LESSONS LEARNED WORKSHOP REPORT

Samoa Dengue Outbreak Response

DREF Operation MDRWS003

26–27February2026|Apia,Samoa

Samoa Red Cross Society | IFRC Pacific Country Cluster Delegation

1. Introduction and Executive Summary

The Lessons Learned Workshop (LLW) for the Samoa Dengue Outbreak Response was conducted to reflect on the implementation of the DREF operation (MDRWS003) and capture key lessons to strengthen future public health emergency responses. The operation supported 15,000 people through prevention, community engagement, health promotion, vector control, and targeted cash assistance, the first CVA intervention by SRCS since 2009, following DREF activation on 25 August 2025 with CHF 209,072 across Upolu and Savai'i.

Held in Apia from 26 to 27 February 2026, the LLW brought together Samoa Red Cross Society (SRCS) staff and volunteers, government partners, suppliers, IFRC staff, and Movement partners to review the full operation, identify strengths and challenges, and develop recommendations. Discussions covered CVA, health and blood donation, WASH, CEA, PGI, NS development, and finance, logistics, and secretariat services.

The workshop highlighted strong community engagement, effective volunteer mobilisation, and successful CVA delivery, while identifying gaps in internal communication, volunteer management, financial sustainability, and systems. It concluded with a roadmap to strengthen SRCS preparedness, coordination, and institutional capacity for future responses.

Last but not least, the workshop was co-facilitated by IFRC in collaboration with PMER representatives from Vanuatu Red Cross Society (VRCS) and New Zealand Red Cross (NZRC). This collaborative facilitation approach was intentionally designed as part of ongoing capacity strengthening efforts across the Pacific, promoting peer learning, regional exchange, and the development of PMER competencies within National Societies.

2. Methodology

2.1 Thematic Analysis

The workshop used a participatory learning approach to analyse the dengue outbreak response. Participants reviewed the full operational timeline and discussed their experiences across different sectors.

Discussions were structured around key thematic areas, including:

- Health response and blood donation campaigns,
- Water, Sanitation and Hygiene (WASH) interventions,
- Cash and Voucher Assistance (CVA),
- Community Engagement and Accountability (CEA),
- Protection, Gender and Inclusion (PGI),
- National Society development and Secretariat Services,
- Finance and Logistics.

2.2 Process of Analysis

The workshop followedfour mainsteps. First, participants reconstructed the dengue response timeline and identified key events, achievements, and challenges from April 2025 to February 2026. Second, sector groups used SWOT analysis to reflect on strengths, weaknesses, opportunities, and threats. Third, groups shared their findings in plenary for discussion and validation. Finally, on Day 2, participants used the River of Life methodology to turn lessons into a prioritised roadmap with recommendations, responsible units, and timelines.

(See Annex I for ConceptNoteandWorkshopAgenda.)

3. Participation of the Workshop

3.1 Facilitators

Theworkshopwasfacilitatedbyrepresentativesfrom:

- Vanuatu Red Cross Society (VRCS): Jennifer Nakou,
- New Zealand Red Cross (NZRC): Hamish Low,
- IFRC Asia Pacific Regional Office (APRO): Vanvisa Warachit.

3.2 Participants

Participants includedSRCS leadership and management, Disaster Management Team, Health teams, CEA Team, Finance, Logistics and volunteers involved in the dengue response across Upolu and Savai'i, Government ministries representatives from the MoH, Ministry of Women, Community and Social Development (MWCSD) including members from church groups, Blue Bird Lumber and Hardware from the private sector and the IFRC CCD Pacific technical support staff. Their active participation ensured that discussions reflected operational realities and direct field experience across all sectors.

4. Contents

4.1 Key Events

The2025Samoa dengue outbreak was declared by the Ministry of Health (MoH) in April 2025, with case counts escalating rapidly through the middle of the year. The Samoa Red Cross Society (SRCS), in coordination with MoH, NDMO, IFRC, and partner National Societies, mounted a multi-sector response spanning six months. The DREF operation (MDRWS003) was formally activated on 25 August 2025, with a total allocation of CHF 209,072, targeting 15,000 people across Upolu and Savai'i.

Key sectors of the response included: community health promotion (blood drives, health screening, mosquito net distribution), WASH (clean-up campaigns, hygiene kits, jerry can distribution), Multi-Purpose Cash Assistance (CVA: the first since 2009), Community Engagement and Accountability (CEA), Protection, Gender and Inclusion (PGI), volunteer mobilisation, and logistics and secretariat services.
The timeline below captures the key milestones and activities from the outbreak declaration through to the operation's closure in February 2026, as reconstructed by workshop participants during the Timeline Activity on Day 1 of the LLW.

4.2 Timeline

Thefollowing operational timeline was collectively reconstructed by participants during the Timeline Activity on Day 1 of the Lessons Learned Workshop (26 February 2026). As a participatory exercise, it reflects the collective memory and perspectives of participants and is intended to facilitate learning rather than provide a precise chronological record of events. While the DREF operation officially commenced in August 2025, activities included prior to this date reflect actions undertaken by participants before the DREF start, supported through other funding sources.

Period	Key Milestones & Activities	Remarks / Achievements
April – May 2025	• Dengue fever outbreak declared by Ministry of Health (MoH). • Epidemic surveillance and case monitoring initiated. • SRCS begins preliminary assessments and coordination with MoH/NDMO.	Outbreak officially declared; SRCS begins monitoring. Dengue activity building across Upolu and Savai'i.
June 2025	• Community village assessments conducted (including Tanugamanono and several others in the town area). • Volunteer allocation, Code of Conduct orientation, and refresher training. • Initial health activities: health screening, blood pressure, glucose, weight checks. • Y-Adapt consultations and training initiated (Savai'i youth). • IFRC support engagement begins.	Operational ground work established. Volunteer mobilisation & community assessments commence. IFRC provides initial technical support.
July 2025	• Dengue cases rising; SRCS expands community outreach, blood drives, household assessments • Volunteer deployment across Upolu and Savai'i • Health screening, First Aid training and FA services. • Y-Adapt youth training in village-church communities (Iva, Lalomalava and Samalae'ulu) • 14 August: IFRC DREF trigger confirmed. • 18 August: First DREF tranche (25%) released to SRCS. • 25 August: Dengue Fever DREF Operation officially begins (MDRWS003, CHF 209,072)	Peak period of community-level activity. Surge in volunteer deployment. DREF groundwork laid. MoH operation formally activated 25 July.
September 2025	• Continued blood drives, health screening, and community awareness. • First Aid training and community programme delivery. • CVA verification process initiated. • Jerry cans and mosquito nets distribution to patients/families. • 26 September: IFRC CVA Surge deployed. • IFRC CEA Surge deployed. • PDM distribution and Kobo form development (with ARC support).	Operational scale-up. CVA preparation and surge deployments accelerate response. Community-level distribution commences.

Period	Key Milestones & Activities	Remarks / Achievements
October 2025	• Continued blood drives and community clean-up campaigns. • CVA verification process ongoing. • FLE training, FA services, and PLM attendance. • Logistics training & warehouse management. • 21 October: Second DREF tranche released. • CVA due diligence process completed; Geneva approval received. • Coordination meetings with MoH, NEOC, IFRC, SRCS Board.	CVA due diligence milestone achieved. Second funding tranche received. Strong inter-agency coordination.
November 2025	• CVA distribution conducted 26 to 28 November (partnership with BSP). • CVA verification and distribution monitoring continues. • Blood drives and household assessments. • CEA communications development. • IFRC Finance Support visit (2 to 8 November): compliance check and acquittals support.	First CVA distributions delivered. Finance compliance processes supported by IFRC. Operational momentum sustained.
December 2025	• CVA distribution completed: 12 to17 December (Upolu); Savai'i trip for CVA distribution. • CVA acquittals, PDM and Kobo translation. • Health screenings, blood drives, hygiene promotion awareness activities. • FA training and data/certificate management. • Xmas period: reduced activity; continuity maintained.	CVA distribution cycle largely completed. Savai'i distribution conducted. Post-distribution monitoring initiated.
January 2026	• CVA PDM – face-to-face follow-up calls; Kobo training. • CVA extension to Savai'i island (January trip). • Health screenings, blood drives. • IFRC Finance Support visit (Pravinesh Chand, 26 to 31 January): compliance check and acquittals support.	Final programme activities and compliance processes. PDM data collection concludes. IFRC finance visit ensures acquittal readiness.
February 2026	• IFRC Finance Support (Pravinesh Chand): compliance and NFI finalisation. • Health screenings, blood drives, FA training • Lessons Learned Workshop (LLW) held 26 to 27 February 2026, Apia • Operation end: February 2026.	Operation formally closes. Lessons Learned Workshop successfully conducted. Final documentation and acquittals in progress.

Table 1: Operational Timeline — Key Milestones and Activities (MDRWS003, April 2025–February 2026)

The timeline activity revealed a response that unfolded in several distinct phases. An initial preparedness and assessment phase (April to July 2025) was characterised by volunteer mobilisation, community assessments, and health promotion activities, with SRCS operating in coordination with MoH before DREF funding was secured.

The formal operational phase launched with the DREF trigger on 14 August 2025 and the first funding tranche on 18 August. This unlocked a significant scale-up across all sectors, including the first Multi-

Purpose Cash distribution in Samoa since 2009, surge deployments from IFRC (CVA and CEA), and a comprehensive community health and WASH programme across both main islands.

A delivery and monitoring phase (September to December 2025) saw CVA distributions completed across Upolu and Savai'i, accompanied by Post-Distribution Monitoring, ongoing blood drives, community clean-up campaigns, and continued volunteer support. IFRC finance support visits in November 2025 and January 2026 strengthened compliance and acquittals processes.
The operation closed in February 2026 with the Lessons Learned Workshop.

(See Annex II for the full detailed key event and timeline as documented by workshop participants.)

4.3 Highlights and Lowlights

This section presents the main successes and challenges identified during the LLW. The highlights describe key achievements, new approaches, and enabling factors that contributed to the effectiveness of the 2025 Dengue operation. The lowlights point to the difficulties and obstacles faced, providing lessons on what could be improved. Together, these points give a clear picture of how the operation performed and help guide future planning.

Highlights

Success Factor	Description
Volunteer Engagement	The operation benefited from strong engagement and commitment from volunteers who supported activities and outreach in communities. Their presence within communities strengthened the delivery of the operation and helped ensure that accurate information and preventive measures reached vulnerable populations in a timely manner.
Partnership and Coordination	Strong collaboration with partners, including government ministries, IFRC, Partnership National Societies (PNSs), and local stakeholders, supported coordination and resource mobilisation. These partnerships facilitated better coordination of activities, improved information sharing, and supported the mobilisation of resources, enabling the response to reach more communities.
Capacity and Training	The availability of trained staff and volunteers contributed significantly to effective implementation. Through prior training and capacity-building initiatives, staff and volunteers were well prepared to support community awareness, health promotion, and household outreach, while coordinating effectively with MoH and IFRC.
Community Engagement	Engagement awareness activities and participatory approaches implemented by SRCS helped build trust and strengthen communication with communities. Through household visits, community discussions, and health awareness sessions, volunteers shared key dengue prevention messages and encouraged community members to take preventive action.
First CVA Intervention Since 2009	The successful delivery of Multi-Purpose Cash Assistance marked a significant milestone for SRCS, the first CVA implementation in Samoa since 2009. Working in partnership with Bank of the South Pacific (BSP), the

Success Factor	Description
	team achieved targeting objectives, integrated PGI/CEA considerations, and successfully completed post-distribution monitoring.

Table 2: Operational Highlights and Key Success Factors

Lowlights

Challenge Area	Description
Funding and Financial Sustainability	Limited and inconsistent funding affected the ability to sustain some activities and expand programmes. Strengthening resource mobilisation and developing more sustainable funding streams will be important for future operations.
Coordination and Internal Communication	Communication gaps between leadership, staff, and volunteers sometimes affected coordination during operations. Improving internal communication systems and clearer roles and responsibilities would support more effective teamwork across SRCS.
Volunteer Retention and Support	While volunteers played a key role in the response, maintaining consistent volunteer engagement and retention over a six-month operation remains a challenge. Providing regular training, recognition, adequate allowances, and operational support would help strengthen volunteer commitment and participation.
Capacity and Training Gaps	Some staff and volunteers required additional training to improve preparedness and operational effectiveness. Expanding training opportunities and strengthening capacity development, particularly at the start of operations, will enhance future responses.
Systems and Data Management	Challenges with data verification, reporting, and operational systems affected the efficiency of some activities. Improving systems for monitoring, reporting, and information management would strengthen accountability and operational planning.
Resource and Equipment Limitations	Limited equipment, logistics, and operational resources, including insufficient PPE for volunteers in clean-up activities, affected the speed and coverage of some activities. Strengthening logistics planning and pre-positioning of supplies will help improve future response capacity.
Safeguarding and Code of Conduct Gaps	The Code of Conduct was not consistently signed before deployment, representing a safeguarding gap. Community feedback mechanisms were established in design but were not reliably activated and maintained throughout the operation.

Table 3: Operational Challenges and Areas for Improvement

4.4 What Went Well, What Did Not Go Well, and Lessons Learned by Sector

During the Lessons Learned Workshop, participants used a SWOT analysis (Strengths, Weaknesses, Opportunities, and Threats) approach to reflect on the Samoa Dengue DREF response. Each sector group

identified what went well, what did not go well, and key lessons learned. The summary below consolidates those discussions into an overview of sector-specific insights that will inform the ongoing preparedness and resilience roadmaps.

National Society Development (NSD)

Progress was made in delivering core mandates through volunteer training and outreach, including successful CVA implementation. However, gaps in finance and logistics management, HR capacity, internal communication, and compliance with SOPs affected performance. Lessons highlight the need to strengthen systems, logistics readiness, and volunteer investment, as well as simplify messaging for vulnerable groups.

Finance and Logistics

Strong funding and technical support enabled rapid mobilisation. However, inconsistent procurement practices, unclear roles, and limited training affected compliance and coordination. Future actions should focus on early training, strict adherence to procedures, and improved documentation and internal controls.

Cash and Voucher Assistance (CVA)

CVA implementation demonstrated strong targeting, coordination, and partnerships, marking a major milestone for SRCS. Challenges included communication gaps, data verification issues, and coordination with partners, alongside risks related to misinformation and protection concerns. Strengthening data systems, communication, and partnerships will be critical moving forward.

Health

Health activities benefited from strong volunteer engagement, awareness campaigns, and partnerships with health authorities. However, limited manpower, weak data systems, and logistical constraints affected follow-up. Improved coordination with MoH, stronger data systems, and sustained community engagement are key priorities.

WASH

WASH interventions were supported by trained teams, strong systems, and government recognition. Challenges included delayed data sharing, funding constraints, and gaps in baseline information. Future improvements should focus on data management, pre-established partnerships, quality assurance, and avoiding duplication.

PGI and CEA

PGI/CEA efforts were grounded in strong policies and community relationships, with effective integration into activities. However, gaps in training coverage, incomplete Code of Conduct compliance, and weak feedback mechanisms affected consistency and trust. Strengthening training, feedback systems, and safeguarding compliance is essential.

(See Annex III for full details of the SWOT Analysis and sector findings on What Went Well, What Didn't Go Well, and Lessons Learned.)

5. Roadmap Analysis for Each Sector

Day 2 of the Lessons Learned Workshop (27 February 2026) focused on action and forward planning. Building on the reflections and SWOT analysis outputs from Day 1, participants worked in sector-based groups to translate their experiences into a prioritised Roadmap using the River of Life methodology. Groups mapped their sector's operational journey, identifying calm waters (what flowed well), rapids (challenges and bottlenecks), and turning points (key decisions), and then charted the River Ahead with concrete recommendations, priorities, responsible units, and timeframes.

This section presents the consolidated roadmap outputs across four thematic areas: NSD and Secretariat Services, Health, WASH, and PGI/CEA including Volunteer Management.

5.1 Lessons Learned from the 2025 Dengue Operation and Priorities Moving Forward

Thisistosummarisethe keylessons distilled acrosssectors, andthe forward-lookingprioritiesthat participants agreed should guide SRCS planning for future public health emergencies.

The Samoa Dengue response highlighted important lessons across operational, technical, and organisational areas. Overall, the operation demonstrated strong community engagement and delivery capacity, while also revealing systemic gaps in coordination, communication, compliance, and data management that require strengthening.

Across the National Society, the operation showed that while core mandates were effectively delivered through trained volunteers and outreach activities, internal systems remain inconsistent. Gaps in human resource capacity, particularly in finance and logistics, weak internal communication between teams, and inconsistent adherence to SOPs affected operational efficiency. The response underscored the need for stronger organisational systems, including HR management, compliance, and institutional accountability.

In **finance and logistics**, the availability of DREF funding and technical support enabled rapid mobilisation and implementation. However, weaknesses in procurement processes, unclear roles and responsibilities, insufficient early training on procedures, and gaps in documentation affected compliance and coordination. Feedback from SRCS staff also indicated that IFRC financial procedures are perceived as complex, requiring extensive supporting documentation, and that there is limited clarity on whether these procedures apply only during emergency operations or also in non-emergency (peacetime) contexts. This created additional challenges for staff in navigating compliance requirements during implementation. These findings highlight the importance of strengthening internal controls, improving communication, simplifying and clarifying procedures where possible, and ensuring all staff clearly understand financial processes and expectations from the outset of operations.

On **Working with the IFRC Secretary,** it was noted the need for clearer communication on DREF funding flows and allocations, including how funds are structured and shared between IFRC and the National Society. While these arrangements follow established Movement mechanisms, greater transparency and explanation at the operational level would support shared understanding and smoother implementation. This highlights the importance of strengthening communication, clarifying procedures, and ensuring that all staff clearly understand financial processes and expectations from the outset of operations.

The **CVA intervention**, as the first in Samoa since 2009, was a major achievement and demonstrated SRCS's ability to deliver targeted assistance through strong partnerships and internal coordination. At the same time, the operation exposed risks related to data verification, internal communication, and coordination with service providers. Challenges such as misinformation, potential duplication, and

protection risks at household level emphasised the need for stronger data systems, clearer communication protocols, and reinforced PGI integration.

In the **health sector**, strong volunteer engagement, community awareness, and partnerships with the Ministry of Health supported effective outreach and prevention activities. However, the response revealed gaps in data and record keeping, limited manpower and equipment, and reliance on informal coordination mechanisms. The operation highlighted the importance of systematic data management, sustained community health promotion, and more structured coordination with health authorities.

For **WASH**, trained personnel, operational systems, and government recognition enabled effective implementation of water, hygiene, and clean-up activities. However, slow and unstandardised procurement processes, limited baseline data, delayed information sharing, and insufficient PPE for volunteers affected efficiency and safety. The response emphasised the need for better data systems, stronger procurement processes, and improved preparedness through pre-positioning and planning.

In **PGI and CEA**, the operation benefited from existing safeguarding policies, culturally appropriate approaches and strong engagement with community leaders and relevant ministries. However, gaps in training coverage, inconsistent Code of Conduct compliance, and weak feedback mechanisms reduced consistency and, in some cases, community trust. These challenges were further highlighted during the CVA intervention, where protection risks at household level-linked to data verification gaps, misinformation, and potential duplication, underscored the importance of stronger safeguarding integration within programme delivery.

The experience reinforced the need for fully operational and accessible feedback systems, consistent application of safeguarding and Code of Conduct standards, and clearer communication protocols to minimise risks and ensure safe, inclusive, and accountable assistance across all sectors.

Regarding **NSD**, the dengue response highlighted a transition period within SRCS, where the National Society had not received significant IFRC emergency funding since the COVID-19 response in 2022. During this time, there were changes in staff and internal procedures, and as a result, some teams were not fully familiar with updated DREF, logistics, and financial processes at the start of the operation. This contributed to challenges in timely documentation, compliance with procedures, and overall workflow efficiency. In some instances, additional support and guidance from IFRC were required to ensure alignment with operational and reporting requirements. This experience underscores the importance of continuous capacity strengthening, regular orientation on updated procedures, and institutional knowledge management to ensure readiness and smooth implementation in future emergency responses.

In addition, the operation highlighted the need to strengthen resource mobilisation capacity and reduce reliance on project-based funding. Limited internal income generation creates organisational vulnerability when external funding is delayed or unavailable. Participants identified practical opportunities to diversify income streams, including car wash services, First Aid training provision, conference room rentals, and renting out unused office space. These approaches can serve as initial steps toward improving financial sustainability and organisational resilience.

Finally, **volunteer management** emerged as both a strength and a challenge. Volunteers were central to the success of the response, enabling community outreach and service delivery across both islands. However, sustaining engagement over a six-month operation exposed gaps in coordination, planning, and support systems, including allowances and travel arrangements. This highlighted the need for more structured volunteer management systems and better operational planning.

(See Annex IV (a) for detailed sectoral lessons and forward actions from the 2025 Dengue Fever Operation.)

5.3 Roadmap Analysis for Each Sector

Thefollowingtablecapturesthekeydirectional shiftforeach sector, moving from how things operated during the 2025 dengue response, toward how they should operate in future preparedness and response contexts.

Sector	From 2025 Dengue Operation → Key Shift for Future Preparedness
NSD / Secretariat	From: Ad hoc HR and compliance - To: Systematic performance management and policy compliance across all departments. From: Project-dependent funding - To: Diversified income streams through resource mobilisation activities. From: Informal governance - To: Transparent, accountable governance with Board-approved policies and monthly reporting.
Health	From: Reactive health coordination with MoH during outbreaks — To: Formal, year-round coordination and joint planning. From: Episodic health promotion — To: Sustained community health awareness as a core SRCS service. From: Manual/informal record keeping — To: Systematic health data management.
WASH	From: Slow, reactive procurement — To: Pre-positioned WASH supplies with community-informed selection (e.g. buckets preferred over jerry cans). From: Volunteer clean-up without adequate PPE — To: PPE provision budgeted and pre-positioned as standard. From: Procurement driven by availability — To: Procurement guided by PGI considerations and supplier SOPs.
PGI / CEA	From: CoC signed inconsistently — To: Mandatory CoC signing before every deployment as a non-negotiable standard. From: Feedback mechanism activated partially — To: Functional, sustained two-way community feedback as a baseline requirement. From: Safeguarding policies not universally understood — To: Regular awareness, updated policies, and Board-endorsed safeguarding framework.
Volunteer Management	From: Responsive volunteer deployment without structured coordination — To: Pre-planned volunteer roster and coordination framework covering both islands. From: Allowances and travel support managed ad hoc — To: Volunteer support costs budgeted in all future DREF operations.

Table 6: Roadman Analysis – Key Shifts by Sector

5.4 Detailed Roadmap Recommendations by Sector

The roadmap developed during the LLW outlines priority actions across four key sectors, NSD and Secretariat Services, Health, WASH, and PGI/CEA, to strengthen SRCS preparedness and operational capacity.

Across **NSD and Secretariat Services**, the focus is on strengthening organisational systems, including improving HR management, enforcing SOP compliance, enhancing financial accountability, and developing resource mobilisation strategies to reduce dependency on external funding. Strengthening safeguarding systems, volunteer management, and internal communication were also identified as key

priorities. In particular, the roadmap emphasises the need to improve clarity and communication on financial procedures and funding flows, including how DREF resources are structured and managed. Strengthening orientation and induction processes at the start of operations, along with ongoing communication between IFRC and SRCS, will support better understanding of procedures, ensure timely compliance, and enable smoother coordination during implementation.

In the **Health sector**, priorities include formalising coordination with the Ministry of Health, strengthening community health promotion as an ongoing activity, improving public awareness, and establishing stronger record-keeping systems. Continued investment in First Aid services and regular training for staff, volunteers, and communities is also essential.

For **WASH**, key actions focus on improving procurement systems and legislation, strengthening organisational structures, and enhancing data availability for planning and response. Capacity building for staff and volunteers, improved stakeholder coordination, and the reactivation of feedback mechanisms are also important areas for development.

In **PGI and CEA**, the emphasis is on strengthening safeguarding systems, including mandatory Code of Conduct compliance, improved recruitment processes, and regular policy review. Ensuring continuous community engagement and maintaining functional feedback mechanisms are critical to building trust and accountability in both emergency and non-emergency contexts.

Overall, the roadmap highlights the need for stronger systems, clearer procedures, sustained capacity building, and improved coordination across all sectors to ensure more effective and accountable future emergency responses.

5.5 Consolidated Action Points — All Sectors

The following table presents the consolidated list of action points agreed across all sector groups during the plenary consolidation session on Day 2. Actions are organised by priority level. Participants endorsed this list as the formal output of the workshop, to be tracked by SRCS and IFRC CCD Pacific following the LLW.

Recommendation	Priority	Responsible Unit	Timeframe	Best Practice to Carry Forward
Cross-Cutting — Immediate Actions (Before Next Outbreak / By June 2026)				
Activate SRCS Health and Safety Committee and formalise MoH coordination meetings	HIGH	SRCS / Health	ASAP	MoH joint coordination as standard practice
Ensure all Staff and Volunteers sign Code of Conduct before any deployment	HIGH	PGI/CEA / SG	End March 2026	Mandatory CoC signing before every operation
Re-activate Community Feedback Mechanism (PGI/CEA)	HIGH	CEA Lead / SG	15 March 2026	Sustained two-way communication
Improve HR Management System — appraisals, PPE, staff development	HIGH	All Depts / SG	Q2 – June 2026	Follow existing policies; draft updates through Board

Recommendation	Priority	Responsible Unit	Timeframe	Best Practice to Carry Forward
Strengthen Compliance to Finance, Logistics and HR Procedures	HIGH	Finance / Logistics / HR	6 months	Strict implementation for all staff and leadership
Improve WASH Procurement and Legislation processes	HIGH	NLAS / Health / Disaster	May 2026	PGI-sensitive procurement planning
Improve Volunteer Recruitment, Management and Coordination framework	HIGH	Volunteer Coordinator	Q2 – June 2026	Structured coordination framework
Cross-Cutting — Medium-Term Actions (6–12 months)				
Improve Resource Mobilisation — develop income-generating activities (car wash, FA services, office rental)	MEDIUM	Admin / Finance Unit	Q4 – Dec 2026	Corporate membership and fundraising strategy
Conduct regular Health Promotion Awareness with MoH — community outreach	MEDIUM	SRCS Health Unit / MoH	Ongoing	Regular public health department meetings
Strengthen WASH Capacity Building — recurring training for staff and volunteers	MEDIUM	WASH Unit / HR	Ongoing	Training embedded in annual plans
IFRC to take whole NS Staff through Project orientation at start of each operation	MEDIUM	IFRC Project Manager / SG	Beginning of each project	Project orientation as standard onboarding
Cross-Cutting — Longer-Term Actions (12+ months)				
Introduce Organisational Reform — Transparency and Accountability Review	LOW	SRCS Board	1 year	Annual performance appraisal and monthly reporting cycle
Improve Stakeholder and Supplier Relationships (WASH/Logistics — incl. COSACA network)	LOW	WASH Unit / Logistics	Ongoing	Peer learning and relationship management

Table 7: Consolidated Action Points — Priority-Ordered Roadmap (All Sectors)

(See Annex IV(b) for the full illustrated Roadmap outputs and notes produced by each sector group during the workshop.)

6. Conclusion

The Lessons Learned Workshop for the Samoa Dengue Outbreak Response (DREF MDRWS003) provided a structured and participatory opportunity for SRCS and IFRC CCD Pacific to collectively reflect on one of Samoa's most complex recent emergency responses, a six-month multi-sector operation that included the first Multi-Purpose Cash Assistance delivered in Samoa since 2009.

The workshop demonstrated the strength and commitment of SRCS staff and volunteers, who engaged actively across two full days of reflection, analysis, and forward planning. The depth of the discussions, covering sectors from Health and WASH to CVA, PGI/CEA, Finance, Logistics, and National Society Development, reflects the breadth of the operation and the genuine commitment of participants to learn and improve.

The key findings reinforce several cross-cutting themes: the critical role of volunteer engagement and retention; the need to formalise coordination arrangements with the Ministry of Health; the importance of sustaining compliance with established procedures; and the need to invest in organisational systems, particularly HR, data management, and safeguarding, outside of emergency periods, not only during them.

The CVA intervention stands out as a landmark achievement. Delivering targeted cash assistance to vulnerable families through a partnership with Bank of the South Pacific, and completing robust post-distribution monitoring, marks a significant step forward in SRCS's operational capacity. The lessons from this first implementation will directly inform future CVA programming.

The Roadmap developed during Day 2 of the LLW provides a concrete and prioritised set of actions for SRCS and IFRC CCD Pacific to implement in the months ahead. The HIGH priority actions — many of which are due by end of March or June 2026 — provide an immediate accountability framework. IFRC CCD Pacific commits to supporting SRCS in tracking and implementing the agreed actions as part of ongoing partnership and capacity development.

The Samoa Red Cross Society, its staff, volunteers, and partners are commended for their dedication during what was a demanding and prolonged response, and for the spirit of openness and learning that characterised this workshop.

List of Annexes

Annex I — Concept Note and Workshop Agenda

Annex II — Detailed Key Events and Timeline

Annex III — SWOT Analysis and Sectoral Findings

Annex IV (a) — Detailed Sectoral Lessons and Forward Actions from the 2025 Dengue Fever Operation

Annex IV (b) — Full illustrated Roadmap outputs produced by each sector group during the workshop.)