clean-up campaigns, public awareness activities, household engagement, distributions and volunteer mobilisation to encourage communities to take an active role in reducing mosquito breeding sites and preventing further transmission.

PDM activities were initiated during the operation to assess the relevance, effectiveness and use of assistance and to better understand beneficiary experiences. PDM findings identified gaps in the original targeting approach, indicating that reliance solely on the case information available to CIRCS was insufficiently inclusive for effective beneficiary targeting.



These findings directly informed adjustments to the response strategy. CIRCS expanded beneficiary identification through community assessments, school outreach, engagement with the Ministry of Internal Affairs, and referrals from NGOs and community partners. This helped improve the inclusiveness of the response and increased the likelihood that vulnerable people and households affected by dengue were reached.

A feedback and complaints mechanism was also maintained to provide communities with opportunities to raise concerns, seek information and provide feedback on the assistance received. This supported transparency, accountability and continued adaptation of the response based on community needs.

4. Water, Sanitation and Hygiene (WASH): Vector Control

Environmental vector control remained a key component of the response because field assessments and community clean-up campaigns continued to identify mosquito breeding habitats even as reported dengue cases declined.

Clean-up activities were implemented in collaboration with MoH, local communities and other stakeholders to eliminate stagnant water, discarded containers, tyres, waste and other materials that provided potential breeding environments for mosquitoes.

Field findings demonstrated that community clean-up activities alone could not effectively address all mosquito breeding habitats. Some breeding sites, including tyres, large whiteware items, difficult-to-remove materials and other locations where water accumulated, required additional vector control measures. This evidence informed the decision to procure larvicide under the DREF operation as a targeted complementary intervention.

The procurement of larvicide provided additional support to MoH's vector control activities, enabling the treatment of priority mosquito breeding sites that could not be readily removed through environmental clean-up and source reduction alone. CIRCS coordinated closely with MoH to ensure that larvicide use complemented existing surveillance, community clean-up and vector control activities rather than replacing them.

This strengthened the overall response by providing an additional measure to reduce mosquito larvae in identified high-risk locations and mitigate the risk of renewed transmission.

Larvicide support was particularly relevant given the operational constraints identified during implementation, including limited volunteer availability and the challenges of sustaining frequent clean-up activities across geographically dispersed islands. Combining community clean-up, source reduction, targeted larvicide treatment, surveillance and public awareness therefore provided a more comprehensive approach to vector control during the operation.

These activities also complemented the routine Tutaka Programme, which supported continued environmental clean-up and management within communities. Close coordination between CIRCS, MoH, local communities and other stakeholders strengthened the implementation of vector control interventions and supported broader national efforts to reduce dengue transmission.

5. Protection, Gender and Inclusion (PGI)

PGI and child safeguarding considerations were integrated into the ECV training delivered during the operation to support the safe and inclusive implementation of response activities.

CIRCS staff and volunteers received orientation on protection risks, dignity, safety, equitable access to assistance, safe community engagement and safeguarding responsibilities. Particular attention was given to children, older people, pregnant women, persons with disabilities and other vulnerable groups.

A Child Safeguarding Risk Analysis was also completed during the operation. The integration of PGI and child safeguarding into operational training strengthened the ability of staff and volunteers to identify and mitigate protection risks and supported the delivery of assistance in a safe, inclusive and accountable manner.

Overall Strategic Adaptation and Implementation

Overall, the strategy remained flexible and responsive to the changing epidemiological and operational context. Adjustments made during implementation were informed by MoH surveillance information, community assessments, PDM findings, operational experience and identified capacity constraints.

These adjustments included broadening beneficiary targeting beyond laboratory-confirmed cases, incorporating targeted larvicide support to complement community clean-up activities, adapting ECV training duration and reallocating operational savings to address emerging logistics and procurement needs.



Through these adaptations, CIRCS maintained the overall objective of the DREF operation while adjusting implementation approaches to better address the evolving needs of affected and vulnerable communities.

Targeting Strategy

Who was targeted by this operation?

The operation targeted communities most affected by the dengue outbreak across Rarotonga and the outer islands of Aitutaki, Atiu, Mauke, and Mangaia, with particular attention to households and individuals facing higher health, social, and access-related vulnerabilities.

Priority groups included:

- Low-income and rural households with limited access to health services, information, and preventive items.
- Children, particularly primary and secondary school students, due to the high proportion of dengue cases reported among younger age groups during the outbreak and their important role in promoting prevention messages within households.
- Pregnant and lactating women, older persons, persons with disabilities, and other socially vulnerable groups who faced increased health risks or barriers in accessing preventive measures and health information.
- Households with confirmed or suspected dengue cases, particularly where family members required additional support during illness and recovery.
- Red Cross staff and volunteers, teachers, community leaders, and other frontline actors who supported awareness, prevention, distribution, and community mobilization activities.

Initially, beneficiary identification relied primarily on laboratory-confirmed dengue case information shared by MoH. During implementation, however, Post-Distribution Monitoring (PDM) and community assessments showed that case information available to CIRCS did not provide a sufficiently comprehensive basis for beneficiary targeting. As a result, the targeting approach was broadened to improve coverage and reduce exclusion.

CIRCS worked with the Ministry of Internal Affairs to help identify vulnerable groups, including low-income households, older persons, and persons with disabilities. CIRCS also engaged NGOs and community partners to identify people with specific needs, including persons with disabilities and pregnant women, who may have required dengue prevention kits or additional awareness support. Schools were also used as an important outreach channel to reach children and their families with prevention messages and dengue-related assistance.

This approach ensured that targeting was not limited only to confirmed case lists, but also considered vulnerability, access barriers, community referrals, and information gathered through PDM and field assessments. This helped CIRCS reach people who were at higher risk of dengue.

Explain the selection criteria for the targeted population

The overall targeting approach remained focused on households and communities affected by the dengue outbreak, with priority given to people at higher risk of infection, severe outcomes, or reduced access to preventive measures and health information.

Initially, beneficiary identification relied primarily on laboratory-confirmed dengue case information provided by MoH. This enabled CIRCS to identify affected households and provide timely dengue prevention support to families experiencing active infection, with the aim of reducing household-level exposure and limiting further transmission within surrounding communities.

During implementation, PDM and community assessments showed that not all individuals affected by dengue had been captured through the case information available to CIRCS. This created a risk that some affected households could be unintentionally excluded from assistance.

In response, CIRCS broadened the selection criteria and adopted a more flexible, community-based targeting approach. In addition to MoH surveillance information, beneficiary identification was informed by community assessments, PDM findings, school outreach, referrals from government agencies and NGOs, and engagement with local authorities and community partners.

Particular attention was given to vulnerable groups, including children, pregnant women, older persons, persons with disabilities, low-income households, and people living in rural or outer-island communities with more limited access to health services and preventive items. CIRCS worked with the Ministry of Internal Affairs to identify low-income households, older persons, and persons with disabilities,



and also coordinated with NGOs and community partners to identify people with specific needs who could benefit from dengue prevention kits and awareness activities.

Schools were also incorporated into the targeting approach, particularly primary and secondary schools, to increase access to dengue prevention information among children and extend key prevention messages to their households and families.

The final selection approach therefore combined epidemiological information with vulnerability-based and community-level criteria. This helped CIRCS improve the inclusiveness of the response, reduce the risk of exclusion, and ensure that assistance reached both people directly affected by dengue and those considered most vulnerable to further transmission.

Total Assisted Population

Assisted Women	4,659	Rural	27.5%
Assisted Girls (under 18)	2,379	Urban	72.5%
Assisted Men	5,696	People with disabilities (estimated)	6%
Assisted Boys (under 18)	2,266		
Total Assisted Population	15,000		
Total Targeted Population	10,000		

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?	Yes
Does your National Society have anti-sexual harassment policy?	Yes

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

Risk	Mitigation action
here was a risk that another disaster or emergency occurring during the dengue operation could have placed additional	CIRCS maintained close coordination with the IFRC CCD Pacific and national authorities throughout the operation. IFRC



<p>pressure on CIRCS's limited staff, volunteers, vehicles and operational resources, reducing its capacity to implement dengue activities across Rarotonga and the outer islands within the planned timeframe.</p>	<p>technical and operational support remained available, including the potential activation of regional surge capacity if required. CIRCS also prioritized critical activities and coordinated with MoH and other humanitarian and community actors to reduce duplication and optimize available resource</p>
<p>CIRCS had a relatively small pool of active volunteers, and volunteer availability was lower than originally anticipated. This created a risk of delays to dengue kit distributions, community clean-up campaigns, awareness activities, PDM and other field activities, particularly across geographically dispersed islands.</p>	<p>CIRCS adjusted implementation arrangements based on available human resources and prioritized activities in the highest-risk locations. Staff assumed additional operational responsibilities, and a Relief Distribution Lead was engaged to strengthen the coordination of dengue kit distributions. CIRCS also worked with MoH personnel, community representatives and other local stakeholders where appropriate to support implementation. Budget originally allocated for underutilized volunteer allowances was partially redirected to staffing costs required to sustain critical response activities.</p>
<p>The geographic isolation of the Cook Islands and dependence on local and international supply chains created risks related to supplier availability, freight schedules, transport, fuel availability and inter-island movement. These factors had the potential to delay procurement, distributions and field activities and increase operational costs.</p>	<p>Procurement planning and follow-up were strengthened with technical support from IFRC Logistics and Finance. Local procurement was used where appropriate, suppliers and quotations were reviewed in accordance with applicable procedures, and transport requirements were incorporated into activity planning. Additional resources were allocated for fuel, vehicle hire, freight, inter-island travel and related distribution costs to maintain continuity of field activities.</p>
<p>Procurement of larvicide presented a risk because of technical requirements, product availability and the limited remaining implementation period. Delays could have reduced the ability of CIRCS and MoH to treat mosquito breeding sites that could not be effectively eliminated through community clean-up and source-reduction activities alone.</p>	<p>CIRCS coordinated closely with MoH and IFRC technical and logistics teams to complete the required procurement processes and ensure that the larvicide was appropriate for the intended vector-control activities. The procurement ultimately complemented MoH vector-control activities and supported treatment of priority breeding locations identified through surveillance and community clean-up activities. Provision was also maintained for locally procured PPE and related clean-up materials as an alternative use of resources if larvicide procurement could not be completed within the operational timeframe.</p>
<p>CIRCS had not implemented a DREF operation for many years, and implementation identified gaps in procurement documentation, logistics processes, financial acquittal, record management and familiarity with IFRC requirements. These gaps created a risk of delays, incomplete supporting documentation and non-compliance with operational and financial procedures.</p>	<p>IFRC provided ongoing technical accompaniment through finance, logistics, PMER/IM, health and operational management support, including deployment of an IFRC surge Developing Operations Manager. CIRCS also completed Logistics and Procurement Training during the operation, and standardized logistics documentation, including Goods Received Notes, Local Requisition forms, receipt books and purchase-order documentation, was strengthened. Regular review of procurement and acquittal documentation helped identify and address gaps during implementation.</p>

Please indicate any security and safety concerns for this operation:

The primary security and safety considerations during the operation related to the welfare of CIRCS staff and volunteers undertaking distributions, community outreach, clean-up campaigns, vector-control activities, and other field-based interventions across Rarotonga and the outer islands.

Key safety risks included exposure to dengue and mosquito bites, heat stress, fatigue, dehydration, minor injuries during community clean-up activities, manual handling of supplies, and road and transport-related risks associated with field movements. Clean-up and vector-control activities also involved potential contact with waste, sharp objects, stagnant water, and other environmental hazards.

To mitigate these risks, CIRCS implemented safety measures throughout the operation, including staff and volunteer briefings, adherence to MoH public health guidance, use of appropriate personal protective equipment (PPE), safe handling and distribution procedures, and monitoring of staff and volunteer wellbeing during field activities. PPE and related materials, including gloves, masks, raincoats, hats, and other protective items, supported the safe implementation of community clean-up and vector-control activities.

The CIRCS security framework applied to National Society staff and volunteers, while the IFRC security framework applied to deployed IFRC personnel. Personnel movements were coordinated and monitored using established communication channels, including telephone and WhatsApp, particularly during field activities and travel to outer islands. Operational teams also maintained communication with CIRCS management and relevant local authorities to support safe movement and implementation.

Relevant safety and security information was incorporated into operational briefings, and staff and volunteers were encouraged to complete applicable IFRC security and responder safety learning. Coordination with the IFRC CCD Pacific security focal point and relevant authorities provided an additional layer of support where required.

Overall, safety risks were managed through operational planning, appropriate PPE, regular communication, staff and volunteer briefings, and close coordination with MoH and local authorities. These measures helped ensure that response activities were implemented while minimizing risks to personnel, volunteers, and the communities being assisted.

Has the child safeguarding risk analysis assessment been completed?

Yes

Implementation



Health

Budget: CHF 76,157

Targeted Persons: 6,750

Assisted Persons: 13,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of people reached by epidemic preparedness and response activities	6,750	2,840
% of people using mosquito nets on a regular basis	80	65
# of volunteers trained in vector control	20	22



# of people reached with epidemic-related health promotion activities	5,000	13,000
# of people donating blood	200	107

Narrative description of achievements

1. Epidemic preparedness and response

CIRCS reached 2,840 people (947 households) through epidemic preparedness and response activities. Dengue prevention kits and information, education and communication (IEC) materials were distributed through household and community outreach. During implementation, targeting was broadened to include schools and vulnerable groups identified through government and non-governmental organisation (NGO) referrals.

The actual reach was lower than the target of 6,750 people, primarily because dengue cases declined during implementation and beneficiary identification initially relied mainly on cases reported and diagnosed by the Ministry of Health (MoH).

2. Epidemic Control for Volunteers (ECV) training

A three-day ECV training was completed following technical guidance. A total of 22 participants were trained against a target of 20, comprising CIRCS staff, MoH personnel, student nurses and volunteers who supported the operation on a sporadic or activity-based basis.

The volunteers involved were not all formally registered or regularly active CIRCS volunteers but were mobilised as required to support specific response activities. The training covered dengue transmission and prevention, vector control, risk communication, safe community engagement, Protection, Gender and Inclusion (PGI), and child safeguarding.

3. Health promotion and dengue awareness activities

CIRCS reached approximately 13,000 people through epidemic-related health promotion and awareness activities, exceeding the target of 5,000 people.

Activities included community awareness sessions, distribution of IEC materials, primary and secondary school outreach, public events, community clean-up campaigns, radio and television messaging, and other media engagement.

These activities strengthened dengue prevention messaging, promoted early recognition of symptoms, encouraged source reduction and increased community participation in reducing the risk of dengue transmission.

4. Blood donor recruitment and blood bank replenishment

CIRCS worked closely with MoH to support regular blood bank replenishment and voluntary blood donor recruitment activities, including outreach conducted around World Blood Donor Day.

A total of 107 people donated blood during the operation against a target of 200, representing 53.5 per cent of the target.

Although the target was not fully achieved, the activity contributed to maintaining blood availability and strengthened community awareness and participation in voluntary blood donation during the dengue response.

5. Post-distribution monitoring (PDM)

PDM commenced during the operation and indicated that relying solely on the case information available to CIRCS was too narrow for effective beneficiary targeting. The findings informed broader community assessments and outreach to people who may have been affected by dengue but were not captured in the information available to CIRCS.

A total of 947 households received mosquito nets through the dengue response operation. The operation had established a target of 80 per cent of recipients using mosquito nets on a regular basis.

The mosquito nets were distributed as part of household dengue prevention kits, which also included mosquito repellent, mosquito coils and IEC materials.



The PDM surveyed 52 households, of which 34 reported using the distributed mosquito nets, representing a usage rate of approximately 65.4 per cent, below the operational target of 80 per cent.

Of the 18 households that had not used the nets, some were unable to install them without assistance, while others were already using their own nets and intended to keep the distributed nets as replacements once their existing nets became damaged or unusable.

These findings provided an important lesson for CIRCS on the need to better understand household needs during distributions, particularly to determine whether mosquito nets were immediately required and whether recipients needed assistance with their installation.

Due to operational and resource constraints, the PDM did not achieve the sample size required to produce statistically representative findings. The reported usage rate therefore reflects only the households surveyed and should not be interpreted as representative of all mosquito net recipients across the operation.

Nevertheless, the findings provided useful insights into household use of mosquito nets and highlighted the need to strengthen follow-up messaging on their correct and consistent use as part of dengue prevention efforts.

Lessons Learnt

- Targeting based only on confirmed case lists did not capture every affected person; combining surveillance information with PDM, community assessments, schools and referrals improved inclusion.
- Integrating ECV, PGI and safeguarding content into a single training package strengthened practical application and reduced duplication.
- Health promotion achieved broader reach when it was combined with distributions, community events, schools, clean-up activities and direct engagement.

Challenges

- Limited volunteer availability affected the scale and pace of outreach, distribution activities and PDM activities.
- Geographic dispersion across the outer islands created transport, freight and coordination constraints.



Water, Sanitation And Hygiene

Budget: CHF 9,535

Targeted Persons: 5,000

Assisted Persons: 15,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of people receiving protection from environmental sanitation activities (i.e. solid waste management, drainage, vector control)	5,000	15,000

Narrative description of achievements

1. Community clean-up and environmental vector control

CIRCS supported community clean-up and vector-control activities in collaboration with the Ministry of Health (MoH) and local communities. On Rarotonga, assessments conducted during clean-up campaigns covered 5,048 premises and identified 1,755 mosquito breeding sites.

The identified breeding sites included tyres, whiteware and motor parts, plastic containers, pots and vases, tin and scrap materials,



accumulated waste, clogged drains and stagnant water. These findings demonstrated that significant environmental risks remained even as reported dengue cases declined.

Source reduction activities removed or reduced many artificial breeding sites, while some bulky waste and other breeding habitats required specialised disposal or targeted treatment. Larvicide was therefore pursued as a complementary vector-control measure for priority locations identified through surveillance and field assessments.

2. Larvicide procurement and targeted vector control

The procurement of larvicide under the DREF operation provided important support to MoH's ongoing dengue vector-control activities and complemented community clean-up campaigns and source-reduction measures. The larvicide enabled MoH to treat mosquito breeding sites that could not be effectively eliminated through environmental clean-up alone, thereby extending protection beyond households directly involved in clean-up activities.

Overall, the operation exceeded its target for environmental sanitation and vector-control activities. Against a target of 5,000 people, MoH estimated that approximately 15,000 people were provided protection per quarter through environmental sanitation and vector-control activities, including the use of larvicide procured under the DREF operation. This demonstrated the potential wider population-level benefit of combining community-based environmental sanitation activities with targeted larvicide treatment during the dengue response.

Lessons Learnt

- Clean-up campaigns functioned both as vector-control interventions and as a mechanism for collecting operational data on breeding risks.
- Effective vector control required a combination of source reduction, appropriate waste disposal and targeted treatment.
- Coordination with MoH and community leaders improved mobilization and helped identify priority locations.

Challenges

- Volunteer shortages limited the frequency and geographic coverage of clean-up activities.
- Tyres, whiteware and other bulky waste could not always be removed easily and required additional disposal arrangements.
- Outer-island transport and logistics increased the complexity and cost of consistent vector-control activities.



Protection, Gender And Inclusion

Budget: CHF 0

Targeted Persons: 27

Assisted Persons: 22

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of staff and volunteers trained on protection risk and safeguarding	27	22
# of CSRA conducted by the National Society	1	1

Narrative description of achievements

PGI and child safeguarding considerations were integrated into the Epidemic Control for Volunteers (ECV) training delivered during the operation. A total of 22 participants received orientation on protection risks, dignity, safety, inclusion, safe community engagement and safeguarding considerations.



Furthermore, CIRCS completed one Child Safeguarding Risk Analysis (CSRA), achieving the operational target. Safeguarding considerations were incorporated into community engagement and beneficiary targeting, with particular attention to children, older people, pregnant women, persons with disabilities and other vulnerable groups.

Lessons Learnt

- Integrating PGI and safeguarding into operational training increased practical understanding and reduced the need for separate training events.
- Early consideration of vulnerable groups and referral mechanisms strengthened the inclusiveness of targeting.

Challenges

- Limited sex-, age- and disability-disaggregated data constrained detailed analysis of reach among vulnerable groups.



Community Engagement And Accountability

Budget: CHF 11,761

Targeted Persons: 10,000

Assisted Persons: 13,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of people reached by media campaigns	10,000	13,000
% of people surveyed who feel the National Society's support/services meets their most important needs/provides useful support	50	100
The National Society has a functioning feedback mechanism in place for the whole organisation (Yes =1. No=0)	1	1

Narrative description of achievements

1. Risk communication and public awareness

CIRCS exceeded the media campaign target, reaching an estimated 13,000 people against a target of 10,000 through radio, television, information, education and communication (IEC) materials, community outreach and public awareness activities.

2. Community feedback and complaints mechanism

A functioning feedback mechanism was maintained throughout the operation, including a dedicated telephone line through which community members could provide feedback, raise concerns or seek clarification regarding response activities.

Communities were informed of the feedback channel through verbal communication during community visits. CIRCS contact details were also published on its Facebook page and included in the IEC materials distributed to communities.

During the operation, CIRCS received two community enquiries requesting clarification on how communities had been selected to receive cash prizes under the Ministry of Health's Tukata Clean-Up Campaign. In response, the CIRCS Secretary General followed up directly with the relevant community leaders and explained the selection criteria established by MoH.

No formal complaints were received through the feedback mechanism during the operation. The two enquiries received were requests for information and clarification rather than complaints.



These enquiries provided an important learning opportunity for CIRCS, highlighting the need to ensure that communities are clearly informed in advance about the selection process and criteria for similar activities.

3. Post-distribution monitoring (PDM) and community feedback

In addition to the direct feedback channel, PDM was used to assess the relevance and effectiveness of CIRCS assistance and gather feedback from recipient households. The perceived usefulness of assistance reached 100 per cent against a target of 50 per cent, based on interviews with 52 households. All respondents reported that the assistance provided by CIRCS met their needs.

Feedback on the use of the distributed mosquito nets also provided valuable learning for future responses, particularly the need to assess whether households required the nets immediately and whether recipients needed practical assistance with their installation.

Lessons Learnt

- Two-way communication and PDM produced operational evidence that supported adjustments to targeting rather than reliance on administrative case lists alone.
- Using multiple communication channels increased reach beyond direct distribution locations.
- Feedback mechanisms were most useful when they were established early, actively promoted and linked to clear response actions.

Challenges

- The geographic spread of the Cook Islands made consistent face-to-face engagement resource intensive.
- Some people affected by dengue were not identifiable through the case information available to CIRCS, which required additional community assessment and referral mechanisms.



Secretariat Services

Budget: CHF 33,677

Targeted Persons: 0

Assisted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of IFRC surge personnel deployed	1	1
# of monitoring visits conducted	2	2

Narrative description of achievements

1. IFRC surge support and operational management

One IFRC surge Developing Operations Manager was deployed during the operation, achieving the target of one surge deployment. The deployment supported day-to-day operational management, coordination, planning, procurement and logistics follow-up, information management, reporting, post-distribution monitoring (PDM) development and operational closure.

2. Technical support and operational monitoring

The IFRC Country Cluster Delegation (CCD) Pacific also provided technical and remote support throughout the operation, covering health, finance, logistics, planning, monitoring, evaluation and reporting (PMER), information management (IM) and DREF procedures.



A total of two formal monitoring visits were conducted against a target of two, achieving 100 per cent of the target. The visits were carried out by the IFRC Logistics Officer and Health Coordinator, providing technical oversight and follow-up support during implementation.

3. Communication and visibility

IFRC supported communication and visibility efforts throughout the operation, including sharing updates through its regional social media platforms and documenting response activities through photographs. These efforts contributed to raising awareness of the dengue response and highlighting the activities undertaken by CIRCS and its partners.

IFRC supported communication efforts throughout the operation:

<https://x.com/IFRCAsiaPacific/status/2096523618771743025?s=20>
<https://www.linkedin.com/feed/update/urn:li:activity:7502250413392293888>
Photos: https://shared.ifrc.org/collections/_r5q8B6Pm

Lessons Learnt

- Dedicated surge capacity was important for an operation implemented by a National Society that had not managed a DREF operation for many years.
- Clear roles, information flow and coordination between surge, technical teams, CCD functions and CIRCS leadership were critical to avoiding duplication and improving decision-making.

Challenges

- Internal communication and information flow between operational and technical stakeholders required strengthening during parts of the response.
- The operation required substantial accompaniment on DREF processes, procurement, finance, reporting and operational systems.
- The absence of dedicated communications personnel limited the operation’s ability to comprehensively document and showcase the efforts and achievements of both the Cook Islands Red Cross Society and the IFRC throughout the response.

 National Society Strengthening

Budget: CHF 29,907
Targeted Persons: 0
Assisted Persons: 0
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of staff and volunteers involved with the operation	27	15
# of lessons learned workshop conducted	1	1

Narrative description of achievements

1. Strengthening operational systems and institutional capacity

The operation strengthened CIRCS's operational systems through the practical implementation of DREF procedures, procurement and logistics processes, financial acquittal, reporting, information management, post-distribution monitoring (PDM) and community engagement.



These activities provided opportunities for CIRCS staff and volunteers to gain practical experience in managing emergency response operations and strengthened organisational capacity through on-the-job learning.

2. Logistics and procurement training

A three-day Logistics and Procurement Training was conducted from 24 to 26 June 2026, strengthening staff capacity in procurement, supply-chain management, warehousing and operational documentation. A total of 15 participants, comprising staff, volunteers and branch representatives, received training.

3. Lessons Learned Workshop

A Lessons Learned Workshop was conducted on 16–17 July 2026, attended by 19 participants (12 female and 7 male). The first day brought together CIRCS management, programme staff and volunteers involved in the planning and implementation of the dengue response operation. The second day involved key stakeholders, including representatives from IFRC, Te Marae Ora (Ministry of Health), Emergency Management Cook Islands (EMCI), partner organizations and community representatives.

The workshop provided an opportunity for CIRCS and its partners to reflect on the implementation of the operation, review operational experiences and identify lessons to inform future emergency preparedness and response activities.

4. Staff and volunteer mobilisation and operational capacity

A total of 15 staff and volunteers were recorded as directly involved in the operation against a target of 27. Volunteer engagement was largely sporadic and activity-based rather than through a consistently available pool of formally registered CIRCS volunteers. To support implementation, CIRCS mobilized a mix of MoH volunteers, church volunteers and a small number of Red Cross branch members as required for specific activities, including distributions, clean-up campaigns, awareness outreach and community mobilization.

Despite the lower number of consistently engaged personnel, the operation provided substantial on-the-job learning and strengthened CIRCS's capacity to manage emergency response activities.

Lessons Learnt

- Operational learning required a follow-up action plan, named responsibilities and timelines to ensure that workshop recommendations translated into institutional improvements.
- Practical training linked to an active operation strengthened logistics, procurement, PMER/IM and operational management skills.
- Volunteer management and retention required clearer roles, rosters, communication, support and recognition.

Challenges

- CIRCS had a limited pool of active volunteers, which affected implementation and contributed to the lower number of personnel involved than originally targeted.
- As CIRCS had not implemented a DREF operation for several years, the response provided a valuable opportunity to strengthen staff capacity and institutional systems through targeted training, ongoing technical guidance, practical on-the-job experience with IFRC processes and compliance requirements, and the Lessons Learned Workshop
- Outer-island logistics and limited human resources increased workload on a small National Society team.



Financial Report



DREF Operation

Final Report (CHF)

Date from: 17 Feb 2026 to 30 Sep 2026

MDRCK003 - Cook Islands - Dengue Outbreak

Operating timeframe: *Start date: 17-Feb-2026 End date: 31-Jul-2026*

Appeal launch date: *23-Feb-2026*

I. Summary

	Actual (CHF)
Opening Balance	0
Funds & Other Income	161,039
DREF Response Pillar	161,039
DREF Anticipatory Pillar	
Expenditure	-140,056
Closing Balance	20,983

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			
PO02 - Livelihoods			
PO03 - Multi-purpose Cash			
PO04 - Health	85,183	62,163	23,020
PO05 - Water, Sanitation & Hygiene	8,721	6,775	1,946
PO06 - Protection, Gender and Inclusion			
PO07 - Education			
PO08 - Migration			
PO09 - Risk Reduction, Climate Adaptation and Recovery	9,829	10,490	-661
PO10 - Community Engagement and Accountability	7,126	3,430	3,696
PO11 - Environmental Sustainability			
Planned Operations Total	110,857	82,858	28,001
EA01 - Coordination and Partnerships			
EA02 - Secretariat Services	31,622	28,823	2,799
EA03 - National Society Strengthening	18,559	28,375	-9,816
Planned Operations Total	50,181	57,199	-7,017
Total	161,039	140,056	20,984

III. Expenditure by budget category & group

Prepared on 21-Oct-2026

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[Click here for the complete financial report](#)

Please explain variances (if any)

Of the approved DREF allocation, CHF 20,984 remained unspent and will be refunded to the DREF funds.

Operational Update #1 published 18 June 2026, adjusted the initial budget allocations to better reflect the planned activities cost. The final expenditure amounts align with OU Budget #1. Though the WBS lines were updated in ERP, PEAR was not run after the updates, so the revised budget lines were not reflected in the final financial report. As a result, the variances shown against individual budget lines do



not accurately reflect expenditure by budget output codes. The total expenditure and unspent balance are accurate.

The variances reported against individual budget lines are attributable to the budget development process, which utilized a limited number of account codes and project categories linked to item codes. Consequently, while actual expenditures were recorded using the correct account codes and project categories in the system, these did not always correspond with the original budget allocations, resulting in variances at the individual budget-line level.



Contact Information

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

National Society contact: Fine Tuitupou, Secretary General, SG@redcross.org.ck, +68251314

IFRC Appeal Manager: Finau Heuifanga Leveni, Head of Delegation, IFRC CCD Suva, finau.leveni@ifrc.org, +6799925240

IFRC Project Manager: Danette Whippy, Health Coordinator, Danette.whippy@ifrc.org, +679 9921911

IFRC focal point for the emergency: Maciu Nokelevu, DRM Manager, maciu.nokelevu@ifrc.org, +6799925248

[Click here for reference](#)

