

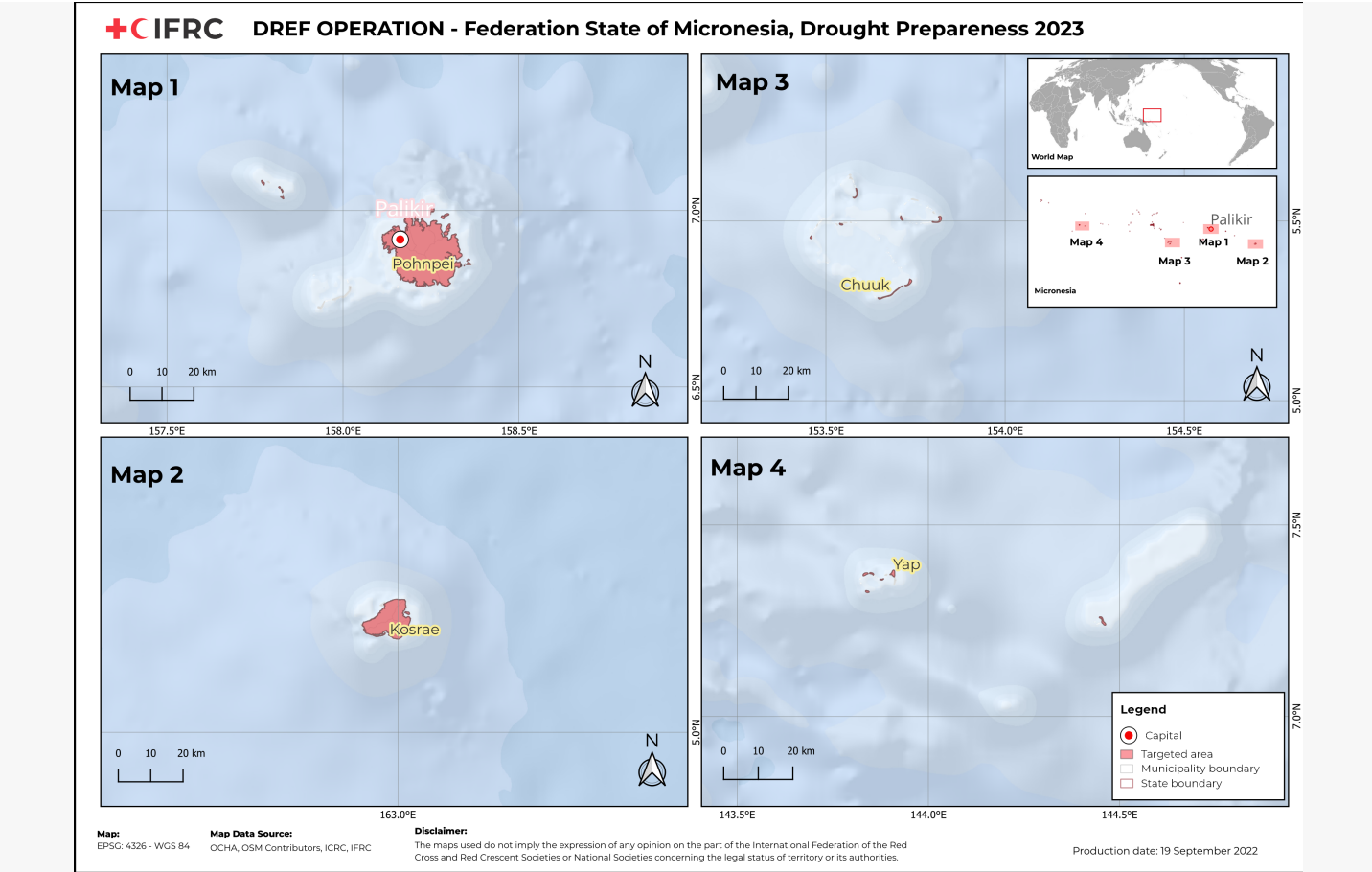


Community members receiving their cheques at a MPC site in Yap. (Photo:MRCS)

Appeal: MDRFM002	Total DREF Allocation: CHF 345,309	Crisis Category: Orange	Hazard: Drought
Glide Number: DR-2023-000130-FSM	People Affected: 113,401 people	People Targeted: 6,619 people	People Assisted: 3,672 people
Event Onset: Slow	Operation Start Date: 21-09-2023	Operational End Date: 30-09-2024	Total Operating Timeframe: 12 months
Targeted Regions: Chuuk, Kosrae, Pohnpei, Yap			

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

Description of the Event



Map of targeted areas of response (Source: IFRC IM)

Date when the trigger was met

12-03-2024

What happened, where and when?

From September 2023 to September 2024, the Federated States of Micronesia (FSM) experienced a prolonged and severe drought, triggered by El Niño. El Niño events historically disrupt rainfall patterns across the Pacific, and this event was no exception. Beginning in October 2023, rainfall across FSM began to decline sharply, and by January to April 2024, western FSM was experiencing 50 to 60 per cent below-average precipitation, with severe deficits continuing through mid-2024.

This climate shock disproportionately impacted FSM's low-lying atolls and outer islands, where communities rely almost entirely on rain catchments, shallow wells, and surface water for drinking and domestic use. Water scarcity quickly escalated into a multi-dimensional crisis, threatening sanitation, health, food security, and livelihoods. By March 2024, the FSM President declared a national State of Emergency, and a National Emergency Task Force was mobilized to coordinate government and partner response. Financial resources (USD 1.29 million) were released, and exemptions were granted for emergency imports and transport.

The worst-affected states were Yap, Pohnpei, Chuuk, and Kosrae, home to a combined population of over 113,000 people. According to sectoral assessments, an estimated 22,700 people (approximately 20 per cent of the national population) faced acute water shortages. In parallel, saltwater intrusion was reported in several areas, contaminating groundwater and further reducing potable water availability.

The humanitarian consequences were further compounded by agricultural losses, with thousands of households facing food insecurity due to failed crops, especially taro. UNICEF estimated 16,000 individuals, including a significant proportion of children, were severely affected by reduced food availability.

The drought's severity on Yap Island was classified as "extreme" by the U.S. Drought Monitor in early 2024, reflecting worsening conditions also seen in neighboring territories including the Marshall Islands, Guam, and Palau.



Throughout this period, MRCS mobilized immediate assistance with support from IFRC through the DREF mechanism, providing multipurpose cash assistance, chlorine tablets, rainwater harvesting systems, IEC materials, and hygiene kits to over 200 households and numerous communities across all four affected states.

By mid-2024, rainfall began to show signs of seasonal normalization in some areas, yet the recovery process remained slow and uneven. Many water catchment systems, sanitation infrastructure, and agricultural fields required long-term rehabilitation. According to NOAA and the U.S. Drought Monitor, 77.9 per cent of the Pacific basin was still under moderate to extreme drought conditions as of September 2024, with FSM included in this category.

The DREF operation addressed immediate life-saving needs while also laying the groundwork for longer-term resilience. Communities developed drought preparedness and response plans, and MRCS built institutional capacity in cash assistance, volunteer mobilization, WASH, and health promotion.

Looking ahead, FSM remains vulnerable to recurring climate shocks. As recovery continues, the emphasis will shift toward rehabilitation of water systems, food security recovery, and strengthening of community-based early warning and preparedness systems. MRCS will continue to coordinate with national and regional partners to sustain recovery and enhance resilience ahead of future El Niño cycles.



Installation of Water tank for rainwater harvesting. (Photo: MRCS)



Health awareness at a school in Micronesia. (Photo: MRCS)

Scope and Scale

The 2023-to-2024 El Niño-induced drought in the Federated States of Micronesia (FSM) was a prolonged, slow-onset disaster that had severe humanitarian and environmental consequences across the country. The drought affected all four states—Yap, Kosrae, Pohnpei, and Chuuk—placing an estimated 22,700 people, or approximately 20 per cent of the national population, under direct threat from water scarcity and related secondary impacts.

Communities residing in the Outer Islands were disproportionately affected due to their high dependence on rainwater catchment systems and shallow wells as primary sources of drinking water. These communities experienced acute water shortages as rainfall across western FSM fell to 50–60 per cent below average between January and April 2024. The prolonged absence of rainfall led to widespread depletion of rain catchment and river systems, severely disrupting access to safe water and compromising public health and hygiene conditions.

The impact was particularly devastating for children, who made up an estimated 40 per cent of the 16,000 individuals reported by UNICEF to be facing severe food insecurity due to drought-induced crop failure. Taro patches, a vital staple and food security crop, were heavily damaged or completely dried out in many areas, significantly affecting local nutrition and traditional livelihoods. Other vulnerable groups

included the elderly, persons with disabilities, pregnant and lactating women, and subsistence farming households—many of whom lacked alternative means of accessing clean water or supplemental food.

Coastal municipalities also reported saltwater intrusion, which contaminated freshwater sources and further aggravated the water crisis. In January 2024, a coastal flooding incident caused additional damage to crop and infrastructure, compounding the effects of the drought. These environmental stressors resulted in an increased risk of malnutrition, diarrhoeal diseases, and broader disruptions to community well-being.

The severity of the drought was confirmed by multiple sources, including the U.S. Drought Monitor, the National Oceanic and Atmospheric Administration (NOAA), and the Weather Forecast Office in Guam, all of which reported persistent dry conditions across FSM. According to the Global Tropics Hazard Outlook, a high probability of below-average rainfall (more than 50 to 65 per cent) was forecast through early April 2024, with dry conditions continuing through mid-year. As of September 2024, 77.9 per cent of the Pacific basin, including FSM, remained under moderate to extreme drought classification, indicating a sustained regional crisis.

Historically, FSM has experienced similar droughts linked to El Niño events—such as those in 1997 to 1998 and 2015 to 2016, which caused widespread food insecurity, water shortages, and disruptions to health and education services. However, the 2023-to-2024 event was notable for its duration, geographic spread, and compounding effects from other hazards such as flooding and saltwater intrusion. These factors significantly challenged national and community-level coping capacities, especially in remote islands with limited access to infrastructure, markets, and emergency services.

The scale of the impact required a nationally coordinated response, and in March 2024, the President of FSM declared a State of Emergency. A National Emergency Task Force was established, and national and international partners—including the Micronesia Red Cross Society (MRCS) and IOM—mobilized to deliver urgent assistance, such as potable water and solar-powered desalination units.

Overall, the drought in FSM during this period presented a complex, multisectoral emergency, affecting water, food, health, and livelihoods simultaneously. The experience highlights the acute vulnerability of Pacific Island nations to climate-related hazards and reinforces the importance of early warning, preparedness, and long-term investment in climate-resilient infrastructure and community-based risk reduction.

Source Information

Source Name	Source Link
1. Forecast Office Guam	https://www.weather.gov/media/gum/DGT/DGT_GUM_01052024.pdf
2. UNICEF	https://www.unicef.org/media/154061/file/FSM-and-RMI-Humanitarian-SitRep-No.1-(Drought)-March-2024.pdf
3. Government of the Federated States of Micronesia	https://gov.fm/index.php/component/content/article/35-pio-articles/news-and-updates/784-presidential-emergency-declaration-no-2024-001?Itemid=177

IFRC Network Actions Related To The Current Event

Secretariat	IFRC North Pacific sub-delegation closely monitored the El Nino event and its impact on the North Pacific countries in coordination with the National Societies. Likewise, the IFRC Country Cluster Delegation for the Pacific (CCD Suva) with its technical lead assisted the drought monitoring and response as necessary. Similarly, IFRC supported the development of the imminent DREF application and played a key role in the international procurement of materials for prepositioning. IFRC also facilitated surge support on WASH and PMER, in addition to contributing to the development of the related updates and final report.
Participating National Societies	There is no presence of any Participating National Society in the country



ICRC Actions Related To The Current Event

ICRC did not have a presence in the North Pacific.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	The Government, in collaboration with partners like Micronesia RCS and UN agencies, actively monitored the progression of the drought. As per the emergency declaration, an allocation of US\$1,288,824 was designated for the Disaster Relief Fund. The State Government of Pohnpei issued an emergency alert regarding water scarcity, and the Meteorological Office provided regular updates on the situation. Government authorities coordinated with all humanitarian organizations to consolidate their action plans into a single document. This document provided guidance on the developed template aimed at effectively mitigating the drought situation in the state.
UN or other actors	MRCS was a part of a coordination platform between MRCS/IFRC and UN agencies, Embassies, USAID, IOM, FAO, and other significant stakeholders in the country. MRCS attended the Drought Response Coordination Meeting organized by Joint Risk Management Network (JRMN) on 19 January 2024 and was active in coordinating collective actions in the following months. In March 2024, UNICEF supported the distribution of WASH and Dignity kits and raised community awareness concerning droughts, including water conservation, sanitation practices, and correct use of WASH supplies. Close to 350 WASH and dignity kits were distributed in Pohnpei's outer islands of Pingelap, Mwokilloa, and Sapwuahfik, with another 264 kits distributed in Chuuk outer islands.
Are there major coordination mechanism in place?	
Coordination mechanisms were established within the disaster management framework by the FSM and state government. Furthermore, the Joint Risk Management Network, representing UN agencies, international organizations, donor agencies, and the Red Cross, functions as a significant coordination platform.	

Needs (Gaps) Identified

Livelihoods And Basic Needs

While a deeper understanding of the impact of drought on people's livelihoods was necessary, MRCS had gained some insights into how the drought affects farming activities in Micronesia. The primary food crops in Micronesia, including breadfruit, banana, and taro, serve as staple foods for Micronesians. According to the National Oceanic and Atmospheric Administration (NOAA), farming and crops are typically damaged during the El Nino year's dry season El Nino, impacting on the Eastern FSM ([weather.gov](https://www.weather.gov)).

In Pohnpei, the Pakin community reported that the drought had impacted local food production due to water shortages, leading to competition between water for consumption and water for agricultural purposes. Additionally, the Pakin community highlighted risks to their livestock due to the inability to provide sufficient water. Similar challenges were reported by the community in Roihe.

Based on these initial findings, MRCS anticipated that vulnerable households would face difficulties accessing food and basic necessities, as well as experiencing reduced agricultural production. This underscored the urgent need for support and intervention to mitigate the impacts of the drought on affected communities. Towards this end, MPCA was proposed to address the diverse multisectoral needs of the communities and families.





Health

In the past, droughts have often been followed by outbreaks of food and water-borne, vector-borne, and skin diseases. It was crucial for communities to be aware of the causes and preventive measures of such diseases. Such knowledge was usually limited to the communities. Once communities are aware, the risk of these diseases can be minimized, and outbreaks controlled.

Considering the accessibility of communities to healthcare facilities was also paramount. Even during normal circumstances, many communities face challenges in accessing healthcare due to logistical barriers, such as proximity to health care facilities and transportation availability. In such situations, community awareness and preventive measures play a crucial role in reducing suffering and potentially saving lives.

On logistical barriers, it was important to acknowledge that remote and isolated communities encounter significant challenges in accessing healthcare facilities due to geographical obstacles. Adopting a community-based transportation scheme could empower these communities to effectively prevent disease outbreaks and navigate logistical challenges associated with accessing essential health facilities. Taking a collaborative, community-centric approach was vital, leveraging local knowledge while introducing proven strategies for disease prevention and improving healthcare access.



Water, Sanitation And Hygiene

During the assessment of 612 households out of 1,325, it was found that the primary source of drinking water varies. The most common sources include pipe water into yards or plots, followed by gallon or bottled water, rainwater collection, pipe water into dwellings, and protected water tanks. While the majority of households had water sources on their premises taking less than 30 minutes to fetch water, some need to travel for over an hour, a situation exacerbated by the spreading drought. Although water availability was generally consistent throughout the year, instances of unavailability ranging from one week to three weeks to a month were reported. The change in water availability was noted from June to December, prompting people to resort to using deep well water, tanks, stored water, or government-supplied water during inconsistencies in the main water source. More than half of the households expressed inadequate preparedness for a drought situation.

In response to these challenges, residents requested water tanks, gallons, water supplies, pipes, containers, and other means to collect and store water, emphasizing the need to manage resources during droughts. The majority of households relied on rainwater harvesting, and the quality of drinking water was generally good, with no smell or taste issues. However, many households lacked water tanks or drums and cleaned their water tanks either monthly, weekly, or annually. Water trucks, especially from utility companies, were considered reliable during droughts. Diarrhea was rare in the states, and the perceived safety of treated water was high.

More than half of the households employed water treatment methods, such as boiling, adding bleach or chlorine tablets, and using filters. Adult men predominantly collected or purchased water, and households spent an average of USD 28 per week on water. Almost 80 per cent of households used flush/pour flush toilets with septic tanks, while some used them without septic tanks. However, some households did not have toilets, and toilet waste management included burning, waste collection by the municipality, and disposal at shorelines, riverbanks, or backyards.

Regarding menstrual hygiene, more than half of the households found it easy to obtain supplies, and the condition of their toilets were generally good, although some found it was just manageable. While toilets were clean for half of the households, some reported health hazards and the presence of animals around the toilets. Over half of the households lacked handwashing facilities in the toilet, and those with such facilities reported that they were functional and in good condition. Only one household reported having a basic hygiene service level, defined as having a handwashing facility on premises with soap and water.

In response to these findings, the MRCS planned to prioritise initiatives promoting hygiene awareness sessions within the broader context of WASH.



Protection, Gender And Inclusion

Out of the 1,325 targeted households, 95 per cent were located in rural areas spanning all four states. The majority of families comprised of more than six members, with approximately 30 per cent reporting three to four members, followed by five to six members and one to two members, respectively. Around 21 per cent of households include a family member with a disability, primarily physical impairment, although a few also reported having children with both physical and mental disabilities.



Regarding access to healthcare facilities, the majority of households have easy access, with over 90 per cent able to reach a facility in less than 15 minutes, although some reported it taking approximately an hour. On average, one member in these households has a physical disability.

While most households are headed by men, around 25 per cent are led by women. These findings serve as a crucial guide for MRCS's response efforts, ensuring that planned interventions take into account the needs of the most vulnerable people and groups within the community.



Migration And Displacement

Local populations primarily depend on rainwater harvesting and groundwater for freshwater. However, during droughts, these sources become limited, potentially leading to waterborne diseases and other severe community hardships. Such crises sometimes force individuals to migrate in search of essential resources, primarily clean water.

In vulnerable regions, activities aimed at building community resilience against water scarcity are vital. These efforts focus on securing water supplies and facilitating communication between authorities, stakeholders, and residents. By fostering collaboration and offering essential resources and information, these initiatives work to prevent forced migration, thus protecting community well-being and cultural heritage.

Furthermore, acute water scarcity, often exacerbated by climate change, directly influences migration in the Federated States of Micronesia. Factors, such as deteriorating health conditions due to waterborne diseases, impaired livelihoods—especially in the agriculture and fishing sectors—and diminished quality of life with disrupted daily activities, contribute to this migration urgency.

Moreover, stress on food security, educational hindrances, and environmental degradation further enhance the urgency of migration. Government policies and the lack of robust disaster management frameworks can also hasten the decision to seek better opportunities and living conditions elsewhere.

In many instances, local populations heavily rely on rainwater harvesting and groundwater as their primary sources of freshwater. However, during periods of water scarcity, the limited availability of these sources can have profound consequences, including waterborne disease outbreaks and severe community hardships.

These challenges often compel people to make difficult choices, such as migrating from their island homes to larger mainland areas or seeking refuge in other countries, driven by the urgent need for access to essential resources, particularly clean water.

An active approach to drought preparedness was crucial in vulnerable areas. Drought preparedness initiatives aimed to mitigate water scarcity impacts by fostering resilience within communities. These initiatives involved securing water supply and establishing communication channels between local authorities, stakeholders, and the affected population. By promoting collaboration and providing access to critical information and resources, drought preparedness efforts empowered the community to better cope with water scarcity, ultimately playing a pivotal role in preventing forced migration, preserving cultural identity, and improving overall quality of life.



Risk Reduction, Climate Adaptation And Recovery

The vulnerability of the small Island communities in Micronesia is high due to climate change effects and inaccessibility to services via sea. The rising sea levels, coastal erosion, and drought pose high risks to these communities. Drought preparedness should be based on the analysis of the drought risks through participatory approaches in the given communities in order for MRCS to ensure that there is an incorporated approach to maximize the efforts into these high risk's islands.



Community Engagement And Accountability

Preparedness activities were designed and tailored to address the specific needs of both communities and the National Society. Establishing a two-way communication system with communities was essential to facilitate the receipt and addressing of suggestions, feedback, and complaints in an efficient manner.

This communication system served to disseminate information to communities and individuals. While these systems help in communicating ground-level risks and needs, MRCS was committed to verifying these details through a comprehensive needs assessment.



Based on initial findings from a household survey conducted among 612 households out of the 1,325 targeted across all four states, community members expressed a preference for receiving drought information through social platforms such as Facebook, radio, as well as through community and church leaders.

The need for communication and engagement was underscored by the recognition that women, children, and vulnerable individuals need assistance and support.

Operational Strategy

Overall objective of the operation

The IFRC-DREF operation aimed to support 6,619 people from the most vulnerable communities across the four most affected states—Chuuk, Yap, Pohnpei, and Kosrae—who had been impacted by the escalating drought situation since early March 2024.

Initially launched in September 2023, the operation focused on anticipatory actions ahead of the anticipated drought peak, including stock prepositioning, hygiene and health awareness efforts, and assessments. However, due to the evolving situation and the authorities' declaration of a drought emergency, the operation transitioned into a full-scale response.

The initial objective was to prepare communities for the drought and mitigate its impact. Following the emergency declaration and the worsening drought situation, the objective shifted to providing immediate relief and early recovery support to the 200 most vulnerable households (approximately 1,000 people).

With the scale-up of the operation, the original six-month timeframe was extended by an additional six months, making it a total of 12 months. This extension facilitated a continued response while still incorporating necessary anticipatory actions. Moreover, it enabled the National Society to explore and implement feasible early recovery activities and develop a transitional plan to ensure the sustainability of achievements under the IFRC-DREF operation.

By the end of the operation, a total of 3,672 people had been reached through a combination of anticipatory and response interventions.

The transition plan also served as an exit strategy, ensuring that affected communities and authorities were aware of the time and funding limitations of the DREF-funded operation. Additionally, it created the opportunity for a seamless continuation through long-term programming, in recognition of the slow-onset nature of the crisis.

Operation strategy rationale

The DREF operation in the Federated States of Micronesia (FSM) was initially launched with a focus on anticipatory actions. Due to the evolving situation, the operation transitioned to respond to the humanitarian consequences of a prolonged El Niño-induced drought that severely affected access to safe water, food security, and household resilience—particularly in the Outer Islands of Yap State. In line with the urgent and diverse needs of the affected population—including water, hygiene, livelihoods, and food-related vulnerabilities—the MRCS implemented a multi-purpose cash assistance (MPCA) strategy to enable affected households to meet their most pressing needs with dignity and flexibility.

MPCA was provided to 200 households identified through community-based targeting processes. This figure met the initial target and was based on vulnerability assessments, including criteria such as water insecurity, food shortages, household composition, and geographic isolation. Beneficiary selection and registration processes were guided by MRCS's standard operating procedures (SOP) for targeting and community engagement.

Given the absence of a finalized Minimum Expenditure Basket (MEB) from the Pacific Cash Working Group at the time, MRCS used the national minimum wage to estimate transfer values. The transfer value of USD 200 per household per month for two months was calculated at 40 percent of the FSM minimum wage, which was considered a practical proxy for basic needs coverage. This approach allowed for timely flexibility while aligning with market functionality assessments conducted by MRCS in coordination with national stakeholders and Financial Service Providers (FSPs). Markets were found to be functional in the target areas prior to distribution.

The delivery modality was adjusted to align with operational feasibility. While the use of bank checks was initially preferred, in some locations where financial infrastructure was not accessible, cash-in-envelope distributions were used. A simplified CVA SOP was developed accordingly. Technical support from deployed CVA Surge personnel and PMER Surge staff helped ensure that the operation met global standards in targeting, transfer value calculation, accountability, and monitoring.



The operation also integrated Community Engagement and Accountability (CEA) across all stages. This included dissemination of drought-related information through preferred local channels, the establishment and promotion of a feedback hotline, and the integration of child and adult safeguarding protocols. Hygiene awareness, safe water storage, and psychosocial well-being messages were shared alongside the distributions, with support from trained staff and volunteers. Chlorine tablets and jerry cans were distributed where appropriate, based on assessed needs.

Post-distribution monitoring (PDM) was conducted to assess the use, satisfaction, and perceived appropriateness of the MPCA. Preliminary findings indicated that most households used the cash to purchase food, drinking water, hygiene materials, and basic household goods. The results will inform future CVA programming in the country.

The operation's design maintained flexibility to respond to emerging needs, including the worsening drought conditions and the possibility of flash droughts in other areas. Although initial targeting focused on Yap, contingency measures allowed MRCS to adapt if conditions deteriorated in other states. A six-month extension of the operation period and corresponding adjustments to the budget were approved in the Operational Updates, primarily to allow additional time for distribution planning and to transition from readiness activities to full response.

To support institutional learning and sustainability, a lessons learned workshop was conducted with MRCS staff and volunteers involved in the operation. In parallel, MRCS developed a transition plan to link the emergency response to longer-term resilience programming aligned with the National Society's strategic plan. To enhance coordination and leadership during implementation, MRCS hired a dedicated operations staff member for six months, complementing the work of regular staff and surge support.

Throughout the operation, monitoring visits were conducted by the IFRC Pacific Regional Office and the Country Cluster Delegation to provide oversight, technical guidance, and reporting quality assurance. MRCS Headquarters also carried out field visits to monitor implementation progress, community satisfaction, and volunteer engagement.

In summary, the operational strategy was grounded in strong community participation, flexible delivery, and strategic technical support—enabling MRCS to meet immediate needs and lay the foundation for strengthened CVA capacity and resilience-building in the face of future climate shocks.

Targeting Strategy

Who was targeted by this operation?

MRCS employed a three-pronged approach to prepare vulnerable communities to face potential droughts. This approach included Red Cross volunteers conducting awareness campaigns in the communities, coordination with stakeholders to avoid duplication, and ensuring no one was left behind, as previously stated. Additionally, there was a target for MPCA for 200 households.

A total of 1,325 households and 10 schools on islands were targeted to receive awareness messages, knowledge, and skills. An exercise was done to compare targeting plans with actual achievements and address any gaps identified.

Explain the selection criteria for the targeted population

Following are the selection criteria developed for the imminent DREF target population while preparing the detailed plan. These criteria were further amended based on the changing situation on the ground after the CVA and PMER technical surge support were deployed to carry out the response operation.

- i) Communities on the main islands in the target four states and the nearby/outer islands were identified using secondary data, community, and stakeholder consultation.
- ii) MRCS took into consideration which communities could be accessed using available means to meet the objectives, taking into account the practicalities of traveling to the islands.
- iii) Priority was given to communities with limited resources and those at high risk of being affected by the drought.
- iv) Red Cross volunteers from the State chapters were trained on hygiene promotion, waterborne diseases control, and nature-based solutions for community water conservation. They also received retraining and orientation for the additional activities, including training sessions for school children.



Total Assisted Population

Assisted Women	-	Rural	32%
Assisted Girls (under 18)	-	Urban	68%
Assisted Men	-	People with disabilities (estimated)	11%
Assisted Boys (under 18)	-		
Total Assisted Population	3,672		
Total Targeted Population	6,619		

Risk and Security Considerations (including "management")

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

Risk	Mitigation action
Islands of FSM are remote and isolated, making logistics and transportation challenging. Limited access to resources, medical facilities, and communication infrastructure can impact the effectiveness and efficiency of operations.	The existing partnerships with government departments and local authorities were utilized to identify effective transportation and logistics solutions.
The FSM lacks experience in Cash and Voucher Assistance (CVA), which could potentially compromise the quality of CVA implementation.	To address the FSM's lack of CVA experience, the following actions were taken. Training and Capacity Building Workshops covering CVA principles, procedures, and best practices were conducted. Partnerships and collaborations with experienced organizations for technical support were established as IOM began the work on CVA in Micronesia. Continuous Monitoring and Evaluation with robust assessment mechanisms were implemented. Risk and mitigation measures strategies specific to CVA were developed for the selection consideration of e-wallet, voucher, and cash-in-envelope delivery modalities. A short and simple SOP for CVA implementation was developed.
Rough sea conditions every full moon makes the travel to the nearby and outer islands challenging.	The advance planning of activities helped in minimizing the travel to outer Islands.
The operation involves travel of staff and volunteers in Lagoon and ocean. There is a high risk of boats getting drifted or capsized due to the engine failure or adverse weather conditions.	The volunteers and staff were provided with the safety equipment, such as life jackets.
High operations costs due to the remoteness of communities/Islands and the high fuel prices, that can limit the quality and longevity of the interventions.	The activities were planned considering the resources available through the DREF funding and the resources available with the other stakeholders, such as the government agencies.
There are limited economic resources, infrastructure, and capacity in FSM for disaster preparedness, response, and recovery. Working within resource-constrained environments may require innovative approaches, collaboration with local partners, and strategic resource allocation.	Capacity-building initiatives were prioritized to strengthen the capacities of volunteers, local institutions, and community resilience. Partnerships were fostered with governments, INGOs, NGOs, UN agencies, and private sector entities to leverage resources and expertise. Programming was innovated and adapted to maximize impact with limited resources.



FSM is prone to natural disasters such as drought, Winter storm surge, and King tides. These events can cause significant damage to infrastructure, disrupt operations, and pose risks to the safety and well-being of staff, volunteers, and communities.

Communication protocols were established to alert staff and communities of impending disasters. Collaboration with local authorities and communities was undertaken to strengthen the preparedness of staff, volunteers, and communities engaged in the operation.

Please indicate any security and safety concerns for this operation:

The MRCS and IFRC have zero tolerance towards discrimination based on gender, ethnicity, and religion, sexual harassment, sexual abuse and bullying. The staff and volunteers involved in the operation were oriented on the code of conduct and signed the document. MRCS also executed a Child Safeguarding Risk Analysis to ensure that it can mitigate any potential unintentional risks that might have occurred during the implementation of this IFRC-DREF.

The volunteers were provided with the necessary tools and equipment such as rubber boots and hand sanitisers to minimise the risks while working in the field. The volunteers were encouraged to go through the online Stay Safe course on the e-learning platform.

Regular monitoring visits of MRCS senior management and the IFRC to the field facilitated the early identification of the risks and addressing the same through collective efforts.

For personnel under IFRC security's responsibility, including surge support and integrated PNS, the IFRC security framework was made applicable during deployment in the area.

Has the child safeguarding risk analysis assessment been completed?

Yes

Implementation



Multi Purpose Cash

Budget: CHF 104,049

Targeted Persons: 1,000

Assisted Persons: 1,000

Targeted Male: 643

Targeted Female: 362

Indicators

Title	Target	Actual
# of households who received both cash and/or voucher assistance	200	200
% of households who report being able to meet the basic needs of their households, according to their priorities (Min Exp Basket)	75	100

Narrative description of achievements

Under the DREF Operation, MRCS successfully implemented a MPCA intervention targeting households affected by the El Niño-induced drought in Yap State. The operation reached 200 households, meeting the original target and delivering essential support to communities most impacted by the crisis.

Each selected household received USD 200 per month for two consecutive months, totaling USD 400 per household, equivalent to approximately CHF 360 at the time of disbursement. The transfer value was based on FSM's national minimum wage (USD 3 per hour multiply by 160 hours per month), using a 40 per cent benchmark for basic needs coverage. Cash was delivered primarily via bank checks, and through cash-in-envelope in locations where financial infrastructure was limited. This approach ensured that all households, regardless of geographic or banking access, were able to receive the assistance safely and on time.



The cash assistance was informed by a detailed CVA Standard Operating Procedure (SOP) and grounded in robust community engagement and accountability mechanisms. Beneficiary selection followed a participatory vulnerability assessment process, and households were registered using KoBo Toolbox. A market assessment confirmed that local markets were functional and able to absorb the anticipated increase in demand, supporting the choice of cash as the most appropriate modality for assistance.

A Post-Distribution Monitoring (PDM) survey was conducted in August 2024, covering a representative sample of 25 assisted households across six villages. The PDM revealed that:

- 100 per cent of respondents reported being completely or mostly satisfied with the assistance,
- 96 per cent believed the selection process was fair and that the most vulnerable families had been accurately targeted,
- Expenditures were mainly used for food (29 per cent), shelter and water (21 per cent each), and health (13 per cent). Other uses included hygiene, cooking fuel, clothing, childcare, debt repayment, and transport,
- 76 per cent of respondents confirmed receiving the expected amount; however, 20 per cent were not aware of the amount they were supposed to receive, highlighting a gap in pre-distribution communication,
- 96 per cent of respondents indicated that the cash assistance positively impacted their household relationships and well-being, and there were no reports of negative effects.
- No respondents reported having to pay bribes or perform favours to access assistance, reinforcing confidence in the integrity and fairness of the process.

While both male and female respondents perceived the assistance as beneficial, differences emerged in prioritization: female recipients often emphasized food and household well-being, whereas male recipients prioritized financial stability and utilities. The PDM also found that community tensions were minimal, with only 4 per cent reporting any perceived jealousy within the community.

To ensure sustainability, MRCS finalized the CVA SOP, developed monitoring tools, and organized internal capacity-building efforts. A lessons learned workshop was conducted with staff, volunteers, and surge personnel, producing recommendations on strengthening communication, integrating qualitative assessments, and improving community outreach on targeting criteria.

Regarding the exit strategy, the operation moved beyond plans and implemented a full exit survey during the cash distribution and documented lessons through structured internal debriefings. These inputs informed MRCS's transition plan linking emergency assistance to long-term CVA programming and future resilience-building efforts.

Overall, the MPCA intervention effectively addressed the immediate needs of drought-affected families, while also strengthening MRCS's capacity to implement safe, transparent, and dignified cash-based responses at scale. The integration of technical tools, inclusive targeting, community feedback, and rigorous monitoring ensured the success and accountability of this response.

Lessons Learnt

- Early preparations for cash distribution to vulnerable households demonstrated the importance of logistical planning and coordination to ensure timely and effective delivery of assistance. National Society Capacity Building on CVA could be carrying out the Multipurpose cash Assistance in future response.
- Engagement with government representatives at both central and state levels, alongside community leaders who served as key representatives of the target groups, was crucial in the planning and implementation of Cash and Voucher Assistance (CVA) interventions. This collaborative approach promoted ownership among stakeholders, reduced bias, prevented duplication of efforts, enhanced the relevance of interventions, and ensured that the most affected populations were effectively reached.
- In the context of slow-onset hazards such as drought, cash transfers proved to be highly effective. The uninterrupted supply chain and fully functional markets maintained stability and ensured the availability of commodities. Furthermore, the balanced demand and supply of goods helped mitigate the risk of inflation, supporting the overall success of the cash transfer program.
- Once beneficiaries were selected, cash transfer support was delivered more quickly compared to other assistance modalities. Findings indicated that recipients primarily used the cash for water, sanitation, and hygiene (WASH) needs as well as livelihood-related expenses, demonstrating the effectiveness and appropriateness of this approach.
- Clear communication with targeted communities regarding eligibility criteria, the amount of grants, and the intended use of cash was essential to ensure the support's effectiveness. Additionally, diversification of communication channels contributed to improved implementation practices by reaching a broader audience and reinforcing key messages.



Challenges

- Conducting household surveys on a sparsely populated island, where everyone was known, could introduce bias. This could be due to unequal representation of households in the settlement, existing community dynamics, or volunteers' familiarity with certain households. To mitigate this, thorough training in survey methods was provided to community volunteers. This training emphasized the principle of impartiality, and adherence to the seven fundamental Principles of the Red Cross and ensured effective oversight and monitoring of unbiased data collection.
- Convincing community leaders to seek immediate assistance for initiating a DREF (Disaster Emergency Fund) was challenging due to potential skepticism or reluctance among leaders to engage with emergency funding processes. Ensured transparent communication about the DREF process, including how funds would be managed and utilized. The board member organized meetings with community leaders to discuss the urgency and benefits of initiating the DREF.
- The introduction of CVA initiatives was a new experience for both the MRCS and the FSM government. This new and unfamiliar activity required the development of detailed process documents for each step, accompanied by close supervision and guidance throughout implementation. The absence of a designated CVA focal point and an established cash technical working group within the national society complicated decision-making processes. It also limited consistent access to senior management and state government officials, which further challenged coordination and strategic oversight.
- Severe drought conditions affected several islands, extending vulnerabilities across the region. However, due to limited time and resources, CVA support could not be extended to all affected areas. In these cases, MRCS shifted its focus to providing essential WASH (Water, Sanitation, and Hygiene) activities instead. Expanding outreach to remote outer islands and atolls introduced significant logistical challenges, as accessibility was limited, and timely delivery of assistance was difficult to ensure.
- Operational challenges were compounded by the lack of a widely accepted MEB for Micronesia, which made determining and justifying transfer values difficult. Transfer amounts were ultimately calculated based on the minimum wage rate, with valuable support from the CVA delegate in the CCD.
- Ensuring transparency in beneficiary selection was particularly challenging on sparsely populated islands, where community dynamics influenced perceptions of fairness. Additionally, the limited number of trained volunteers available to support CVA activities placed extra strain on the existing workforce.
- Government and community expectations were notably high, with many believing that cash assistance should be provided to all individuals assessed by MRCS. This created pressure to manage expectations carefully and communicate eligibility criteria. These challenges underscore the importance of strengthening internal structures, improving resource allocation, and enhancing community engagement strategies to better support future CVA initiatives.



Budget: CHF 16,359

Targeted Persons: 6,619

Assisted Persons: 3,672

Targeted Male: 1,909

Targeted Female: 1,763

Indicators

Title	Target	Actual
# of people reached through health education awareness	6,619	3,672
# of volunteers trained on food and waterborne, vector-borne, and skin disease causes and preventive measures	50	40
# of volunteers orientated to PFA, to support self-care and affected community psychosocial support	40	40



Narrative description of achievements

Under the DREF Operation, MRCS made significant progress in promoting community health awareness in response to the drought's impact, particularly concerning food- and water-borne, vector-borne, and skin diseases. While the operation aimed to reach 6,600 people, a total of 3,672 individuals were reached through targeted activities:

1. Information, Education, and Communication (IEC) Materials:

MRCS developed and printed four sets of IEC materials tailored to food- and water-borne, vector-borne, and skin disease prevention. These materials formed the backbone of awareness campaigns delivered at the community level and in schools.

2. Volunteer Training and Mobilization:

A total of 40 volunteers (28 male, 12 female) were trained on critical public health topics, including the above-mentioned disease categories. The training also included an orientation on Psychosocial First Aid (PFA) to strengthen the volunteers' capacity to address the emotional and psychological needs arising from the drought.

Furthermore, all 50 MRCS volunteers involved in the operation were mobilized. Of these, 40 actively led awareness activities in communities and schools, while the remaining 10 were engaged in coordination, data management, and communications to support the smooth delivery of health-related interventions.

3. Awareness Campaigns and Community Outreach:

Trained volunteers conducted awareness sessions in two communities and two schools. These campaigns integrated both health education and psychosocial first aid components. In total, ten communities were reached throughout the operation with various levels of activity, including assessment, IEC dissemination, and awareness sessions, though only four locations were intensively covered through structured sessions.

4. Health Dissemination Activities:

Through community outreach, leaflets, and health stickers, MRCS reached 3,672 people with key public health messages. These included safe water practices, proper hygiene and sanitation, and early symptom recognition for climate-sensitive diseases. The messaging aligned with MRCS's broader risk communication objectives and reflected community preferences identified through initial surveys.

5. Psychosocial First Aid (PFA):

PFA was fully integrated into the health awareness strategy. Although it was initially planned as a separate training, MRCS incorporated it into the health training sessions to maximize time and ensure all frontline volunteers were equipped. PFA activities concluded within the DREF timeframe, and future continuation of this support will be considered under separate funding or through long-term programming.

Despite not fully reaching the target population, the health component of the operation demonstrated strong coordination, high volunteer engagement, and strategic integration of psychosocial support. Moving forward, MRCS aims to apply lessons learned—including the need for greater lead time and logistics planning—to improve coverage and impact in future operations.

Lessons Learnt

- Clear, targeted IEC materials enhance message uptake and community acceptance:

The development and use of four sets of IEC materials (stickers and leaflets) tailored to food-borne, water-borne, vector-borne, and skin disease prevention proved highly effective in increasing community awareness and acceptance of key health messages. These materials used clear, locally appropriate language and culturally relevant visuals, which made them easily understandable across literacy levels. According to community feedback gathered through the PDM and informal reflection sessions with volunteers, households who received stickers and leaflets demonstrated higher recall of health messages and were more likely to implement recommended hygiene practices. For example, several families in Gagil and Tomil were observed displaying the stickers on water storage containers or kitchen walls as a daily visual reminder of safe water practices. These visible placements encouraged broader household discussions and behavioral reinforcement. This success suggests the potential of IEC materials not only as information tools but as conversation starters and behavior prompts within homes. Future health interventions should explore multiple IEC formats—including posters, infographics, and audio-visual content—to accommodate different learning styles and to reinforce messaging through repeated exposure in community and school settings. Providing space for community members to help co-design materials (e.g., adapting illustrations or translating slogans) may further increase ownership and impact.

- Volunteer-led outreach was a cornerstone of success:



Training and mobilizing 40 health volunteers (28 male, 12 female) allowed MRCS to extend its reach into drought-affected communities in an efficient, culturally sensitive, and trusted way. Volunteers played a dual role—not only as educators but also as peer connectors who helped community members feel heard and respected. Their familiarity with local languages and social dynamics was particularly beneficial in promoting acceptance of health and hygiene messages. In many areas, such as schools in Rull and outreach sites in Weloy, volunteers were seen as credible local figures, which contributed to the high levels of community satisfaction reported in the PDM. All 50 volunteers contributed to the operation, with 10 supporting coordination and logistics. The experience demonstrated the importance of not only training volunteers in technical knowledge but also in community engagement, psychosocial first aid (PFA), and communication skills. Investing in volunteer recognition and retention—such as through regular check-ins, feedback loops, and visibility of their contributions—was found to be equally important in sustaining motivation.

- Integrated health and PFA messages support community resilience:
Integrating PFA into health volunteer training enabled MRCS to offer holistic support during a time when communities were experiencing both physical and emotional stress due to prolonged drought. While initially planned as a standalone module, the PFA content was effectively embedded in health awareness activities, enabling volunteers to provide basic psychosocial support and identify individuals in need of further help. The volunteers reported that some families were more willing to discuss emotional well-being after receiving the physical health messages, demonstrating how trust built through health education could become a pathway for psychosocial support.
- Reach limitation highlights importance of tailored strategies for remote areas:
Although the health component reached 3,672 people—just over half of the 6,600 target—this shortfall reflected real logistical and timing challenges. Many outer islands remained difficult to access due to weather, transportation constraints, and competing demands during the lean season. This experience highlighted the need to plan outreach in harder-to-reach communities earlier in the operation and to build partnerships with local schools, churches, and radio stations to extend reach through indirect methods when direct access is limited.

Challenges

The operation successfully reached around 10 communities. However, expanding outreach to remote areas like outer islands and atolls presented logistical challenges due to accessibility limitations. To address this, the Micronesia Red Cross Society considered alternative outreach methods for geographically isolated communities. These methods included utilizing mobile health clinics equipped with oriented personnel and resources to reach remote areas.



Water, Sanitation And Hygiene

Budget: CHF 68,947
Targeted Persons: 6,619
Assisted Persons: 3,672
Targeted Male: 1,909
Targeted Female: 1,763

Indicators

Title	Target	Actual
# of people reached by hygiene promotion activities in the response period	6,619	3,672
# of households reached with effective water treatment materials and promotion in the response period	1,325	611
# of communities that have implemented drought preparedness and response plan.	10	9
# of people that have access to sufficient safe water which meets Sphere and WHO standards in terms of quantity and quality in the response period (# of chlorine tablets)	6,619	3,672



# of schools reached with the hygiene promotion activities	15	17
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Narrative description of achievements

The WASH component of the DREF operation addressed urgent health and hygiene risks associated with prolonged drought conditions, while laying the foundation for longer-term community preparedness. Interventions focused on hygiene promotion, volunteer capacity building, distribution of water treatment supplies, infrastructure improvements, and community-led planning. Activities reached 3,672 people across the four states.

1. Hygiene Promotion and IEC Dissemination:

Hygiene promotion was a core focus of the WASH response, with the aim to reduce health risks during prolonged drought conditions. A total of 3,672 individuals were reached with key messages—approximately 56 per cent of the original target of 6,600. The reduced reach was primarily due to accessibility issues in remote communities, limited transportation options, and volunteer capacity constraints.

MRCS designed and printed four sets of IEC materials (stickers and leaflets), tailored to promote hygiene practices and household water treatment. These materials addressed prevention of food- and water-borne diseases, vector-borne illnesses, and skin infections, using simple, culturally appropriate language and visuals. Volunteers reported that households frequently posted stickers near kitchens and water containers—visibly reinforcing hygiene behaviors. Materials were distributed through direct household visits, school sessions, and during awareness events in nine drought-affected communities.

PDM findings indicated that the majority of households who received IECs were able to recall at least one core message. Volunteers also noted that the presence of visuals helped facilitate communication, especially in communities with lower literacy levels.

2. Volunteer Training and Mobilization:

A total of 40 volunteers (28 male, 12 female) were trained across four states on hygiene promotion, safe water practices, household water treatment, and psychosocial support. These trained volunteers conducted community outreach, using IECs to support interactive sessions in schools and at community centers. An additional 10 volunteers provided support in coordination, logistics, and monitoring, bringing the total mobilized to 50.

PDM feedback highlighted that volunteers were seen as trusted messengers. Community members appreciated that volunteers spoke local languages and understood social dynamics, contributing to high acceptance of hygiene messages.

3. Distribution and Use of Chlorine Tablets and Water Containers:

MRCS distributed 128,000 chlorine tablets to 611 households, accompanied by 1,000 water storage containers. All recipients were briefed on proper use of the tablets during the handover, including dosage for different container sizes and safe handling guidance. Demonstrations were conducted by trained volunteers using visual aids.

PDM results confirmed that the majority of households used the tablets correctly. While a few respondents indicated initial uncertainty about usage, this was addressed through follow-up visits and peer sharing within communities. The remaining chlorine tablets were dispensed as per needs during the operation period to communities reporting continued water quality concerns.

4. Water System Improvements:

To strengthen community drought resilience, MRCS implemented water system upgrades in coordination with government partners:

A 10,000-liter rainwater harvesting system was installed on Pakin Atoll, Pohnpei State, benefiting 130 families in a rainwater-dependent community. This system included gutters, catchment infrastructure, and secure storage tanks.

In Colonia, MRCS supported the installation of two mountain spring water connection systems, including pipework, control taps, and reservoir connections to increase household water access during dry periods.

MRCS also provided technical support and equipment for drain maintenance and rainwater system installation in collaboration with the Pohnpei government, which supplied additional water tanks to selected communities.

In Yap, MRCS installed water filter housings, filters, and pipes to address high turbidity levels (more than 5 NTU). These were connected to main water lines and community storage tanks, improving safe water access for drought-affected populations.



5. Community-Led Drought Preparedness and Response Plans:

Nine out of the ten targeted communities developed and implemented WASH drought preparedness and response plans with MRCS facilitation. These plans were the result of participatory workshops involving local leaders, water committees, and Red Cross volunteers. The planning process included:

- Mapping water sources and identifying gaps in access and quality,
- Setting community-level actions for safe water storage, household water treatment, and hygiene promotion,
- Assigning roles to community focal points to coordinate water use and monitor conditions during dry periods.

These plans are now in use as living guidance documents for community response and risk mitigation during future droughts. Each community received a printed version of the plan and a brief training on how to update it as conditions change. The tenth community could not complete the plan due to persistent accessibility issues during the implementation timeframe.

Lessons Learnt

- School Awareness Programmes: Conducting sessions in schools was crucial for instilling good water management practices early. Consider expanding these programs and integrating them into the curriculum where possible.

Challenges

- The biggest challenge with rainwater harvesting systems stemmed from the extensive rusting of the tin rooves of houses, which posed a significant threat of water contamination from rust flakes. To address this issue, several solutions were implemented. Households were motivated to repair their roofs or replace them with rust-resistant materials as a precondition for installing a rainwater harvesting system. Additionally, basic water purification systems were distributed to ensure that the collected rainwater remained safe for consumption.



Protection, Gender And Inclusion

Budget: CHF 0

Targeted Persons: 6,619

Assisted Persons: 3,672

Targeted Male: 1,909

Targeted Female: 1,763

Indicators

Title	Target	Actual
# of developed Incident Reporting Protocol Child Safeguarding risk assessment.	1	1
# of vulnerable groups and individuals within identified communities and identifying community members with different needs and risks, including possible protection risks in emergency and access to planned assistance.	1,325	1,325

Narrative description of achievements

As part of efforts to mainstream PGI considerations into emergency response programming

PGI integration in the Vulnerability Assessment resulted in the identification of 1,325 vulnerable households across the four chapters - Yap, Chuuk, Pohnpei, and Kosrae.

Simultaneously, a Child Safeguarding Risk Assessment was initiated, leading to the development of a work plan to mitigate risks associated with WASH interventions. To strengthen accountability and child protection, an Incident Reporting Protocol was also established to ensure timely responses to child safeguarding concerns.



Additionally, the operation placed strong emphasis on collecting Sex-Age-Disability Disaggregated (SADD) data during assessments and awareness raising sessions. This enabled a better understanding of the specific needs and vulnerabilities among different demographic groups.

Key highlights included the completion of household assessments for 1,325 households, identifying vulnerable groups, individuals, and potential protection risks. Notably, approximately 32 per cent of surveyed households included people with disabilities, reflecting the operation's commitment to disability inclusion.

Furthermore, safeguarding procedures were established, including protocols for addressing allegations, concerns, or disclosures for both adults and children at risk. There is a commitment to capturing and analyzing SADD data to better understand gender and age-based vulnerabilities.

Lessons Learnt

- Importance of PGI lens: Integrating PGI considerations into the vulnerability assessment process had proven effective in identifying vulnerable households and tailoring interventions accordingly.
- Consider the lessons in future planning: The importance of PGI, child safeguarding assessments, and SADD data collection will be emphasized in future DREF operation planning documents.

Challenges

- Conducting a comprehensive Vulnerability Assessment and collecting SADD data across geographically dispersed communities presented logistical challenges, including travel logistics, access to remote areas, and coordinating with local stakeholders. These challenges were addressed through strategic measures: leveraging technology where feasible for data collection, analysis, and communication to overcome logistical and resource constraints.



Risk Reduction, Climate Adaptation And Recovery

Budget: CHF 36,950
Targeted Persons: 6,619
Assisted Persons: 530
Targeted Male: 257
Targeted Female: 273

Indicators

Title	Target	Actual
# of communities (including school) that have developed drought preparedness and response plan.	10	10

Narrative description of achievements

Notable progress was achieved in disaster risk reduction (DRR) during the reporting period, particularly in community-level drought mitigation and preparedness efforts. These activities contributed to strengthening local resilience and reducing future vulnerabilities to prolonged dry spells.

1. Drought Mitigation Plans:

Drought mitigation plans were developed and completed for a total of 10 communities: two communities in Pohnpei, three in Kosrae, and five in Chuuk. These plans were designed to be implemented and mobilized by the schools and communities to mitigate the impacts of droughts before they reach their peak. The plans will enable communities to respond more effectively and reduce the impacts of future droughts.

2. Readiness Actions in Schools:



Comprehensive awareness raising sessions were conducted in 17 schools to promote readiness actions reaching 530 individuals. In Pohnpei, sessions were held at Palikir Elementary, Sokehs Powe, Seinwar, Pohnlangas Magnet, SalaDak, Rohi, ESDM, and ROIE Elementary Schools. In Kosrae, the sessions were conducted at Tafunsak Elementary School and Lelu Elementary School (eighth grade). In Chuuk, the sessions included Nukuno Elementary School, Etten Elementary School, and Fono Elementary School. Additionally, four schools in Yap also participated. The topics covered during these sessions included water harvesting, conservation of water and water sources, water purification, storage, and treatment.

3. Community Risk Assessments:

A refresher course on assessment tools for volunteers was conducted, resulting in a detailed risk assessment of the targeted communities. This assessment aimed to better understand the current and potential impacts of drought, informing future mitigation actions.

4. Implementation of Mitigation Actions:

Based on a five-step participatory assessment carried out in the target communities, several mitigation actions had been implemented. These actions included fixing damaged water supply systems and restoring alternative water supply sources and options.

Lessons Learnt

- The development and implementation of drought mitigation plans were commendable. Continuously update and test these plans to adapt to changing conditions and improve effectiveness.

Challenges

- While the drought mitigation plans relied heavily on schools and communities for implementation, a key question remains - how could long-term sustainability be ensured? One strategy to address this was by providing ongoing training and capacity building. This could involve orientations for teachers, community leaders, and volunteers on topics like drought preparedness, water conservation techniques, and maintenance of water systems.



Community Engagement And Accountability

Budget: CHF 4,742

Targeted Persons: 6,619

Assisted Persons: 3,672

Targeted Male: 1,909

Targeted Female: 1,763

Indicators

Title	Target	Actual
# of communities aware about the MRCS hotline number and its purpose.	15	11
% of the complaints, feedback and suggestions received by MRCS are addressed within two weeks	80	80

Narrative description of achievements

The MRCS integrated CEA as a foundational component of its drought response activities. Through participatory planning, transparent communication, and localized preparedness actions, MRCS ensured that affected communities were not only recipients of aid but active contributors to the design and implementation of the response. These efforts strengthened the relevance, fairness, and sustainability of the interventions, as reflected in PDM findings and community feedback.

1. CEA Integration

CEA played an essential role in ensuring the success of the Cash and Voucher Assistance (CVA) and broader drought response activities.



MRCS adopted a multi-layered approach to ensure that affected communities were informed, involved, and able to share feedback throughout the response. These included:

(a) Hotline Mechanisms and Feedback Channels:

Two hotline numbers were promoted to facilitate direct communication with beneficiaries: the MRCS national hotline (+691-320-7077) and a dedicated line for the Yap Chapter (+691-350-2508). These hotlines were clearly printed on IEC materials and regularly promoted during field visits, community meetings, and training sessions. The dual-line setup ensured accessibility across regions and supported real-time feedback, clarification requests, and complaint handling. According to the PDM report, beneficiaries were aware of and used the hotlines, with varying preferences for phone or in-person follow-up based on individual needs.

(b) Face-to-Face Engagement with Community Leaders:

Structured, in-person meetings were conducted in a phased manner with village leaders and local government representatives across the targeted communities. These meetings aimed to:

- Introduce the CVA approach and ensure community understanding of cash transfer modalities
- Clarify the selection criteria for household targeting
- Share and validate the final beneficiary list with community leaders and relevant authorities.

This participatory and transparent approach fostered trust and helped address concerns early. The PDM findings confirmed that 96 per cent of respondents felt the beneficiary selection process was fair, and 100 per cent agreed that the most vulnerable in their communities were included.

2. Drought Preparedness and Mitigation Planning

MRCS supported community-level drought preparedness by facilitating the development and finalization of drought mitigation plans in 9 out of 10 targeted communities (not all 10 were reached due to persistent access limitations). These plans were developed through community workshops involving local leaders, Red Cross volunteers, and in some cases, school representatives. Each plan included:

- Mapping of water sources and vulnerabilities,
- Identifying household-level water treatment practices,
- Assigning roles for monitoring and emergency response,
- Community actions for conserving water and responding to declining supply.

These plans were printed and disseminated locally, with clear roles assigned to facilitate community-led activation during future drought periods.

3. School-Based Readiness Activities:

To strengthen preparedness among children and youth, awareness sessions were conducted in 17 schools across Pohnpei, Kosrae, Chuuk, and Yap. These sessions covered:

- Rainwater harvesting and storage,
- Water source protection and conservation,
- Household-level water purification and treatment,
- Hygiene practices during droughts.

In Pohnpei, sessions were held at Palikir, Sokehs Powe, Seinwar, Pohnlangas Magnet, SalaDak, Rohi, ESDM, and ROIE Elementary Schools. Kosrae included Tafunsak and Lelu Elementary Schools. In Chuuk, activities covered Nukuno, Etten, and Fono Elementary Schools. In Yap, four schools also received drought and water safety training. Each school received IEC materials for display and distribution, further reinforcing key messages introduced during the sessions.

4. Risk Assessment and Community-Led Mitigation Actions

A refresher training on community assessment tools was delivered to MRCS volunteers, leading to a series of five-step participatory assessments in each of the target communities. These assessments identified critical drought risks and informed localized mitigation plans. As a result, several communities began implementing actions such as:

- Repairing damaged water systems,
- Restoring alternate water sources (e.g., spring reconnections),
- Strengthening storage facilities.



These community-led efforts were monitored by MRCS branches, with support from local leaders and school authorities, contributing to enhanced community resilience and ownership of drought risk reduction efforts.

Lessons Learnt

• CEA proved to be a cornerstone of the DREF operation's success, particularly in the Cash and Voucher Assistance (CVA) component. MRCS demonstrated strong commitment to community-centred programming by establishing dedicated hotlines, including a localized number for Yap Chapter, ensuring that feedback, questions, and concerns from beneficiaries could be captured and addressed in real-time. The integration of feedback channels into household assessments and post-distribution monitoring helped validate targeting and improve transparency. The use of social media, radio, church leaders, and community meetings to disseminate drought-related information also enhanced the accessibility and inclusivity of communication. This multi-channel strategy highlighted the value of localized, two-way communication systems in building trust and delivering more dignified and responsive assistance.

Challenges

• One notable challenge encountered was the limited prior awareness among some beneficiaries regarding the expected cash assistance amounts and eligibility criteria, as highlighted in the PDM findings. Approximately 20 per cent of recipients reported not being informed of the amount they would receive, which suggests a need to strengthen information dissemination at earlier stages of the CVA process. In addition, variations in knowledge of the selection process were observed, with some respondents, particularly women, reporting lower levels of understanding. These gaps underscore the importance of ensuring that CEA strategies are not only well-designed but also consistently applied across all communities, genders, and age groups, with particular attention to the inclusion of the most vulnerable and hard-to-reach individuals.



Budget: CHF 68,648
Targeted Persons: 4
Assisted Persons: 5
Targeted Male: 2
Targeted Female: 3

Indicators

Title	Target	Actual
# of monitoring missions conducted to support the operation	3	1
# of surge personnel deployed to provide technical support to the operation	4	5

Narrative description of achievements

To strengthen technical support and enhance operational capacity, two surge personnel—specialists in WASH and Planning, Monitoring, Evaluation and Reporting (PMER)—were initially deployed. Their deployment aimed to ensure alignment with technical standards and improve the overall quality of the drought response. This was followed by a second PMER surge rotation, and later, a third rotation that included both PMER and Cash and Voucher Assistance (CVA) specialists for a three-month period, coinciding with the transition to a full-scale response operation.

These deployments played a critical role in delivering targeted technical assistance across PMER, CVA, and WASH components. Key activities included staff training, facilitation of participatory community assessments to define vulnerability criteria, household assessments for cash support targeting, market assessments, exit surveys, and post-distribution monitoring and reporting.

Collectively, these efforts significantly contributed to the scale-up of cash assistance programming and reinforced WASH interventions within the operation.

Monitoring missions were conducted to assess the effectiveness of ongoing initiatives, ensuring alignment with operational objectives.



Regular communication with IFRC country cluster offices had facilitated consistent operational management. Moreover, a structured two-way communication system and monthly consolidated reports to the CCD operational team enhanced operational transparency.

Lessons Learnt

- Optimizing technical capacity in key areas is critical for effective emergency and crisis response within the National Society. The active involvement and willingness of national staff are pivotal in enhancing technical competencies. To sustain and build upon this lesson learned, the National Society can implement the strategy of regularly assessing collaboration effectiveness and refining processes to enhance synergy and efficiency in emergency response efforts.

Challenges

- Limited access to and proficiency with PMER tools and systems can impede accurate data collection, analysis, and reporting by national society staff. Establishing a comprehensive PMER framework that clearly defines roles, responsibilities, and processes is essential to address these challenges effectively.



National Society Strengthening

Budget: CHF 45,614

Targeted Persons: 50

Assisted Persons: 50

Targeted Male: 30

Targeted Female: 20

Indicators

Title	Target	Actual
# of volunteers insured	50	50
# of monitoring visits conducted	6	4
# of lessons learned workshop conducted	1	1

Narrative description of achievements

The DREF operation significantly contributed to strengthening the institutional and operational capacities of the MRCS across its four State Chapters—Pohnpei, Chuuk, Kosrae, and Yap. Activities implemented under this pillar enhanced volunteer safety, built technical knowledge, expanded surge capacity, and laid a foundation for future emergency preparedness and programming.

1. Volunteer Insurance:

Recognizing the central role of volunteers in the response, MRCS successfully secured insurance coverage for 50 volunteers (40 operational and 10 coordination/administration roles) engaged in drought response activities across all four state chapters. This initiative ensured a protective safety net for volunteers working under often challenging conditions, reinforcing the National Society's commitment to duty of care.

2. Refresher Training on Assessment Tools and Community Risk Assessments:

All four MRCS chapters conducted refresher trainings on community assessment tools for staff and volunteers. The trainings emphasized the use of a five-step participatory risk assessment process, enabling teams to:

- Monitor and analyze community vulnerability indicators,
- Conduct household-level assessments,
- Identify priority needs and drought-related risks,
- Develop mitigation strategies,



- Implement and evaluate community actions.

As a result, comprehensive risk assessments were completed in 10 target communities, providing a strong evidence base to inform targeted WASH and CVA interventions and to guide the development of localized drought preparedness and mitigation plans.

3. Deployment of Surge Personnel:

To further support quality assurance and scale-up technical implementation, MRCS, with IFRC support, deployed three rotations of surge personnel during the operation:

- The first rotation included WASH and PMER experts to establish technical standards and guide early assessments,
- The second rotation focused on consolidating PMER functions and ensuring continuity in monitoring, reporting, and lessons capture,
- The third surge rotation included a CVA and PMER specialist, who led capacity building and learning around cash programming, exit surveys, and post-distribution monitoring.

These deployments enabled structured mentoring, staff and volunteer training, support for data collection and analysis, and reinforcement of CVA and WASH implementation, particularly in remote communities.

4. Monitoring and Support Visits:

Operational monitoring visits were conducted by MRCS headquarters and surge personnel throughout the DREF period. Notably:

- The PMER surge conducted a monitoring mission in Pohnpei to observe WASH interventions and community feedback mechanisms,
- Two additional field visits were conducted in Yap to support CVA distributions and volunteer facilitation.

Insights from these visits were documented and used to adapt programming in real time, particularly with regard to market accessibility, chlorine tablet use, and household-level water management.

5. Lessons Learned Workshop:

A stakeholder-inclusive Lessons Learned Workshop was successfully held in September 2024 in Pohnpei, bringing together MRCS leadership, field staff, volunteers, community representatives, and partners. The workshop included:

- A review of CVA and WASH implementation experiences,
- Analysis of community feedback (from hotline calls and PDM),
- Presentation of success stories and challenges,
- Co-design of a transition roadmap linking emergency actions to MRCS's long-term resilience strategy.

The workshop was attended by 32 participants (17 male, 15 female) and spanned two full days, culminating in a forward-looking action plan on volunteer readiness, SOP revision, and strengthening cross-departmental coordination for future emergencies.

6. Operational Coordination and Information Flow:

Throughout the operation, MRCS maintained regular communication with the IFRC Country Cluster Delegation, including monthly situation updates, technical consultations, and surge support management. Two-way information flows—via sitreps, WhatsApp updates, and consolidated field reports—ensured consistent coordination between local operations and regional oversight. These systems contributed to operational transparency, accountability, and adaptive management throughout the DREF timeline.

Lessons Learnt

- Comprehensive risk assessments provided valuable insights into community vulnerabilities. These assessments should be used to guide the development and implementation of community-specific disaster plans. Regular updates to these plans based on new assessments should be prioritized.

Challenges

- Enhancing the regular practice of capturing and documenting experiences to improve future responses. This included gathering insights and lessons learned from IFRC-DREF operations, monthly reporting, and addressing challenges at both the chapter and National Headquarters levels. A standardized reporting framework was crucial to be developed, featuring a monthly template for all chapters and the National Headquarters. This framework would systematically document experiences, challenges, and lessons learned.



Financial Report

I. Summary

Opening Balance	0
Funds & Other Income	345,309
DREF Anticipatory Pillar	150,021
DREF Response Pillar	195,288
Expenditure	-299,389
Closing Balance	45,920

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	36,950	41,256	-4,307
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs	104,049	92,088	11,961
AOF4 - Health	16,359	4,099	12,260
AOF5 - Water, sanitation and hygiene	68,947	39,589	29,357
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	226,305	177,033	49,272
SF11 - Strengthen National Societies	50,356	46,471	3,885
SF12 - Effective international disaster management			0
SF13 - Influence others as leading strategic partners			0
SF14 - Ensure a strong IFRC	68,648	75,884	-7,237
Strategy for implementation Total	119,003	122,355	-3,352
Grand Total	345,309	299,389	45,920

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

Please explain variances (if any)

The total approved budget for the DREF operation was CHF 345,309, of which CHF 299,389 was spent, resulting in an unspent balance of CHF 45,920 which will be returned to the DREF pool. The financial implementation rate was approximately 87 per cent.

Variances across budget lines are explained below:

Area of Focus Variances:

AOF1 – Disaster Risk Reduction: Overspent by CHF 4,307. The variance was due to additional costs associated with the finalization and



distribution of drought contingency plans across 9 communities. While originally budgeted for planning activities only, implementation support required additional resources. Improvement of water systems contributed to the overspent.

AOF3 – Livelihoods and Basic Needs: Underspent by CHF 11,961. Although 201 households were reached (exceeding the target), lower-than-expected service fees and transportation costs associated with cheque-based disbursement in some areas contributed to this variance.

AOF4 – Health: Underspent by CHF 12,260. Health activities such as PFA training, awareness sessions, and IEC material dissemination reached fewer communities and people than planned (3,672 reached vs. 6,600 target). This was mainly due to logistical challenges and volunteer constraints during implementation, as well as the prioritization of WASH and CVA during peak drought months.

AOF5 – Water, Sanitation and Hygiene (WASH): Underspent by CHF 29,357. While the operation successfully distributed chlorine tablets, jerry cans, and supported water system repairs in nine communities, the tenth community could not be reached due to access constraints. Additionally, partial use of prepositioned supplies and delayed procurement of additional items led to budget savings.

Strategy for Implementation (SFI) Variances:

SFI1 – Strengthen National Societies: Underspent by CHF 3,885. Budgeted funds for additional refresher trainings and onboarding of new volunteers were not fully utilized due to timing overlaps with national holidays and staffing gaps.

SFI4 – Ensure a Strong IFRC: Overspent by CHF 7,237. This was due to higher costs associated with surge deployments, extended mission durations, and shared operational services during periods of heightened activity in the Pacific region. PMER and CVA surge support were critical for data collection, analysis, and final reporting.

Budget Category Variances

Workshops & Training: Underspent by CHF 46,210. Several planned trainings were either scaled down or delivered using virtual platforms or existing in-country resources, reducing travel and logistics costs.

Personnel: Underspent by CHF 25,657. Fewer paid days for volunteers and national society staff than budgeted, as some roles were covered through surge support or reallocated during periods of operational reprioritization.

Logistics, Transport and Storage: Underspent by CHF 18,891. The use of locally sourced materials, consolidation of transport routes, and lower-than-anticipated travel demand in remote locations contributed to this underspend.

General Expenditures: Underspent by CHF 45,102, primarily due to conservative use of contingency lines such as communications and other operational expenses.

Relief Items, Construction, Supplies: Underspent by CHF 104,299. While 1,000 water containers and 128,000 chlorine tablets were distributed, planned procurement of additional hygiene kits and hardware for one community was cancelled due to access and timing constraints. Part of this line also included prepositioning costs which were eventually absorbed under existing stock management systems.



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