

www.ifrc.org
Saving lives,
changing minds.

Final Report

Samoa: Measles Outbreak



DREF operation: MDRWS002	Operation n° MDRWS002
Date of Issue: 14 June 2020	Glide number: EP-2019-000139-WSM
Operation start date: 30 November 2019	Operation end date: 29 February 2020
Host National Society: Samoa Red Cross Society (SRCS)	Operation budget: CHF 71,836
Number of people affected: 90,000	Number of people assisted: 19,527
Red Cross Red Crescent Movement partners currently actively involved in the operation: SRCS worked with the International Federation of Red Cross and Red Crescent Societies (IFRC) and New Zealand Red Cross in this operation. Surge support was also provided by the IFRC Country Cluster Support Team (CCST) Pacific in Suva, Fiji.	
Other partner organizations actively involved in the operation: SRCS worked in collaboration with the Ministry of Health (MoH) and first response agencies in the coordination through the National Emergency Operations Centre (NEOC). Other partners involved with SRCS were UN agencies such as UN-Women and UNFPA. SRCS, with IFRC CCST surge support worked in partnership and collaborated with WHO and UNICEF.	

A. SITUATION ANALYSIS

Description of the disaster

The Samoan Health Emergency Operations Centre (HEOC) reported the first measles case of the outbreak on 30 September 2019, associated with the measles outbreak in New Zealand in February 2019. Cases steadily increased through October 2019 and the Government of Samoa declared a state of emergency for the measles outbreak on 15 November 2019 after tests on a suspected case was confirmed to be positive. SRCS was directly involved from the beginning of the response with a representative invited to the first Health Sector Meeting on 19 November and subsequent meetings of the National Emergency Operation Team coordinating the response.

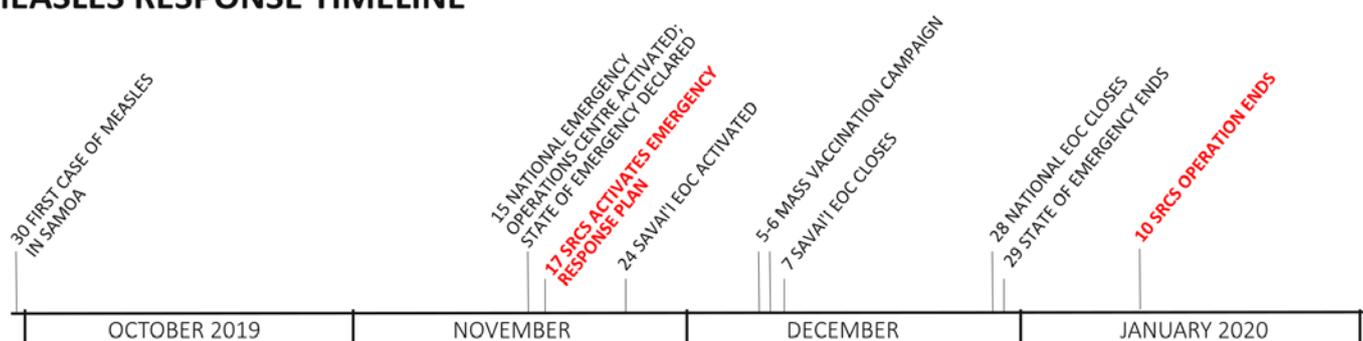
The low rate of immunization of children below the age of five, amongst other factors, contributed to the rapid spread of the disease. By 20 January, a total 5,707 cases of measles have been reported to the Disease Surveillance Team of which 1,868 were admitted to hospitals. A total of 83 fatalities was recorded at either hospitals or the morgue since the beginning of the outbreak, majority of them children under the age of five. Information from both SRCS volunteers from their community-based support and HEOC coordination meetings confirmed a number of unreported measles cases and deaths of children caused by measles who were buried at home.

The distribution of measles cases was concentrated in Apia, to the west and east along the northern coast of Upolu and the communities down to the southern coast of Apia. The number of cases in Savai'i was significantly lower, mainly concentrated around Salelologa. The mapping of SRCS support reflects coverage of villages where measles concentration was the highest, in addition to more isolated communities in Upolu. In initial discussions, SRCS planned to mobilize 100 volunteers to cover both Savai'i and Upolu. Yet, only 50 volunteers were mobilized for this operation, mainly because of the parents' fear for volunteers' safety in measles response.

The HEOC Situation Report No. 57 Surveillance Update from 17 January 2020 captures the latest data provided by MoH as outlined in the following table which reflects both the tragedy of the high case fatality rate of children under the age of five and the decline of measles cases at the time of its release.

Age group	Measles cases last 24 hours	Total measles cases (n)	Total measles-related deaths (d)	Attack rate (n/1000 population)	Case Fatality Rate (d/n)
0-5 Months	1	443	11	163.3	2.5%
6-11 Months	0	733	21	270.2	2.9%
1-4 Years	0	1,791	41	76.1	2.3%
5-9 Years	0	547	1	20.9	0.2%
10-14 Years	0	162	1	7.7	0.6%
15-19 Years	0	533	2	28.9	0.4%
20-29 Years	0	910	2	30.1	0.2%
30-39 Years	0	362	3	15.8	0.8%
40-49 Years	0	156	1	7.6	0.6%
50+ Years	0	27	0	0.8	0.0%
missing age	0	43	0	N/A	N/A
Total	1	5,707	83	28.4	1.5%

MEASLES RESPONSE TIMELINE



Summary of response

Overview of Host National Society

SRCS activated its response from 17 November 2019. The initial focus was on supporting the MoH's mass vaccination campaign. A team of SRCS staff and 15 volunteers assisted in:

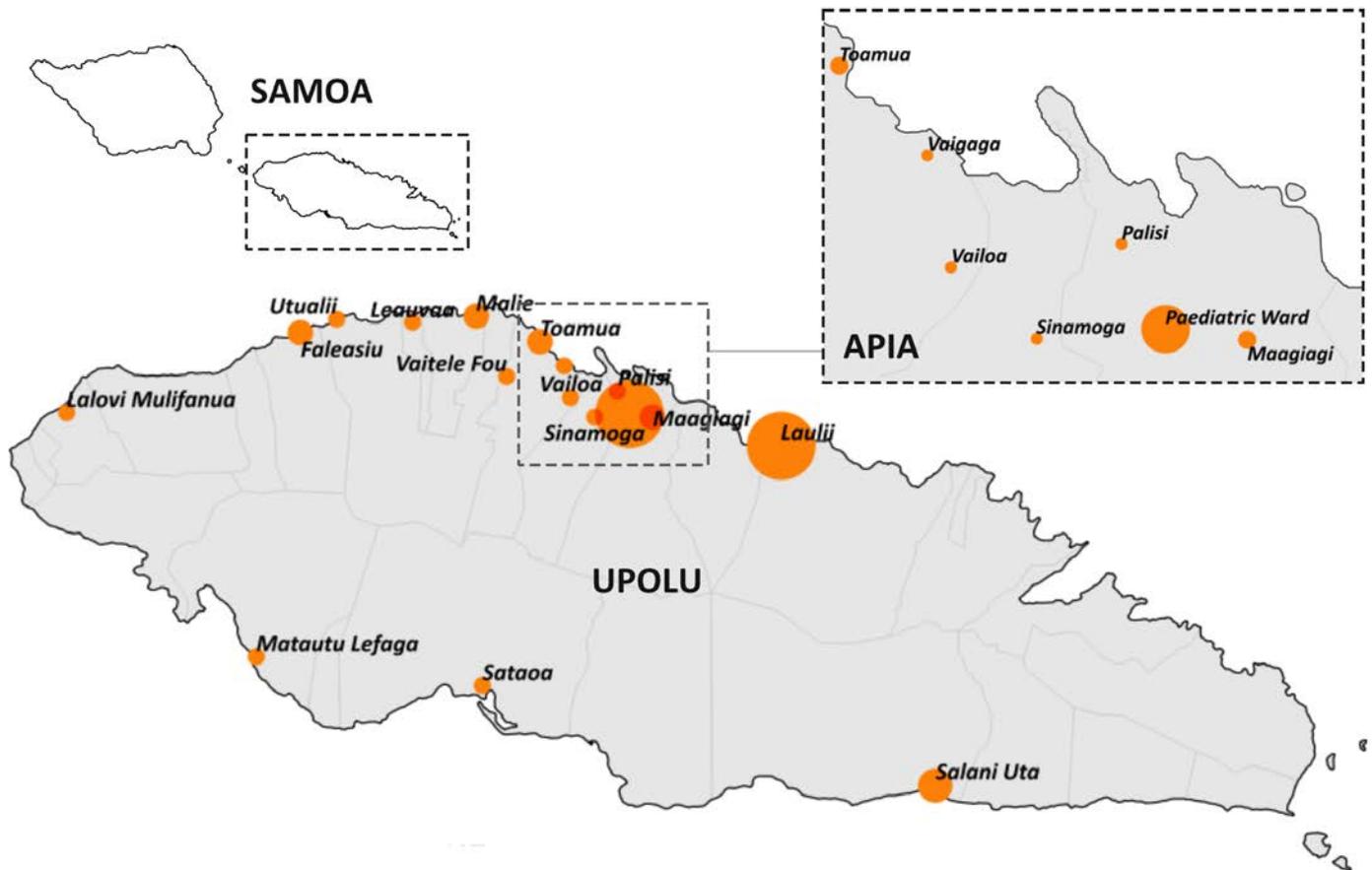
- established a mobile medical unit next to the SRCS Headquarter (SRCS HQ) to be one of the vaccination sites.
- providing security and registering details of people accessing the vaccination site at the SRCS HQ.
- providing hygiene promotion, measles awareness and first aid support to the mobile medical unit at the SRCS HQ and 11 other vaccination sites.
- conducting public awareness for Voluntary Non-remunerated Blood Donation (VNRBD) to cater for blood demand at the main hospital, Tupua Tamasese Meaole (TTM) Hospital.

The initial DREF operation timeframe was from 2 December 2019 to 10 January 2020. A no-cost extension was granted from 10 January 2020 to 29 February 2020 to finalise the DREF reporting.

A total of 17,673 people (8,147 male and 9,526 female) visited the vaccination sites supported by SRCS during the campaign and benefitted from these services. SRCS has been a prominent partner for MoH voluntary blood donor collection. During the response, a total of 299 people (204 males and 95 females) from the community as well as the private sector donated blood. This number was lower than initially planned since blood drive was only conducted upon request from the national blood bank.

When social immunisation was achieved by the mass vaccination campaign, SRCS went into a second phase of the operation to support families and communities affected by the outbreak. With the help of the MoH, SRCS identified high risk communities with high number of confirmed measles cases and related deaths. Volunteers visited these communities to conduct assessments and provide psychosocial support. SRCS partnered with MoH's Mental Health team to conduct joint assessments of affected communities with psychological first aid support.

SRCS provided integrated public health support to affected households, with assessments identifying broad needs to improve hygiene as well as the distribution of hygiene kits and other essential household items. The map below indicates the outreach of SRCS' response, indicating the distribution of hygiene kits.



Map: Samoa National Emergency Operation Center (NEOC)

A total of 36 volunteers attended a one day Psychological First Aid training facilitated by two New Zealand Red Cross (NZRC) trainers before they were sent to the communities.

SRCS supported the Ministry of Children, Women and Social Development with twenty volunteers joining twenty MCWSD teams for a three-week national door to door measles awareness programme and survey which reached approximately 25,000 out of Samoa's 28,000 households, and involved 20 SRCS volunteers for over three weeks. This work was supported by inter-agency UN funding. An impact study has been conducted but has not been finalized yet. However, MCWSD reported that the initial survey revealed that 30% of children were not immunised, which fell to 1-2% in a follow-up survey after the mass vaccination campaign.

The MoH provided information to the SRCS about an additional 129 Families in ten communities for further support but this did not go ahead due to the SRCS board not approving further payment of SRCS volunteers. As a result, CCST NSD in-country support in February identified that the response operation should be concluded on 29 February with no further tranches from the DREF budget.

A lessons-learned workshop was held on February 27 which included external partners from Disaster Management Office (DMO, Ministry of Police (MoP), Samoa Fire and Emergency Services Authority (SFESA), Ministry of Women, Children and Social Development (MWCSO). The Ministry of Health was invited but was not able to attend the workshop. The main lessons learned from the operation are listed below:

1. SRCS programme and support team should work as one team in all phases of emergency/outbreak response;
2. The Disaster Response Plan was not effective for practical use for the operation, which calls for a review of the Disaster Response Plan, SOPs and contingency plans (especially for Public Health in Emergencies);
3. Revision of volunteer management including SRCS Disaster Response Plan/SOPs for future responses. During the event, the DMO delivered a presentation on the overview of the national response operation. During the session, the

DMO representative expressed very positive feedback on the auxiliary support role provided by SRCS since the beginning of the response.

Overview of Red Cross Red Crescent Movement in country

The IFRC CCST Pacific office provided technical support to SRCS from the initial stages of the response. The Health Manager led coordination of the IFRC surge response support to the SRCS Disaster Management team. The Health Manager and PMER Manager provided in-country support in early December, with further health/operations, logistics and PMER support in January, NSD support and PMER support in February and ongoing finance, communications and logistics support from CCST Pacific Office.

In December, NZRC also sent twelve nurses to assist Ministry of Health clinical services at the main hospital; the nurses also participated in the national two-days vaccination campaign. In addition to medical assistance, NZRC sent two Psychological First Aid trainers to provide psychosocial training for SRCS staff and volunteers. The Australian Red Cross (ARC) provided support through short-term deployment of a Public Health in Emergency Delegate. ARC also sent 208 toys and teddy bears for affected household as a method of psychological support, especially with those who had lost their loved ones. This initiative showcased the importance of teamwork and coordination within the local actors.

Overview of non-RCRC actors in country

The lead agency in the measles response operation was the Ministry of Health, through the activation of the Health Emergency Operations Centre. The Samoa Government Disaster Management Office (DMO) played a key role as secretariat to the Disaster Advisory Committee (DAC) members, those active in the measles response operation include SRCS, Ministry of Police (MoP), Samoa Fire and Emergency Services Authority (SFESA), Ministry of Women, Children and Social Development (MWCSD), Ministry of Communication and Information Technology (MCIT), Ministry of Education, Sports and Culture (MESC), Ministry of the Prime Minister and Cabinet (MPMC) and Faataua Le Ola (FLO, Samoa Lifeline). The DMO coordinated of National Mass Vaccination Operation in 20 Centres and provide resources to support logistics, personal protective equipment and data entry.

The State of Emergency was declared from 30 November to 29 December and included shutdowns of the inter-island ferry and schools, with a mass vaccination held on 5 and 6 December 2020.

Relevant organisations provided great support to the Samoa Government during the response. The Australian and New Zealand governments through DFAT and MFAT sent nurses, doctors and public health officials in the Australian Medical Assistance Team (AUSMAT) and New Zealand Medical Assistance Teams (NZMAT). Other countries also provided technical assistance including the United States of America, Israel, Tonga, Japan, Kiribati and Norway.

The WHO, UNICEF, UNFPA and UN Women have in-country offices and provided technical assistance to the government throughout the response as did external partners, such as ASA, Caritas Samoa, ADRA, and LDS Mormon Church.

Needs analysis and scenario planning

As SRCS has been directly involved in the response, it has first-hand information on progress and needs of the government and partners. As such, response planning and resource allocation has been adapted to support the ongoing response and the needs of the most vulnerable population. After the mass vaccination campaign on 5 and 6 December, the number of people accessing vaccination sites decreased significantly. Volunteers providing support for the vaccination sites were then trained and briefed to conduct community assessments on communities with the most vulnerable population. Information on the most vulnerable and affected communities was provided by the MoH.

Initial assessments from the targeted communities identified needs that were anticipated in the response. However, the needs of different families and communities were identified and where appropriate, immediate support such as hygiene kits was provided. The analysis of needs from the assessments enabled procurement of the most appropriate essential household items to be distributed to communities through the logistics team.

Risk Analysis

Lack of coordination through HEOC in the community response was an identified risk informed from SRCS community visits. Volunteers found that some communities and families have been assisted by organisations and groups who have provided support directly to the communities without coordinating with government officials. The assistance provided was not based on any need assessment and as such did not fully meet the needs of the communities. There was also a risk of communities receiving assistance from multiple sources. This situation forced SRCS to change their target communities; this issue has been highlighted with government officials. The community assessments are

conducted at household level and needs that cannot be met by the SRCS will be sent to the NEOC so other organisations can respond.

SRCS collaborated with private donors such as Rugby Association and churches on cash distribution to families with measles fatalities and toys to children with measles, which created an association of SRCS with distribution of cash. A cash distribution was targeted families who sought financial support and had lost children to measles which were not recorded in the official MoH data.

B. OPERATIONAL STRATEGY

Proposed strategy

The DREF operation aimed to assist in reducing morbidity and mortality from the measles outbreak by providing support services to the vaccination campaign in the vulnerable Samoan community. The first phase of the operation focused on the vaccination centers, the second phase of the operation focused on the provision of support to vulnerable communities, specifically on families of fatalities to measles and those that were hospitalized.

SRCS and IFRC surge support participated in the daily MoH HEOC coordination meetings, which enabled them to provide effective support to the measles response operation as it was needed. Two days Epidemic Control for Volunteers Training facilitated by IFRC CCST Pacific Health Manager included topics on basic knowledge on epidemic and Red Cross roles in each epidemic phase. Following the main training, individual topic on measles were delivered once a week after. Prior to carrying out daily activities, the SRCS coordinators conducted volunteers briefing and upon completion of daily activities, a debriefing session was conducted to discuss achievements and challenges the team has experienced. In one of the debriefings, the IFRC health manager facilitated group debriefing which focus on volunteers' well-being. To ensure continuation of psychological support to volunteers as well as equip them with Psychological First Aid (PFA) skills, facilitated by two NZRC trainers, one day PFA training session was conducted for SRCS volunteers.

SRCS installed a tent in their headquarters compound in Tuanaimatu, Apia on 30 November, another at Samoa Family Health on 3 December and one at Saanapu Tai Ekalesia Faapotopotoga Kerisiano (Congregational Christian Church of Samoa) on 5 December which aligned with the mass vaccination program on 5-6 December.

The mass vaccinations closed when social immunity was achieved as coverage exceeded 95%.

SRCS has been actively supporting the national blood stock through its Voluntary Non-Remunerated Blood Donor (VNRBD) activities. SRCS maintained a list of VNRBD and will contact them in response to blood bank request. During the outbreak, the need for blood increased and SRCS arranged the mobilization of the donors. Awareness was also carried out on VNRBD topics such as why it is important and the benefit of donating blood regularly. During the period of the DREF operations, a total of 299 people donated blood.

In the second phase of the operation, SRCS coordinated with MoH to target villages affected by measles. SRCS worked with community leaders and government representatives (Pulenu'u) in villages in Upolu (The MoH Mental Health team provided PSS support in Savai'i) to gain acceptance and support for the community assessments and assistance for 84 families with fatalities and some critical cases. The assessment identified the specific needs of the vulnerable population, including young children, pregnant and lactating mothers, and people with disabilities. SRCS provided integrated public health support to affected households, with assessments identifying broad needs to improve hygiene and resulted in the distribution of hygiene kits and other essential household items and clean ups to improve environmental health along with psychosocial support to affected families.

The MHPSS unit has also offered psychological support to the first responders on measles outbreak operations, including SRCS. The support included debriefing in "safe space" in partner' location and also body massage in MHPSS building. The SRCS volunteers utilized the relaxation support which helped them reduce the psychological pressure.

SRCS also assessed neighboring households and provided support through hygiene promotion, non-food items and psychosocial support where there were actual cases of measles.

CASE STUDY: Leauvaa Village

As one example of SRCS support to reach the last mile, a DMO assessment determined poor hygiene conditions and contacted SRCS, who located the affected households, identified whether there were measles cases inside the household and then conducted hygiene promotion and environmental clean-up activities.

SRCS also assessed neighboring households and provided support through hygiene promotion, essential household items and psychosocial support where there were actual cases of measles.

The IFRC CCST provided technical support in the development of systems and processes for collecting, collating and analyzing data from the community assessments. Information gathered during the community visits was not only useful for the response but also for lessons learnt exercise after the response. Processes and templates developed during the response such as the volunteer register can be maintained for use and reference after the response.

In the lessons learned workshop on 27 February 2019, the DMO recognized the value of SRCS auxiliary role in their rapid and flexible support to the Samoan Government's measles response. They highlighted the high participation at the National Emergency Operations Centre in setting up of MSU tents at the SRCS compound and at Samoan Family Health and the ongoing support to the vaccination teams, including hygiene promotion.

Internal discussions of lessons learned identified that there was some room for improvement in communication and coordination, which is to be addressed with a review of their Disaster Response Plan and development of contingency plans and SOPs. Examples of SOPs including Public Health in Emergencies from NZRC and Vanuatu Red Cross were shared with SRCS to be adapted into Samoan context and language.

A request to increase SRCS volunteer payment was not approved by the SRCS board on 10 January which caused volunteers protest that effectively ended the measles operation and further support to 129 vulnerable families in ten villages that were identified by MoH.

During the response, SRCS has also received in-kind food donation from churches and surrounding communities which signify community trust on SRCS work in responding to the measles outbreak.

As SRCS has pre-positioned stocks spread across the country in twenty-two container warehouses, immediate distribution of household items was carried out. Due to the increased need of hygiene kits for the operation, number of hygiene kits were procured locally. The IFRC CCST provided training in logistics activities to support the SRCS logistics team to effectively manage the supply chain including procurement, custom clearance, storage and transportation to distribution sites in accordance to IFRC logistics standards, processes and procedures ensuring full audit trail requirement. SRCS in coordination with CCST Suva was also effectively supporting the fleet to facilitate the movement of operational staff and supplies.

C. DETAILED OPERATIONAL PLAN



Health

People reached: 19,527

Male: 9074

Female: 10,453

Outcome 1: The immediate risks to the health of affected populations are reduced

Indicators:	Target	Actual
# of people reached by NS with services to reduce relevant health risk factors	30,000	19,527

Output 1.1: Blood donor recruitment is conducted

Indicators:	Target	Actual
# of voluntary blood donor recruited during operations	500	299

A total of 17,673 people (8,147 male and 9,526 female) visited the vaccination sites supported by SRCS during the campaign and benefitted from these services. The SRCS volunteers conducted hygiene promotion and drama play which reached a total of 1,854 people. The number of people reached by the SRCS activities did not reach its initial target because of several reasons, such as the long-delay for government approval to visit affected communities, the change of MoH strategy to introduce mass vaccination over two days in order to vaccinate 95% of the total population, and change of SRCS community distribution and education strategy due to lack of coordination with other local organizations.

A voluntary non-remunerated blood donation drive was also conducted at the vaccination clinics supported by the SRCS volunteers. Media awareness was also conducted for the blood drive. A total of 299 people (204 males and 95 females) from the communities and several businesses donated blood. The SRCS conducted blood donor recruitment based on national blood bank request which later indicated that they do not have enough storage in the blood bank to store the donated blood. Those reasons have resulted in a smaller number of blood donors throughout the operation. More blood donors were willing to donate blood and a blood donor register has been created to store information on donors so they can be contacted directly if the need arises in future.

In addition to the activities mentioned above, to share key messages and promoted red cross activities, SRCS also utilized a national television interactive programme called “Good Morning Samoa” which reached about 95% of total country population, 186,200 people, for six rounds of discussions. SRCS also provided regular updates on their Facebook page which is followed by 2,646 people. Those figures are covered as indirect people reached by SRCS response.

Outcome 2: The immediate risks to the health of affected populations are reduced through improved access to medical treatment

Indicators:	Target	Actual
# of volunteers involved in hygiene promotion activities.	100	73
# of people reached by epidemic prevention and control	3,000	17,673
# of people reached by psychosocial support	2,000	14,474

Output 2.1: Hygiene promotion and health messaging are provided

Indicators:	Target	Actual
# of people reached with key messages to promote personal and community hygiene	20,000	17,673

SRCS had planned to mobilize a total of 100 volunteers to conduct the response in both Upolu and Savai'i islands. Unlike other disasters, SRCS could not engage more volunteers as some parents were reluctant to release their children fearing that they will be exposed to the virus.

The assessment outcome informed SRCS on the exact approach. On 21 December, SRCS started to work in partnership with MoH on Mental Health. The main purpose of linking with this section of the Ministry is to assist the affected families of those who had lost their loved ones and conducting follow ups on discharged patients who were severely infected with the measles.

The work done with the MoH enabled SRCS teams to visit and conduct assessment to a total of 2,018 households where measles cases were reported. Among those were 85 households with reported fatalities and/or serious cases. In addition, they visited 145 households with measles infected patients. This initiative played an important role together with psychological support provided by certified counsellors as SRCS volunteers (groups of five people) conducted assessment and provided psychosocial support during the visit.

A total of 17,673 people (9,504 female and 8,103 male) visited vaccinations sites supported by the red cross during vaccination campaign. The assigned SRCS volunteers carried out key measles prevention messages and its referral in the waiting area..

Outcome 3: Effective health response, coordination and reporting

Indicators:	Target	Actual
# Technical support visit is conducted by CCST Pacific Office	Yes	Yes

Output 3.1: Technical support is provided to SRCS

Indicators:	Target	Actual
# of PFA sessions conducted	n/a	1

During the operation, IFRC CCST provided technical support according to the needs identified during assessments. The health manager who was also the Operations Manager for the response visited Samoa twice, along with PMER manager and logistics manager. The final technical visit was provided through the CCST WASH Advisor to facilitate the lessons learned workshop.

The New Zealand Red Cross deployed two Psychological First Aid Trainers. After the completion of the first PFA sessions, the SRCS team re-grouped and reset allocations of their mobile teams. The PFA training provided emotional, physical and mental preparation in facing difficult situations while visiting communities. Many of the

volunteers who had gone through PFA training witnessed the importance of this area of work, in particular they also learned the self-care process which is about understanding that first responders experience the same psychological challenges while working during responses.

Five of the selected volunteers who worked directly with the MoH Mental Health team have all gone through PFA training; the psychological first aid skills are highly valuable in facing community grief upon loss of family member.

Narrative description of achievements

SRCS is one of the core members of the Health Sector and a standing member for Disaster Advisory Committee which holds mandate in any disaster or emergency response within Samoa. SRCS has a long history of its independent role that advocates for the betterment and improvement of lives and well-being of most vulnerable people. SRCS has been involved in various mass emergency operations such as Tropical Cyclone (TC) Heta in 2004, Samoa earthquake and tsunami in 2009, TC Evan in 2012 and TC Gita in 2018.

SRCS used an integrated approach between health and WASH in responding to the measles outbreak. At the start of the operation, SRCS established one vaccination centre in its headquarters area; it reached a total of 17,673 people. In addition to that, SRCS assisted in setting up MCUs in 11 community sites for convenience of people's immediate access and enable MoH staff to provide vaccination services following the measles outbreak emergency operation period. SRCS' role at the vaccination sites is to provide registration support, first aid, measles awareness and hygiene promotion activities; each site has two or three volunteers standby. SRCS also carried out blood donor recruitment in community and private sectors and reached 299 people in Upolu island.

SRCS has developed an emergency medical unit measles response checklist that states the minimum assets, and staffing and team requirements necessary to support the MoH vaccination site set up on its compound and other vaccination sites in Upolu island.

The recruitment of volunteers continued throughout the response and by the end of the operations, 77 volunteers were mobilized. Various trainings were provided for volunteers such as refresher training of First Aid, Epidemic Control for Volunteers (ECV) facilitated by IFRC CCST Pacific health manager and Psychological First Aid training facilitated by and two New Zealand Red Cross PFA trainers. ECV toolkit was adapted into Samoa context and was printed before end of the operations.

Challenges

- The 77 volunteers were living in SRCS compound and working continuously during the operation. Despite some benefit such as easier mobilization, continuous work without proper rotation has put tremendous pressure on the volunteers. Moreover, staying together in the compound because volunteers lack of privacy also did not have sufficient time to rest. In the long run, it can affect mental health of the volunteers.
- The Ministry of Health changed its strategy by launching a two days national campaign since the number of people who visited vaccination sites was below the MoH target of 95%. Tens of medical staffs visited each household in country and on those days other organization as well as business were not allowed to operate.
- SRCS household assessment form was too complicated and might not be suitable for community with a lot of grief after they lost family members.

Lessons Learned

- The Psychological First Aid training is supposed to be conducted for any volunteers prior to deployment. It helps volunteers manage work pressure, conduct self-care as well as have personal confident when carrying their tasks to target communities especially in full-grief situation as in measles operations.
- The SRCS is a volunteer based organization which work at the grassroots level and hold auxiliary role to the Government. This role puts SRCS in a unique position to advice government on community-based programming as well as help facilitating coordination with other stakeholders and partners.
- A strong teamwork is crucial foundation of a successful operation; all department i.e. programme, admin – finance, logistic, communication and volunteer management unit should work together since the planning and proposal development phase until end of project evaluation.

- Although the programme team has sufficient knowledge on the DREF terms and condition, it is important to ensure that admin and finance team has the same understanding on the policy and process.
- Review SRCS household assessment form and the option to convert it into Rapid Mobile Phone versions. Kobo Toolbox is preferred by SRCS Operations Manager over Magpi due to the flexibility of the number of assessments allowed and the design interface.



Water, sanitation and hygiene

People reached: 17,673

Male: 8,103

Female: 9,504

WASH Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Indicators:	Target	Actual
# of people in targeted communities with reduced risk of waterborne and water related diseases	30,000	17,673

WASH Output 1.4: Hygiene promotion activities which meet sphere standards in terms of the identification and use of hygiene items provided to target population

Indicators:	Target	Actual
# of people reached through hygiene promotion activities	20,000	17,673

WASH Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population

Indicators:	Target	Actual
# of households that received hygiene kits	300	170 (306 kits)
# of households reached through training for hygiene kits	300	170

Narrative description of achievements

SRCS has a solid experience in public health awareness and hygiene promotion, both with long term programmes and response operations. The drama skits involve ten volunteers who went out to communities and perform skits depicting health and hygiene messages contextualised to local settings. During the vaccination campaign, volunteers were based in vaccination centers and provided health and hygiene awareness to people accessing vaccination sites. The messaging focussed on handwashing and basic household health and hygiene awareness.

The selection of 300 households was based on a decision of how we assist a proportion of affected families with both fatalities and critical infected patients with hygiene kits and other related essential household items based on needs assessments. A total of 306 hygiene kits were distributed to 170 households. A typical Samoan household would have sub-households which are sons who are married but continue to live in their homes. As the family grows, houses are often built around the main dwelling house. While they are still considered a household, the sub-households may be living in a different dwelling place and use different facilities. As such, staff and volunteers access the needs of the families during community visits and decide if they need hygiene kits. While some households may not need hygiene kits, some may need more than one. This explains the significant difference in number of households and hygiene kits distributed.

Hygiene kit item	Number
Body soap 250g	5
Laundry soap 500g	2
Disposable razor	5
Toothpaste	2
Toothbrush	4
Disposable sanitary pad	20
Toilet paper	5
Towel	2
Lavalava (fabric to be used as sarong)	1
0-litre bucket	1

The items in the SRCS hygiene kit is modified to Samoa standard which follows community feedback during previous responses. Although there was no formalised satisfaction survey for the kits from this response, during the lessons learned workshop, community SRCS volunteers expressed satisfaction on SRCS hygiene kits and the other essential household items.

In addition to the hygiene kits, SRCS distributed 138 mosquito nets, 12 kitchen sets (for eight people), six blankets, 183 new-born kit, 16 10-litters jerrycans and 12 tarpaulins. The selected household received the items based on the result of preliminary assessments.

Around 1,384 people at village level received support from essential household items, hygiene promotion in communities, which covered reinforcement of measles immunisation and its importance, hand washing, general household hygiene, safe water and food preparation and psychosocial support. Hygiene kits are based on a family of five people, with additional kits provided to those households to meet the needs, hence the distribution of 306 kits to 170 families.

Hygiene Promotion was one of the crucial sides of work for SRCS as only the national Society played its role for measles recovery and community engagement through its Drama group Measles and Public Health awareness.

Challenges

- As an auxiliary to the government, SRCS worked in close coordination with the MoH and other government bodies. Activities including assessment, essential household items distribution and hygiene promotion had to wait for the list provided by MoH. In addition to that, approval from the MoH should be obtained before SRCS can distribute the essential household items. In this operations, MoH approval to affected communities took a lot longer than predicted and eventually delayed SRCS implementation.
- One local organization conducted food and non-food distribution in SRCS target communities without prior coordination with the Ministry. It forced SRCS to revise their plan, which was developed following household assessment conducted earlier.

Lessons Learned

A lot of time and resources was wasted during community visits as information needed for focus areas were not communicated on time to SRCS. In other instances, SRCS travelled long distances to communities to find that other organisations have responded in the same area. However, in most cases, assistance was not provided in vital areas such as hygiene and psychological support. In the future, there needs to be better coordination and communication between partners and responders must also be encouraged to seek the approval of the NEOC before they visit communities.



Protection Gender and Inclusion

People reached: 1,700

Male:

Female:

Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.

Indicators:	Target	Actual
DREF operation demonstrates evidence of addressing the specific needs to equitable access to disaster response	3,000	1,700

PGI Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering needs based on gender and other diversity factors

Indicators:	Target	Actual
# of volunteers and staff attended session on minimum standards	n/a	n/a

3,000 was the target based on 10% of 30,000 people. The main focus was to look at the reach and how effective the awareness is and the practical activities that SRCS do in supporting the most vulnerable through the criteria of fatalities and critical infected patients.

Narrative description of achievements
SRCS operations supported families with fatalities and critical infected patients.
Challenges
SRCS fleet vehicles, four of them including old ambulances (most were purchased under the 2009 Tsunami recovery programme) and had mechanical problems throughout the response period, therefore SRCS had to hire vehicles to travel to communities.
Targeting the most affected families through HEOC advice which sometimes created a risk of duplication.
Lessons Learned
Conduct a review of SRCS' Disaster Response Plan and SOPs. Overhaul the SRCS fleet including the SRCS ambulances which will be covered under the SRCS strategic planning process.

Strengthen National Society		
<i>Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform</i>		
Indicators:	Target	Actual
# of volunteers engaged and registered, motivated to support the operation.	100	77
<i>Output S1.1.4: National Societies have effective and motivated volunteers who are protected</i>		
Indicators:	Target	Actual
# of volunteers engaged with the operation.	100	77
Narrative description of achievements		
<p>Volunteer management and support of 77 volunteers throughout the response – 51 (30 new) from Upolu and 15 (10 new) from Savai'i. Due to logistics challenges for volunteers due to the shutdown of the ferry to Savai'i and SRCS fleet issues, SRCS made their HQ available for accommodating up to 30 volunteers at a time. The DREF budget covered operational expenses for communications and meals, including a fridge and freezer to store donated frozen goods and associated increased costs for water and power.</p> <p>Per diems were paid for drivers and the tent set-up team and to all 42 volunteers prior to Christmas.</p>		
Challenges		
- SRCS Dissemination and Communications Officer was new in the position, was not involved in the response and should play a more integrated role in future.		
Lessons Learned		
<ul style="list-style-type: none"> • A practical Disaster Response Plan which include disaster and outbreak response plan, standard operating procedures and contingency plan is crucial for effective and efficient operations. Therefore, review of existing plan and SOPs especially for Public Health in Emergencies should be conducted in the near future. • The absence of volunteer guidelines and policy especially mobilization during disaster has caused unclear direction to the Operations team; it disrupted the measles response operation which at the end affected SRCS services to vulnerable communities. Therefore, a clear volunteer management, including care for volunteers, should be strengthened for better future response. • Community feedback mechanism should be established at the beginning of the response. The communication officer, in coordination with programme team ensures feedback is well collected upon distribution and other community intervention lead in collection of feedback. 		

D. Financial Report

Financial Summary

Items	Samoan tālā	CHF	Remarks
Operating Budget	193,221.89	71,836.03	
In-Country Expenditure	80,335.07	29,866.97	67% of Total Expenditure
IFRC Support Expenditure	39,142.17	14,552.28	33% of Total Expenditure
Total Expenditure	119,477.24	44,419.25	62% of Operating Budget
Unspent Balance	73,744.65	27,416.78	38% of Operating Budget

There was a total expenditure of CHF 44,419.25 (or 62%) from an operating budget of CHF 71,836.03, with an unspent balance of CHF 27,416.78 (38%). The low rate of expenditure was due to few key reasons. While only 77 volunteers were engaged throughout the response, a smaller number of core volunteers were available during the busy response period. These volunteers were based at the office and provided with three meals a day. A number of businesses and church organisations also donated food and water. As such, a large portion of funds budgeted for volunteer management was not expensed. Due to the low number of volunteers, training was provided at the Red Cross Office saving venue, transport and meal costs. Other costs budgeted for the provision of support to vaccination centers for a period of three months was not expanded as the mass vaccination campaign increased vaccination coverage to over 95% of the population. The unspent balance will be returned to the DREF pot.

Refer to the [attached](#) financial report.

Contact information

Reference documents



Click here for:

- [Previous Appeals and updates](#)
- [Emergency Plan of Action \(EPoA\)](#)

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

In the Samoa Red Cross Society

- **Secretary General:** Tautala Mauala, tala.mauala@yahoo.com, +685 777 3403
- **Operational coordination:** Isara Iose, isara.jnr@gmail.com, +685 772 1360 / +685 24334
- **Finance:** Janice Kelemete, j.kelemete13@gmail.com, +685 729 4013

In the IFRC

- **IFRC Regional Office for Asia Pacific:** Mohammed Omer Mukhier, Deputy Regional Director, mohammedomer.mukhier@ifrc.org
- **IFRC Regional Office for Asia Pacific:** Necephor Mghendi, Head of Disaster and Crisis Unit (DCPRR), necephor.mghendi@ifrc.org
- **IFRC Regional Office for Asia Pacific:** Pascal Bourcher, Operations Coordinator for Pacific, OpsCoord.Pacific@ifrc.org
- **IFRC Country Cluster Support Team:** Kathryn Clarkson, Head of CCST - Pacific, kathryn.clarkson@ifrc.org, +679 999 2485
- **IFRC Country Cluster Support Team:** Dewindra Widiamurti, Health Manager, dewindra.widiamurti@ifrc.org, +679 9920 006
- **IFRC Country Cluster Support Team:** Eseroma Ledua, Surge Operations Manager, surge.ccstsuva@ifrc.org, +679 331 1855 / +679 999 2495

In IFRC Geneva

- Nelson Castano, manager, operations coordination, **email:** nelson.castano@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- **IFRC Regional Office;** Pui Wah Alice Ho, marketing and partnerships coordinator; alice.ho@ifrc.org

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

- **IFRC Regional Office;** Siew Hui Liew; PMER manager; siewhui.liew@ifrc.org

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

www.ifrc.org

Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/11-2020/4	Operation	MDRWS002
Budget Timeframe	2019/11-2020/2	Budget	APPROVED

Prepared on 20/May/2020

All figures are in Swiss Francs (CHF)

MDRWS002 - Samoa - Measles Outbreak

Operating Timeframe: 30 Nov 2019 to 29 Feb 2020

I. Summary

Opening Balance	0
Funds & Other Income	71,836
DREF Allocations	71,836
Expenditure	-49,764
Closing Balance	22,072

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	43,548	16,328	27,219
AOF5 - Water, sanitation and hygiene	19,201	6,232	12,970
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	62,749	22,560	40,189
SFI1 - Strengthen National Societies	178		178
SFI2 - Effective international disaster management	5,939	27,203	-21,264
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC	2,970		2,970
Strategy for implementation Total	9,087	27,203	-18,117
Grand Total	71,836	49,764	22,072

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/11-2020/4	Operation	MDRWS002
Budget Timeframe	2019/11-2020/2	Budget	APPROVED

Prepared on 20/May/2020

All figures are in Swiss Francs (CHF)

MDRWS002 - Samoa - Measles Outbreak

Operating Timeframe: 30 Nov 2019 to 29 Feb 2020

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	9,479	6,587	2,891
Clothing & Textiles	1,115		1,115
Food	7,287		7,287
Water, Sanitation & Hygiene	333	5,392	-5,059
Medical & First Aid	744	1,186	-443
Utensils & Tools		8	-8
Land, vehicles & equipment		915	-915
Computers & Telecom		2	-2
Office & Household Equipment		914	-914
Logistics, Transport & Storage	18,403	9,288	9,115
Distribution & Monitoring	12,826		12,826
Transport & Vehicles Costs	2,602	9,288	-6,686
Logistics Services	2,974		2,974
Personnel	2,838	5,427	-2,589
Volunteers	2,838	5,427	-2,589
Workshops & Training	9,927	2,343	7,584
Workshops & Training	9,927	2,343	7,584
General Expenditure	26,805	22,166	4,639
Travel	17,994	15,442	2,552
Information & Public Relations	5,763	1,878	3,885
Office Costs	558	2,755	-2,197
Communications	558	1,585	-1,027
Financial Charges		506	-506
Other General Expenses	1,933		1,933
Indirect Costs	4,384	3,037	1,347
Programme & Services Support Recover	4,384	3,037	1,347
Grand Total	71,836	49,764	22,072