



SRCS distributing mosquito nets to communities (Photo: SRCS)

Appeal: MDRWS003	Country: Samoa	Hazard: Epidemic	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Slow	DREF Allocation: CHF 209,072	
Glide Number: EP-2025-000137-WSM	People at Risk: 35,000 people	People Targeted: 15,000 people	
Operation Start Date: 14-08-2025	Operation Timeframe: 6 months	Operation End Date: 28-02-2026	DREF Published: 20-08-2025

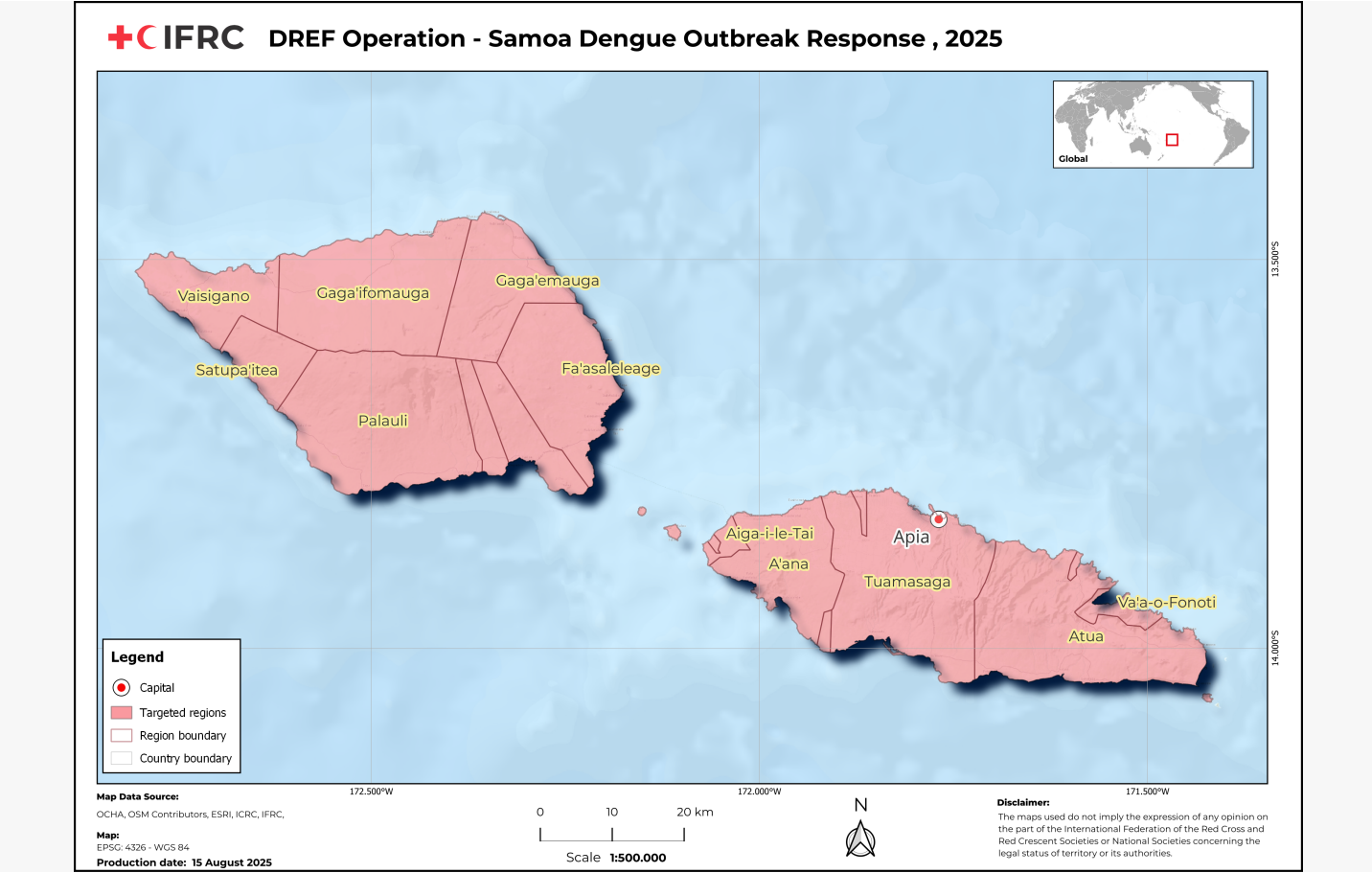
Targeted Regions:

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

Description of the Event

Date when the trigger was met

05-08-2025



Map of targeted areas (Source: IFRC IM)

What happened, where and when?

The Ministry of Health officially declared a dengue fever outbreak in Samoa on 17 April 2025 (Source: Declaration of Dengue Fever Outbreak for Samoa – Government of Samoa), following a significant increase in the number of suspected and confirmed cases, particularly on Upolu Island. As of 11 August, 7,970 clinically diagnosed cases had been reported, of which 2,743 were lab-confirmed. In the 4–10 August epi-week alone, 1,974 new clinically diagnosed cases were recorded, including 116 new lab-confirmed cases.

The majority of cases (88 per cent) are from Upolu Island, with 55 per cent male and 45 per cent female. Most cases are concentrated in the Apia Urban Area and North West Upolu regions, with individuals under 20 years old (87 per cent) being the most affected. Twenty per cent of cases required hospitalisation, and of these admissions, 88 per cent have been discharged. Of the 20 cases with confirmed serotypes, 91 per cent are DENV-1 and 9 per cent are DENV-2. The majority of dengue cases are concentrated in the Apia Urban Area and North West Upolu, particularly in the Faleata District, where 32 per cent of all cases reside.

Since the official declaration of the dengue fever outbreak on 17 April 2025, Samoa has experienced a sharp and sustained increase in confirmed cases, with the situation accelerating in recent weeks. The incidence rate is estimated at 620.7 per 100,000 population, and the total number of confirmed cases continues to surge, underscoring the rapid spread of the virus. The outbreak is disproportionately affecting children and young people, with 72 per cent of cases occurring in individuals under 15 years old. Alarming, six fatalities have been reported since April, the most recent being the death of a 7-year-old child.

The sharp increase in cases over a short period, the high concentration in densely populated areas, and the predominance of younger age groups highlight the urgency of scaling up the response. Hospitals are already facing increased demand, including urgent calls for fresh blood donations, while communities require intensified health and hygiene promotion campaigns, clean-up drives, and mosquito breeding site elimination to curb further transmission. The Samoa Red Cross Society is playing a critical role in supporting these efforts



by mobilizing volunteers and addressing both immediate medical needs and community-level prevention.

Since the start of the outbreak, the Samoa Red Cross Society (SRCS) has actively supported the national dengue fever response. Activities have included organizing blood drives and raising awareness of blood donation, including community and donor education on the use of blood and blood components, bedside care during bleeding, and the provision of post-donation refreshment meals. SRCS has also promoted hygiene and vector control, conducted community education on household water treatment and safe water storage, and implemented community needs assessments with families. The National Society's Emergency Operations Centre (EOC) has been activated and continues to coordinate response efforts, including the procurement of adequate and safe blood supplies for critically ill patients and household assessments to address the immediate needs of those affected by dengue fever.

While these actions have contributed significantly to the national response, the rapid escalation of cases, the high proportion of children affected, and the growing demands from health facilities — including urgent calls for fresh blood and expanded community prevention measures — exceed the current capacity and resources of the National Society. Additional support is essential to sustain ongoing interventions, scale up outreach to high-risk communities, intensify mosquito breeding site elimination campaigns, and ensure that health facilities have continuous access to safe blood supplies throughout the outbreak. Without this support, the ability to meet urgent medical needs and prevent further spread will be severely constrained.

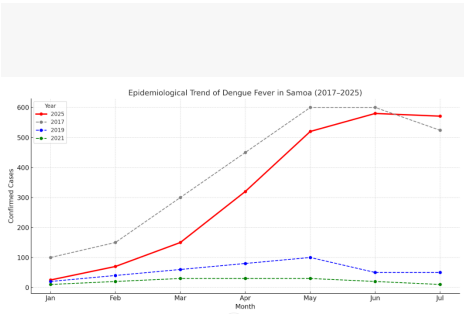
The SRCS has received support from the Japanese Red Cross for small-scale activities on Savaii Island, the second-largest island of Samoa. These activities include awareness and clean-up campaigns, blood drives, and the distribution of jerry cans and mosquito nets. However, with the rapid increase in cases that began in late July, additional assistance is being sought to support response efforts on both Savaii and Upolu Islands. This application is submitted following a delay caused by coordination with external partners. Initially, the Samoa Red Cross Society (SRCS) submitted a project proposal to the French Red Cross (FRC) for potential funding support and awaited their response before advancing further planning. However, the FRC was unable to support the response at this time, prompting SRCS to request a DREF. The date of receiving the funding decision from FRC is being used as the trigger date.



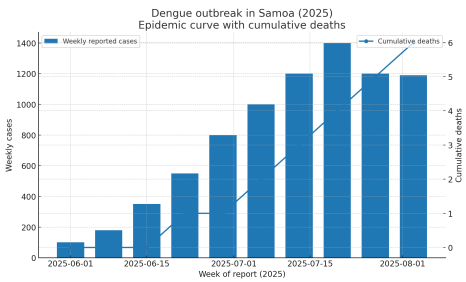
Volunteers conducting vector control activities (Photo: SRCS)



Public Health Promotion in Communities (Photo: SRCS)



EpiPeak Chart (Source: MoH)



Dengue Cases Climb to 7,970 with 6 Deaths (Source: MoH)

Scope and Scale

Climate change is promoting the spread of dengue fever in small South Pacific countries by increasing temperatures, accelerating the life cycle of vector mosquitoes, and enhancing virus transmission. Increased rainfall and humidity are creating more breeding sites, while flooding and rising sea levels are further contributing to conditions conducive to mosquito proliferation. Growing urbanization and internal migration are also increasing risks, as are longer transmission seasons due to milder winters. Climate and environmental factors are playing a key role in accelerating transmission. Meta-analyses across tropical settings show that each 1 °C rise in temperature corresponds to a 13 per cent increase in dengue risk. In Samoa's climate, warmer, wetter seasons and water accumulation around homes are amplifying vector-borne transmission.



The majority of reported cases are concentrated in local communities, with the most affected groups being children and vulnerable individuals, i.e., the elderly and pregnant women, although the entire population is at risk. One of the most critical concerns is limited access to safe drinking water, as many families rely on open water sources that serve as breeding grounds for mosquitoes. The removal or treatment of these water sources is urgently needed to reduce exposure and protect vulnerable household members. In response to the outbreak, schools were temporarily closed, further disrupting daily life and access to education. The situation has also had a significant impact on the mental health and psychosocial well-being of affected communities, particularly following the confirmation of child fatalities. As the outbreak continues, growing fear and uncertainty among residents underline the urgent need for a coordinated, community-based response to prevent further spread and mitigate the consequences.

Based on current outbreak data and the estimated population of Upolu Island (140,000), approximately 35,000 people—or 25 per cent of the population—are considered at risk of dengue infection. This estimate goes beyond the current number of confirmed cases and reflects the broader vulnerability of the population to ongoing transmission, given the widespread presence of Aedes mosquitoes and environmental factors such as open water containers and limited vector control.

The projected at-risk population is based on standard public health and humanitarian planning assumptions, which suggest that 20–30 per cent of a population may be at risk during an active dengue outbreak, especially in settings with high exposure, limited community awareness, and inadequate vector control. A mid-range estimate of 25 per cent was selected to provide a balanced, evidence-informed figure for planning purposes. Gender distribution among the confirmed cases—55 per cent male and 45 per cent female—was applied to the at-risk population, resulting in an estimate of 19,250 males and 15,750 females potentially affected.

Analysis of historical data shows that the 2025 dengue outbreak in Samoa is unfolding with unprecedented speed and intensity compared to recent years. In 2017, the country recorded 2,724 confirmed cases over the course of several months, while 2019 and 2021 saw significantly lower case numbers (400 and 150 respectively), in line with seasonal fluctuations. By contrast, in 2025 a total of 2,619 lab-confirmed cases had already been reported by the end of July—nearly matching the 2017 total in just three months of active transmission. This rapid rise, with no signs of decline by August, indicates that the epidemiological peak is still ahead, most likely in September or October 2025, particularly as the warm and humid conditions in the upcoming months are expected to continue supporting mosquito breeding and virus transmission. Without intensified response measures, the total case count for 2025 may surpass the largest recent outbreak recorded in 2017.

Source Name	Source Link
1. Dengue Sitrep: Ministry of Health	https://sl1nk.com/VK5fZ
2. SPC Epidemics report	https://l1nq.com/rfwpa
3. Dengue Sitrep 16: Ministry of Health	https://www.health.gov.ws/wp-content/uploads/2025/08/Dengue-sitrep-issue-no.17_Final.pdf

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	Yes
Did the National Society respond?	Yes
Did the National Society request funding form DREF for that event(s)	No
If yes, please specify which operation	-
If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:	
-	
Lessons learned:	



This increase is far more than seasonal fluctuation—it represents a multiple-fold surge over baseline levels and is unusually intense compared to the frequency of outbreaks recorded over the last 5–10 years. Between 2012 and 2021, there were 69 dengue outbreaks across Pacific Islands, but none of Samoa’s previous years showed such rapid escalation in confirmed cases in such a compressed timeframe. An outbreak of 2,724 cases in 2017 was the last major episode, but that occurred over many months and was not linked to the current strain dynamics.

Considering that in previous years the number of reported cases was significantly lower, basic health, hygiene, and promotion activities were implemented. Based on past experiences, but also due to the drastic increase in confirmed cases, the Samoa Red Cross Society, guided by the expertise and recommendations of the health sector, has learned the importance of implementing a broader range of activities in response to the current situation. These include specific actions such as fresh blood and platelet donation drives, distribution of mosquito nets and jerry cans, health and hygiene promotion, and ensuring access to safe water. In addition, more training for Red Cross staff and volunteers is needed, particularly in the areas of Epidemic Control, community-based health surveillance, Community Engagement and Accountability, and Mental Health and Psychosocial Support (MHPSS).

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	Yes
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What was the risk level for Child Safeguarding Risk Analysis?:	The Child Safeguarding Risk Analysis was conducted on 18 September 2024. SRCS received a rating of Moderate 2. SRCS is ready to work closely with the Safeguarding Adviser to update the Child Safeguarding Risk Analysis for this Dengue DREF.
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Current National Society Actions

Start date of National Society actions

17-04-2025

Health	To meet the growing demand for fresh blood and platelets from the Ministry of Health (MoH), the SRCS, in collaboration with the Ministry of Health, has conducted targeted blood donation drives and awareness campaigns with various organizations. These efforts form part of the mandated responsibilities of the SRCS to ensure an adequate and safe blood supply to support treatment for critically ill dengue patients and other medical emergencies. Events were successfully organized at key locations, including Taumeasina Island Resort, ANZ Bank, Samoa Ports Authority, and Vaiala Beach School. The SRCS began conducting blood drives in July, following a request from the Ministry of Health. Prior to that, it had been collecting an average of 60–70 blood donations. From July to mid-August alone, however, the number of donations rose to 150. At each location, staff and community members actively participated in voluntary blood donations while also receiving vital education on the use of blood and blood components, including bedside care during bleeding. The value of assistance provided extended beyond the act of donation: trained medical personnel ensured donor safety; culturally appropriate educational materials were distributed; and donors received nutritious refreshments, post-donation medical oversight, and small tokens of appreciation in recognition of their life-saving contributions. This comprehensive support not only enabled safe and efficient blood collection but also fostered a culture of voluntary, regular donation within the community. However, sustained support and additional funding remain essential to cover ongoing costs for donor care services—including transportation, meals, and recognition items—which are crucial to honouring and retaining regular blood donors. Since July, the SRCS has also distributed 112 mosquito nets as part of its efforts to prevent the spread of dengue. These nets serve as a crucial line of defence, especially in areas where people are most vulnerable to mosquito bites during sleep. By providing physical protection from mosquitoes that carry the dengue virus—primarily the <i>Aedes aegypti</i> mosquito—these nets help reduce the risk of infection.
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Water, Sanitation And Hygiene	SRCS, in collaboration with the MoH, continues to lead vital hygiene promotion and vector control activities in response to rising dengue cases. Efforts have included door-to-door household visits, awareness sessions in rural villages, and demonstrations on safe water storage and mosquito breeding site elimination. Communities have been engaged through local leadership and provided with hygiene materials and practical guidance to reduce transmission risks. These activities have strengthened public understanding of dengue prevention and encouraged community responsibility through clean-up campaigns and environmental hygiene initiatives. Support from the Japan Red Cross has played a key role in enabling household visits, awareness sessions, and clean-up campaigns, particularly in Savai'i, in partnership with the Ministry of Health and the Ministry of Women. These campaigns have focused on removing stagnant water, clearing waste, and disseminating key messages through media platforms. However, due to the limited assistance available, these interventions have only been possible in Savai'i, leaving many communities in Upolu unreached. With the rapid increase in dengue cases, there is an urgent need for additional resources to scale up operations, expand coverage to other high-risk areas, and sustain volunteer mobilization and community engagement efforts across the country. Ten jerry cans have also been distributed to affected families as part of efforts to reduce mosquito breeding sites and promote safer water storage. This intervention is especially important, as many households rely on open water sources or uncovered barrels, which can easily become breeding grounds for mosquitoes that spread dengue. By providing sealed, portable containers such as jerry cans, families are better equipped to store water safely, helping to minimize standing water and reduce the risk of mosquito-borne infections.
Community Engagement And Accountability	SRCS is currently conducting a community needs assessment focused on families affected by dengue fever, including laboratory-confirmed cases across Samoa. In urban areas such as Apia and surrounding neighborhoods, SRCS teams are visiting households to assess health and living conditions, distribute hygiene kits, mosquito nets, and informational materials, and refer severe cases to health facilities in coordination with the Ministry of Health. In rural communities on Upolu and Savai'i islands, the assessment extends to remote villages to evaluate access to medical care. These activities involve mobilizing volunteers, providing logistical support for travel to hard-to-reach areas, and engaging communities to ensure targeted assistance. This comprehensive approach enables SRCS and partners to prioritize resources effectively and address the urgent needs of vulnerable families impacted by dengue fever throughout Samoa.
National Society EOC	The National Society Emergency Operations Centre (EOC) has been activated to coordinate and sustain critical response activities addressing the dengue outbreak in Samoa. Under its oversight, community awareness campaigns have been conducted through household visits, public education sessions, media messaging, and engagement with village leaders to promote dengue prevention and early detection. At the same time, clean-up campaigns have mobilized volunteers and community members across urban and rural areas to remove stagnant water, clear waste, and clean drains—key measures to reduce mosquito breeding sites. In addition, targeted blood donation drives have been organized in partnership with hospitals and blood banks to ensure a sufficient supply of safe blood and platelets for critically ill patients, with donors supported through refreshments and recognition. The operation of the EOC remains essential in managing a comprehensive and effective outbreak response.

IFRC Network Actions Related To The Current Event

Secretariat	IFRC is present in the region with IFRC CCD office and is in close collaboration with Samoa Red Cross Society providing, technical support and coordinating with PNS for possible responses.
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Participating National Societies	Japan Red Cross Society (JRCS), French Red Cross (FRC), American Red Cross (AmCross), Australian Red Cross (ARC), New Zealand Red Cross Society (NZRC) are present in the region. JRCS is partially supporting the response through IFRC on Savaii Island, however, as the cases are rapidly increasing there is further support needed for response efforts on Savaii Island. Delegates from IFRC CCD Suva Office and FRC were on Samoa mission and supported the National Society with needs assessment and planning.
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ICRC Actions Related To The Current Event

ICRC is present in the region without operations related to dengue outbreak.
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Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	The MOH continues collaboration across sectors through a whole-of-government approach via the Integrated Vector Control Committee. Current response efforts are focused on source reduction and environmental sanitation measures, ongoing risk communication on dengue preventative measures on all media outlets while urging the public to wear long-sleeved clothing to minimize risk of infection, use mosquito nets and repellents, remain vigilant for severe symptoms and to seek medical attention immediately when necessary. The red alert for DENV-1 and DENV-2 is maintained.
UN or other actors	WHO is implementing priority public health interventions in partnership with ministries of health across the Region to curb transmission and save lives. Successful dengue control efforts rely on sound monitoring and surveillance. WHO is working with ministries of health to monitor dengue surveillance data and predict future trends. Beyond surveillance, the Organization is also responding to dengue outbreaks by mobilizing logistics and supplies for vector control, providing technical support for early detection and clinical management, and reducing risk through risk communication and community engagement at the country level.

Are there major coordination mechanism in place? SRCS is a member of the National Security Taskforce and the National Disaster Advisory Committee (DAC). It has signed an MoU with the Ministry of Health on voluntary non-remunerated blood donor (VNRBD) recruitment and is actively involved in coordination meetings with all relevant actors in the country. SRCS is part of the National Coordination Body for the dengue outbreak, with the Secretary General participating in all important discussions. The Society is also the leading agency in Rainwater Harvesting (RWH) within the WASH sector. Acting as an auxiliary to the public authorities in the humanitarian field, SRCS has responded proactively to the dengue outbreak. The National Society has begun community assessments and information and awareness-raising activities on best practices for individual care and vector control (against breeding sites) to help stop the spread of dengue. Awareness has also focused on blood donation, in response to increased demands from hospitals for fresh blood. SRCS has been engaged in the response from the first day, primarily through organizing blood donation drives, promoting blood donation, and conducting assessments in communities.



Needs (Gaps) Identified



Multi purpose cash grants

The concentrated and severe nature of the dengue outbreak in Samoa has revealed critical gaps in support for affected households, particularly those experiencing income loss due to illness. While the Government continues to provide medical treatment through local health facilities, many individuals diagnosed with dengue are unable to work. Parents caring for infected children are also forced to stop working temporarily, leading to additional financial strain. These conditions have significantly affected household access to adequate nutrition and essential items, both of which are crucial for recovery and preventing further health deterioration. To address this gap, the Samoa Red Cross Society (SRCS) will provide targeted cash assistance to help vulnerable households meet immediate needs such as food, hygiene items, and other daily essentials. This approach aims to improve recovery outcomes, reduce household vulnerability, and ease the burden on overstretched health services. Assistance will be directed toward households where the primary income earner has been clinically or laboratory-diagnosed with dengue, with priority given to those facing additional layers of vulnerability.

Initial assessment key findings:

- Households with dengue-infected members are experiencing income loss due to inability to work.
- Parents and caregivers are missing work to care for sick children, further reducing household income.
- Affected households face difficulty accessing adequate nutrition and essential household items.
- There is a need for targeted recovery support beyond medical care.
- Cash assistance will help meet immediate needs and improve recovery outcomes.
- Priority groups include:
 - Households where the breadwinner is a confirmed dengue case
 - Households below the poverty line
 - Women-headed households affected by dengue
 - Households with elderly or disabled members
 - Households with multiple infected members
 - Caregivers of children diagnosed with dengue



Health

During dengue outbreaks, there is a heightened demand for fresh blood and platelets due to complications such as thrombocytopenia and bleeding. However, availability often falls short, creating a critical gap in timely patient care. Limited community awareness about the importance of blood donation and dengue prevention further contributes to low donor turnout and ongoing disease transmission. Accurate and timely identification of suspected dengue cases at the community level is also hindered by insufficient training among volunteers and a lack of robust community-based surveillance mechanisms. In addition, affected populations frequently experience psychological distress during outbreaks, driven by child fatalities, loss of income due to hospitalization, and prolonged illness. Yet, accessible mental health support at the community level remains inadequate. Vulnerable groups, including children and the elderly, also lack sufficient personal protection against mosquito bites. The absence of mosquito nets and mosquito repellents highlights a pressing need for preventive tools to reduce exposure.

According to figures provided by the Government of Samoa, 112 villages across the country have been identified as dengue hotspots, out of a total of 362 villages nationwide. Based on national population estimates, this equates to approximately 68,600 people—nearly a third of the population—living in areas at heightened risk of dengue transmission. Given the dense clustering of households and reliance on open water storage in many of these communities, the urgency for effective mosquito prevention measures is clear. The widespread distribution of mosquito nets, particularly to households in high-risk villages, is a critical intervention to protect vulnerable populations—especially children—from mosquito bites during peak activity hours. Scaling up mosquito net coverage will not only reduce the incidence of new infections but also support the broader national effort to contain the outbreak.

Initial assessment key findings:

- There is an urgent need to address the Ministry of Health's recurrent demands for fresh blood and platelet supplies.
- Increased community education and awareness on dengue fever and its prevention are needed.
- SRCS volunteers have received minimal training in Epidemic Control for Volunteers (ECV) and Community-Based Surveillance (CBS). Active volunteers require training in ECV and orientation on CBS.
- Psychological distress is increasing among affected populations due to child deaths, income loss from hospitalization, and the impact of dengue symptoms.
- All active SRCS volunteers require re-orientation in basic Psychological First Aid (PFA).
- With only 1,700 mosquito nets in stock, SRCS faces a critical shortage. Meeting current outbreak needs would deplete all pre-



positioned supplies, leaving the National Society unable to respond to concurrent or future emergencies.

- Mosquito repellents are urgently needed to protect individuals in hotspot areas from mosquito bites outdoors; however, no stock is currently available to meet this need.



Water, Sanitation And Hygiene

Government figures indicate that 112 out of 362 villages in Samoa have been classified as dengue transmission hotspots. Based on national population estimates, this equates to roughly 68,600 individuals residing in high-risk areas. In many of these villages, households rely on open containers or barrels for water storage, creating ideal breeding grounds for mosquitoes. This underscores the critical importance of distributing jerry cans with secure, sealable lids to affected communities. By enabling safer water storage, jerry cans reduce the presence of standing water around homes, directly addressing one of the primary sources of mosquito proliferation. Expanding access to jerry cans is therefore an essential preventive measure to reduce infection rates and support broader outbreak control efforts. Complementary hygiene promotion and WASH activities—such as clean-up campaigns—are also needed to minimize environmental risks that contribute to dengue transmission.

Initial assessment key findings:

- Many communities are using open water sources, such as barrels, which serve as mosquito breeding sites.
- Hygiene promotion activities are needed to improve community practices and reduce risks.
- Community-level WASH interventions, including clean-up activities, are necessary to eliminate mosquito breeding sites.
- SRCS currently holds only 2,500 jerry cans in stock. Distributing these to support households using open water sources would deplete all pre-positioned supplies, compromising the Society's capacity to respond to future emergencies.



Protection, Gender And Inclusion

In emergency settings, vulnerable groups such as children, the elderly, pregnant women, and persons with disabilities often face heightened protection risks. Yet, their specific needs are frequently overlooked in the absence of inclusive planning. There is a critical gap in the awareness and capacity of response staff to identify and respond to protection concerns, particularly those affecting children. This underscores the need for targeted training on protection risks and child safeguarding. Additionally, the lack of sex-, age-, and disability-disaggregated data limits the ability to design effective and inclusive interventions that address the diverse needs of affected populations. Without the consistent application of Protection, Gender, and Inclusion (PGI) standards and the Dignity, Access, Participation, and Safety (DAPS) framework, response efforts risk reinforcing existing inequalities and failing to provide safe and equitable assistance. The SRCS has PGI and Child Safeguarding policies. However, due to the high turnover of staff and volunteers, there is a need to conduct refresher or rapid training on PGI and Child Safeguarding. It is important to integrate PGI principles into all stages of the response to ensure that the safety and well-being of all individuals—especially the most vulnerable—are prioritized.

Initial assessment key findings:

- Prioritization of the safety and well-being of children, the elderly, pregnant women, and other vulnerable groups across all interventions.
- Rapid training for response staff on protection risks and child safeguarding is needed.
- Sex-, age-, and disability-disaggregated data must be collected for tailored interventions.
- PGI in Emergencies Minimum Standards should be used to ensure the DAPS approach is mainstreamed in all interventions.
- There is a need to re-orient staff and volunteers on the SRCS Child Safeguarding Policy.



Community Engagement And Accountability

There is a clear need for increased public education and awareness on dengue transmission, prevention, and early symptom recognition, particularly in hard-to-reach and rural areas. While mass media such as radio and television remain effective communication tools in Samoa and across the Pacific, their potential for driving behavior change is not fully leveraged, and community-specific outreach remains limited. Many SRCS volunteers also lack formal training in Community Engagement and Accountability (CEA), which may hinder timely and effective two-way communication with affected populations during outbreaks. Without trained personnel and structured feedback mechanisms, misinformation can spread, and community concerns may go unaddressed, reducing both trust and participation in public health measures.

In addition, there are currently no confidential and accessible channels for community members to provide feedback or raise concerns. This limits the responsiveness and accountability of the health response. Strengthening community engagement is therefore essential, not only to inform people about dengue prevention but also to ensure that communities are aware of and actively involved in SRCS



activities.

Initial assessment key findings:

- There is a need for stronger public education and dissemination of information through local media.
- SRCS volunteers lack CEA training, which may slow down the response and limit effective engagement with communities.
- Structured community engagement is required to ensure that communities are informed of SRCS activities.
- SRCS needs to establish a confidential feedback mechanism (e.g., a dedicated phone line) to enable safe two-way communication with affected populations.

Any identified gaps/limitations in the assessment

A list of 2,619 laboratory confirmed dengue fever cases, was provided to the SRCS, to carry out their usual initial needs assessment community approach, to identify and understand the extent and impact of the dengue fever outbreak, and the ability of the affected population to meet their immediate survival needs. Five teams SRCS staff and volunteer went out to implement the dengue fever assessment.

Beyond the identified gaps in community engagement and public education, SRCS also faces critical internal capacity constraints that may limit the scale and efficiency of its dengue outbreak response. While the Society has a dedicated Disaster Management (DM) Coordinator and Project Coordinator responsible for planning and assessments, both currently serve on a voluntary basis, and there are no dedicated PMER (Planning, Monitoring, Evaluation, and Reporting) or Communications personnel in place.

The absence of full-time paid Finance Officer further challenges the management of funds and accountability processes during an emergency operation of this scale. To address these gaps, the operation requires the engagement of a full-time PMER Officer for six months, contributions to the Operations Team (including a DREF Coordinator and Health Coordinator), and the engagement of a dedicated Finance Officer for six months. In addition, voluntary allowances for 30 volunteers over a six-month period are necessary to sustain their involvement, along with logistical support for transport, vehicle rental, and fuel to reach affected communities.

Initial assessment key findings:

- SRCS currently lacks dedicated PMER and Communications personnel.
- Finance Officer position is vacant, limiting accountability and financial management capacity.
- Disaster Manager, Health Coordinator and Finance Officer work mostly on a voluntary basis.
- Sustained volunteer engagement requires allowances to cover six months of operation.
- Logistics support (vehicles, fuel, ferry costs) is essential for reaching affected communities.

[Assessment Report](#)

Operational Strategy

Overall objective of the operation

The overall aim of this operation is to assist 15,000 people affected by the dengue outbreak in Samoa by implementing targeted prevention, awareness, and lifesaving support activities over a six-month period.

Key actions include organizing community clean-up campaigns and distributing jerry cans to households in the most affected areas, as well as reducing transmission rates in hotspot communities through the distribution of mosquito nets and mosquito repellents. Public awareness will be raised on dengue risks by distributing information materials translated into Samoan across homes, schools, and community spaces. In addition, the operation will support the mobilization of blood donors to meet the increased demand during outbreaks, when some patients experience low platelet counts or mild bleeding that requires timely transfusion. To further reduce the impact of the outbreak on household well-being, targeted cash assistance will be provided to infected individuals and their families to help meet immediate needs such as food, hygiene supplies, and other daily essentials.

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

Operation strategy rationale

The overall emphasis of this response is on prevention and community-centered activities that are both cost-effective and impactful. Interventions such as clean-up campaigns, awareness sessions, safe water distribution, and risk communication are designed to reduce



mosquito breeding sites, improve hygiene practices, and promote early detection—critical measures for halting the spread of dengue at the community level. While these activities require relatively low financial input compared to medical care or large-scale infrastructure, their effectiveness depends heavily on sustained community engagement and the active involvement of trained volunteers. The SRCS recognizes that its volunteer network is central to delivering these life-saving interventions. Ensuring that volunteers are properly trained, equipped, and continuously supported is therefore essential to the success of this prevention-focused strategy. This approach not only addresses immediate health risks but also contributes to long-term community resilience against future outbreaks.

In light of the rising number of dengue cases and the urgent need for timely intervention, SRCS developed and submitted this operational plan as a standalone response strategy, grounded in its community-based approach and available internal capacity. In parallel, discussions are ongoing with the Australian Red Cross (ARC), with confirmation pending on potential support for specific components of the response. This includes funding for selected training activities and partial coverage of surge deployment costs. If confirmed, this contribution will complement the current DREF request and strengthen SRCS's ability to deliver a more effective and well-supported response on the ground.

Health Sector: Public Health and Blood Donation Mobilization

During dengue outbreaks, patients may experience thrombocytopenia (low platelet counts), placing them at risk of mild to severe bleeding. Timely access to fresh blood and platelets is essential in managing such cases. However, platelet shelf life is very short—typically 5–7 days—and donations often decline during health emergencies. To address this, regular blood drives will be conducted in coordination with local health authorities and blood banks to ensure a stable supply of safe and fresh blood components. This strategy strengthens surge capacity and reduces strain on the health system during peak caseload periods. The MoH has the capacity to manage an increase in voluntary non-remunerated blood donations, with established systems for collection, screening, and storage. SRCS will work closely with MoH to ensure that blood drives are well-coordinated and aligned with national capacity, enabling effective management and sustainability of increased donations.

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

The JRCS is currently providing partial support for response efforts on Savaii Island, including awareness-raising activities and the distribution of mosquito nets and jerry cans. However, with the continued rise in dengue cases on Savaii, this support is no longer sufficient to meet growing needs. The proposed response will therefore primarily focus on Upolu—where the majority of cases are concentrated—while also extending critical support to ongoing efforts in Savaii, ensuring a comprehensive nationwide approach to outbreak control.

WASH Sector: Vector Control and Safe Water Access

To reduce mosquito breeding grounds and prevent further spread of dengue, targeted clean-up campaigns will be organized in high-risk communities. These campaigns aim to eliminate stagnant water sources where mosquitoes breed, particularly in areas with poor waste disposal or where rainwater collects in containers, tires, or debris. Concurrently, jerry cans or buckets will be distributed to families relying on open containers or barrels for water storage, providing safer options and reducing mosquito proliferation. This is a critical preventive measure in densely populated or underserved areas where piped water systems are limited. Mobilization of communities and volunteers for these clean-up activities will be conducted in collaboration with the Ministry of Health and the Ministry of Women.

Risk Communication and Community Engagement (RCCE)

Raising awareness about dengue prevention, recognition of symptoms, and when to seek medical care is essential for controlling the outbreak and ensuring timely case detection. Effective communication and community engagement are also critical for dispelling misinformation, promoting behavior change, and building trust in public health measures. Community Engagement and Accountability (CEA) is therefore a core component of this response strategy. Culturally adapted posters with messages translated into Samoan will be distributed across households, schools, churches, and public spaces, ensuring accessibility even for those with limited literacy. These will be complemented by in-person engagement from community health volunteers and local leaders, reinforcing messages through trusted channels.

To strengthen this work, orientation CEA training will be provided to SRCS staff and volunteers, equipping them with the skills to deliver effective, consistent, and responsive engagement. Given the evolving nature of the outbreak, CEA surge support will also be deployed to guide, coach, and provide technical input in real time. The DREF allocation will cover several days of this deployment, with the potential for extension subject to additional Partner National Society (PNS) funding. This will ensure that community engagement efforts remain adaptive, coordinated, and impactful throughout the response.



To ensure a safe and inclusive response, SRCS staff and volunteers will undergo refresher training on Protection, Gender, and Inclusion (PGI) and Child Safeguarding. This training will reinforce their understanding of key principles that uphold dignity, safety, and equitable support for all individuals, particularly vulnerable groups such as children, women, the elderly, and persons with disabilities. Strengthening staff and volunteer capacity in PGI and Child Safeguarding is critical to minimizing risks of harm, upholding humanitarian standards, and ensuring that all activities are safe, inclusive, and accountable.

Cash Assistance

Many affected individuals, particularly household breadwinners, are unable to engage in income-generating activities due to illness. Caregivers of children with dengue also face additional economic strain, compounding household vulnerability. These conditions create barriers to accessing adequate nutrition and essential supplies—both crucial for recovery and preventing further deterioration in health. To address these needs, SRCS will provide targeted cash assistance to enable affected households to cover immediate essentials such as food, hygiene products, and daily necessities.

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

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

Given that SRCS last implemented Cash and Voucher Assistance (CVA) in 2009, there is a critical need to strengthen internal capacity to ensure effective and accountable delivery. Since global CVA practices have evolved significantly, many current volunteers and staff lack practical experience in cash programming. Comprehensive CVA training will therefore be conducted for all personnel engaged in the activity, covering beneficiary targeting, data collection, verification, cash distribution, post-distribution monitoring, and safeguarding. This training is essential to ensure that assistance reaches the right people in the right way, while building longer-term institutional capacity. To complement this, the DREF allocation will support one month of CVA surge deployment, with the potential for extension subject to additional PNS funding.

Targeting Strategy

[Targeting Strategy Supporting Document](#)

Who will be targeted through this operation?

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

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

Explain the selection criteria for the targeted population

The targeted population for the dengue outbreak response in Samoa is selected based on a combination of risk exposure and vulnerability. Priority is given to households in high-risk or hot spot areas identified through the Samoa Ministry of Health case surveillance, especially those using open or unsafe water storage methods that contribute to mosquito breeding. Low-income families and rural communities are also prioritized, as they often lack access to proper sanitation, healthcare, and reliable information. In addition, youth and adults who meet health and age criteria for blood donation are targeted through awareness and recruitment



campaigns to support the national blood supply for severe dengue cases. Red Cross staff and volunteers are also included for refresher training in Psychological First Aid (PFA), Child Safeguarding, Community Engagement and Accountability (CEA), and Epidemic Control to enhance frontline support and improve outreach effectiveness. Children and schools have also been prioritized as a key target group for dengue awareness activities. The majority of reported dengue cases have occurred in children, making them a particularly vulnerable demographic. Moreover, due to the outbreak, many schools were closed, limiting access to structured health education and increasing the risk of misinformation or lack of awareness. By re-engaging schools through poster distribution, health sessions, and child-friendly materials, we aim to improve children's understanding of dengue prevention and early symptoms. Children also serve as effective messengers, often bringing health information back to their families, thereby amplifying the reach of community education efforts.

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

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

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

Total Targeted Population

Women	6,750	Rural	-
Girls (under 18)	-	Urban	-
Men	8,250	People with disabilities (estimated)	-
Boys (under 18)	-		
Total targeted population	15,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	Yes



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

Risk	Mitigation action
Logistical risk may arise with international procurement, which can arise from delays in transportation, customs issues or natural disasters.	The National Society will receive support from the IFRC Logistics team to ensure efficient and transparent procurement. This includes guidance on supplier selection, contract management, and quality assurance, as well as support with transport and timely delivery of goods. The IFRC will also ensure that ERP is raised early and swiftly to prevent any delays.
Logistical risk with procurement of Mosquito repellents. There is a risk of delay with the procurement of mosquito repellent as it falls under medicine procurement and will require technical validation certificate.	IFRC CCD Suva and IFRC APRO will support the procurement process including the technical validation process.
Upcoming General Elections - no mission order is given from the Government from mid-August to the end of September, which can delay or affect possible missions of CCD and other delegates	All possible support will be provided online and training that requires facilitators from other countries will be planned for after the election period or conducted online if possible
Potential disaster happening during the period of implementation, which can affect the national society's capacity to respond to multiple emergencies.	- Coordination and technical support from CCD office. - Activation of regional surge capacities to support SRCS. - Coordination and partnership with other humanitarian actors.

Please indicate any security and safety concerns for this operation:

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

Has the child safeguarding risk analysis assessment been completed?

No

Planned Intervention



Multi Purpose Cash

Budget: CHF 59,338

Targeted Persons: 1,200

Indicators

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

Priority Actions

- Provision of one-off cash transfer of SAT 480 (CHF 145), equivalent to 50 per cent of the average monthly income, to 300 households (1,200 people)
- Conduct post-distribution monitoring



Health

Budget: CHF 68,619

Targeted Persons: 10,000

Indicators

Title	Target
# of blood donation campaigns organized	6
# of voluntary blood donors mobilized	100
# of people reached by epidemic preparedness and response activities	10,000
# of people reached with psychosocial support services (MHPSS)	100
# of households adopting at least one dengue prevention practice	100
% of people using mosquito nets on a regular basis	60

Priority Actions

- Implement blood donor awareness and recruitment activities
- Organize blood drives
- Conduct Raising Awareness activities on dengue prevention
- Train volunteers on ECV and CBS
- Train volunteers on basic PFA
- Train staff and volunteers on Child Safeguarding
- Develop IEC materials on health promotion
- Distribute mosquito nets
- Conduct post-distribution monitoring



Water, Sanitation And Hygiene

Budget: CHF 17,100

Targeted Persons: 4,000

Indicators

Title	Target
# of people covered with hygiene promotion activities	4,000
# of people who have been supplied with an improved protected source of drinking water (according to WHO and Sphere standards)	4,000
% of households using the jerry cans as intended	80

Priority Actions

- Procure and distribute jerry cans or closed buckets
- Implementation of community clean-up activities and awareness sessions
- Conduct post-distribution monitoring





Protection, Gender And Inclusion

Budget: CHF 1,244

Targeted Persons: 121

Indicators

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

Priority Actions

- Conduct rapid training of response staff on protection risks and child safeguarding
- Collect sex, age, and disability disaggregated data (SADDD) to inform tailored interventions
- Application of PGI in Emergencies Minimum Standards to ensure the DAPS approach is mainstreamed across all interventions



Community Engagement And Accountability

Budget: CHF 5,286

Targeted Persons: 10,000

Indicators

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

Priority Actions

- Conduct media campaigns and radio talkback sessions
- Train Red Cross staff and volunteers on CEA
- Conduct household visits and awareness sessions
- Establish a dedicated phone line for confidential feedback



Secretariat Services

Budget: CHF 24,873

Targeted Persons: 0



Indicators

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

Priority Actions

- Conduct monitoring visits
- Deployment of CEA surge support
- Deployment of CVA surge support
- Provide continuous technical and coordination support



National Society Strengthening

Budget: CHF 32,612

Targeted Persons: 0

Indicators

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

Priority Actions

- Appointment and engagement of SRCS' DM/DREF Coordinator
- Engagement of SRCS' Health Coordinator
- Engagement of SRCS' Finance Officer
- Engagement of SRCS' PMER Officer
- Provision of volunteer allowances
- Organize a lessons learned workshop

About Support Services

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

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

Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

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



Will surge personnel be deployed? If yes, please provide the role profile needed.

Yes

The deployment of CEA surge support to the SRCS plays a critical role in strengthening the organization's capacity to engage communities effectively and inclusively. By providing continuous technical guidance—starting with online training for staff and volunteers, followed by in-person training and mentoring—the CEA surge ensures that SRCS teams are well-prepared to implement community-centered approaches. This support is especially important during activities such as home awareness sessions, where direct interaction with households allows the Red Cross to share important information, receive feedback, and ensure that messaging is clear, culturally appropriate, and actionable. Embedding the CEA surge during these sessions allows for real-time coaching and adaptation, reinforcing the importance of two-way communication, community trust, and accountability throughout program implementation.

The CVA surge personnel will play a vital role in building the capacity of the SRCS to deliver effective and accountable cash and voucher assistance. As the last CVA activity conducted by SRCS took place in 2009, there is a clear need to refresh and strengthen the knowledge and skills of current staff and volunteers. To address this, the CVA surge will lead a dedicated three-day training focused on core CVA principles, processes, and best practices, while ensuring the content is relevant and contextualized to Samoa's specific operational environment, cultural dynamics, and community needs. This training will provide the technical foundation required to design and implement cash-based interventions that are appropriate, timely, and well-targeted. Beyond the training, the surge personnel will also provide hands-on guidance and support throughout the initial phases of implementation, ensuring that the CVA program is carried out effectively, in alignment with Red Cross standards, and responsive to the needs of the communities being served.

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

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

How will this operation be monitored?

The SRCS team will be responsible for the overall implementation and follow-up of the operation, in close collaboration with the DM team at the IFRC CCD Suva. The SRCS PMER Officer will oversee continuous monitoring and reporting, with additional PMER support provided by the IFRC CCD Suva office as needed. Monitoring visits will be carried out to strengthen and support response activities. The CVA Surge will provide training for Red Cross staff and volunteers and will support the coordination and implementation of activities in communities. At the end of the operation, a lessons learned workshop will be conducted.

Please briefly explain the National Societies communication strategy for this operation

SRCS, in coordination with IFRC CCD Suva, will lead the collection and dissemination of communication materials. For field activities, beneficiaries may be invited to participate in photo or video documentation to support humanitarian advocacy and resource mobilization by Movement partners and other stakeholders. All content collection will be carried out with the informed consent of individuals, in line with IFRC's ethical standards and safeguarding policies, ensuring respect for dignity, privacy, and the protection of vulnerable groups. These materials will also be proactively shared with IFRC CCD Suva and APRO Communications for visibility efforts. During the DREF operation, SRCS will work closely with local media and run media/social media campaigns and radio talk shows to reach the public. IFRC CCD Suva and APRO Communications will provide support in relevant communications areas.



Budget Overview



DREF OPERATION

- Samoa Red Cross Society
Dengue Outbreak

Operating Budget

Planned Operations	151,587
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	59,338
Health	68,619
Water, Sanitation & Hygiene	17,100
Protection, Gender and Inclusion	1,244
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	5,286
Environmental Sustainability	0
Enabling Approaches	57,485
Coordination and Partnerships	0
Secretariat Services	24,873
National Society Strengthening	32,612

TOTAL BUDGET 209,072

all amounts in Swiss Francs (CHF)

Internal

20/8/2025

#V2022.01

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



Contact Information

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

National Society contact: Tautala Mauala, Secretary General, sg@redcross.org.ws

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

IFRC Project Manager: Maciu Nokelevu, DRM Manager, maciu.nokelevu@ifrc.org, +6799925248

[Click here for the reference](#)

