

Emergency Plan of Action (EPoA) Samoa: Measles Outbreak

DREF Operation n°	MDRWS002	Glide n°:	EP-2019-000139-WSM
For DREF; Date of issue:	2 December 2019	Expected timeframe:	3 months
		Expected end date:	29 February 2020
Category allocated to the of the disaster or crisis: Yellow			
DREF allocated: CHF 71,836			
Total number of people affected:	90,000	Number of people to be assisted:	30,000
Provinces affected:	2 Islands (Upolu and Savaii)	Provinces/Regions targeted:	Upolu: Apia urban area, and northeast and northwest of the main island Savaii: Fa'asaleleaga, Safotu and Asau
Host National Society presence: Samoa Red Cross Society (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. Although SRCS has experience in fast-onset emergency operations, the current measles outbreak is a slow-onset health emergency which can evolve to become a significant health disaster. SRCS' mandate still stands as a lead in first aid response and capacity building, and support various sectors, including this response, to the Ministry of Health. SRCS' role and key responsibility have been recognized by the Samoa Government, communities and partners. SRCS has over 2,000 volunteers at all levels, and in this operation to date, SRCS has 65 volunteers involved in response for first aid, hygiene promotion and medical assistance as well as more than 100 blood donors who are also referred to as SRCS volunteers.			
Red Cross Red Crescent Movement partners actively involved in the operation: SRCS is working with International Federation of Red Cross and Red Crescent (IFRC) and New Zealand Red Cross in this operation. Surge support has also been provided by the IFRC Country Cluster Support Team (CCST) Pacific in Suva, Fiji.			
Other partner organizations actively involved in the operation: SRCS also works in collaboration with the Ministry of Health (MoH), first response agencies and coordination with National Emergency Operations Centre (NEOC). Other partners involved with SRCS alliance are its international agencies such as UN-Women and UNFPA. As a health emergency, SRCS with IFRC CCST surge support will also coordinate and share information with WHO and UNICEF.			

A. Situation analysis

Description of the disaster

The Ministry of Health held a news conference in Apia on 9 October 2019 to announce a suspected measles case that may be transmitted from the Auckland outbreak. The MoH further reported that if laboratory results sent to Australia were positive, an outbreak would be declared. The Government of Samoa planned to set up isolation facilities for patients with measles, creating space in Apia for a children's pop-up vaccination clinic to increase immunization levels amongst key age groups from six months to 19 years. WHO warns against unnecessary air travel to Samoa and additional passenger surveillance had been implemented at the main international airport.

Based on the data from National Emergency Operation Centre (NEOC), on 15 November, Government of Samoa declared a state of emergency for the measles outbreak for 30 days, and in response to the declaration is the activation

of the NEOC as per the National Disaster Management Plan (NDMP) under the National Disaster and Emergency Act 2007. According to NEOC, following the declaration of the state of emergency, the MoH confirmed a total of 2,936 measles cases have been reported to the disease surveillance team, since the outbreak was notified on 19 October 2019. Click [here](#) for map.

On 19 November, a Health Sector meeting was called and coordinated by MoH for its sector partners and stakeholders in preparations for measles vaccination undertakings. There was a teleconference to further update IFRC CCST Health and DM team members about the current situation of the measles outbreak in Samoa.

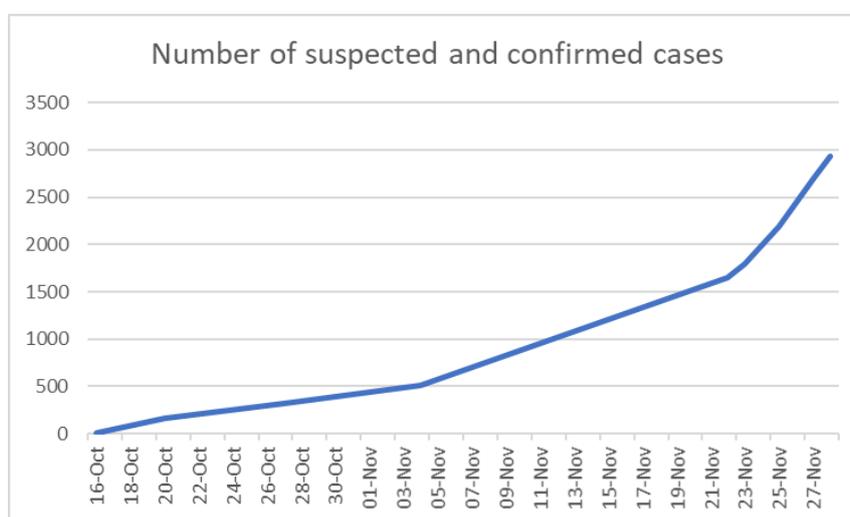
As of 28 November, there were 250 cases recorded in the last 24 hours and 39 measles related deaths have been recorded. Approximately 98 per cent of the measles cases are from Upolu and notably concentrated in the Vaimauga West and Faleata West districts with about 92 per cent admission rates, of which highest are among children below the age of 5 years. The scope is described as a huge response towards the reach, and the coverage had also indicated that more work remains to be done.

Summary of measles cases as of 28 November 2019

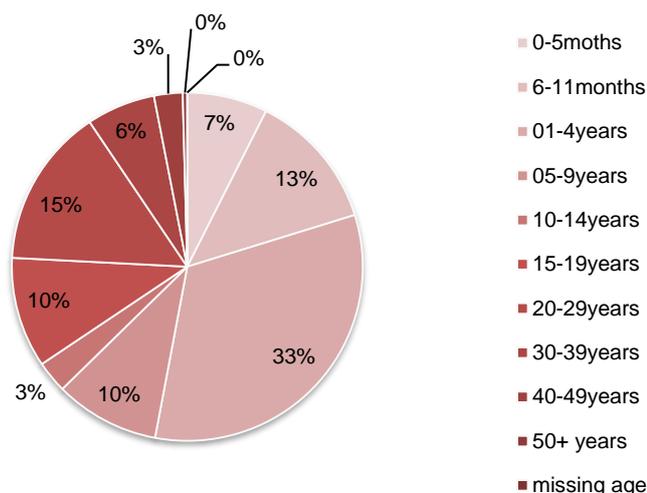
Age group	Measles cases last 24 hours	Total measles cases	Total measles-related deaths
0-5 months	9	214	6
6-11 months	30	369	9
1-4 years	67	945	20
5-9 years	28	279	0
10-14 years	16	85	1
15-19 years	29	296	2
20-29 years	46	427	0
30-39 years	19	183	1
40-49 years	4	76	0
50+ years	2	12	0
missing age	0	50	0
Total	250	2936	39

(Source: [Government of Samoa Facebook page](#))

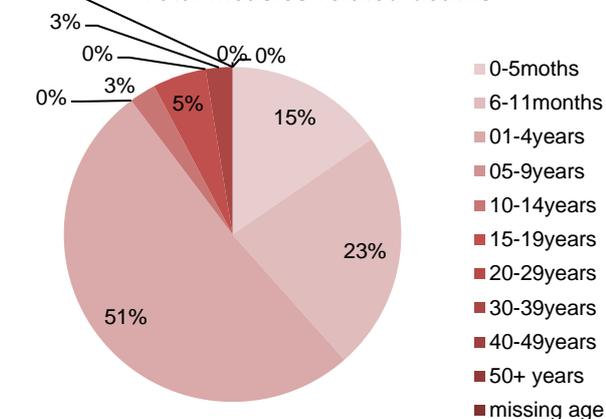
*Table subject to update as new data becomes available



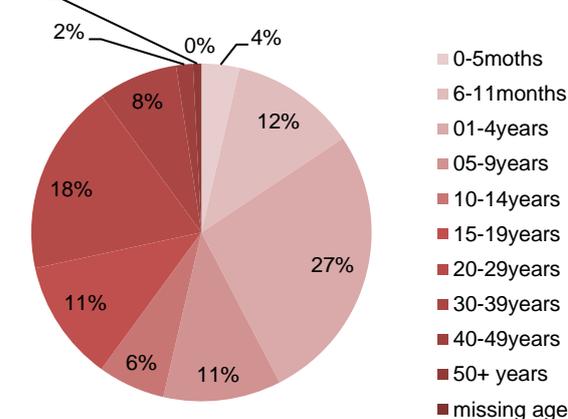
Total Measles Cases



Total measles-related deaths



Measles cases last 24 hours



Summary of the current response

Overview of Host National Society response action

SRCS' response plan is to reach 30,000 people (equivalent to 3,750 households) and their immediate family members with supporting the vaccination services in the Measles Care Units (MCUs) for children and young females of child-bearing age group. Support services are first aid, health education on measles awareness, hygiene promotion awareness and blood donor recruitment. Tupua Tamaesese Meaole Hospital has requested the need for additional 30 blood units per day. Platelet transfusion is often required for cases of measles-associated complications.

On 17 November, SRCS activated its emergency response plan led by a logistician and 15 volunteers:

- assisted in erecting mobile medical unit as vaccination site on SRCS ground.
- public awareness for blood donors through voluntary non-remunerated blood donation (VNRBD), to cater for blood demand in Tupua Tamaesese Meaole (TTM) Hospital.
- first aid and hygiene promotion teams on standby.

On 20 November, SRCS assisted with management of the measles care unit (MCU) tent on Red Cross grounds by registering incoming population for vaccination and security. SRCS also allocated first aid and hygiene promotion teams to 11 vaccination sites, in urban Upolu and conducted a blood drive at the TTM Hospital Blood Bank Unit.

Since initial opening of the vaccination sites on, SRCS has already reached 10,694 people through the 11 MCUs that have vaccinated 3,427 children from six months to 19 years of age and young females of child-bearing age from 20 to 35 years old. The numbers are changing and climbing daily.

Progress towards outcomes

Health and care		
<i>Outcome 1: The immediate risks to the health of affected populations are reduced</i>		
Indicators	Targets	Actuals
No. of people reached, reducing immediate health risks	30,000	10,694
<i>Output 1.2: Target age groups are provided with rapid MR vaccination</i>		
Indicators	Targets	Actual
No. of people provided with support services (handwashing demonstration and measles awareness)	30,000	10,000
No. of volunteers mobilized in the response phase, providing direct services to people through the measles care unit.	100	5 volunteers per FA team or 20 FA teams + 2-3 volunteers per HP team
No. of volunteers and staffs provided with PPE for protection from measles, while responding	150	150
Progress towards outcomes		
<p>SRCS uses an integrated approach between health and water, sanitation and hygiene (WASH) in responding to the measles outbreak. At the start of the operation, the isolation unit was set up at the Tupua Tamasese Meaola Hospital as the national referral facility for infectious or communicable patients, and it became inundated with measles patients. 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.</p> <p>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 throughout Upolu and Savaii. SRCS' role at the vaccination sites is to provide registration support, first aid, measles awareness and hygiene promotion activities.</p> <p>The vaccination sites will continue to offer accessible vaccination services throughout Upolu to reduce burden on the hospital due to high patient demand. Presently, there are 20 operational sites in Upolu and five in Savaii. The vaccination clinic in the SRCS compound has been wrapped up, with several suspected measles cases coming in to be vaccinated and transferred directly to the hospitals for proper nursing management and care. Since initial opening of the vaccination sites on 20 November 2019, SRCS has already reached 10,694 people through those.</p>		

Overview of Red Cross Red Crescent Movement actions in country

SRCS is a member of the Disaster Advisory Committee (DAC), whose role is to assess and review any approaching disaster or emergency to expedite the giving of advice to the National Disaster Council (NDC) which is the Cabinet, and ensure timely implementation of the National Disaster Management Plan (NDMP).

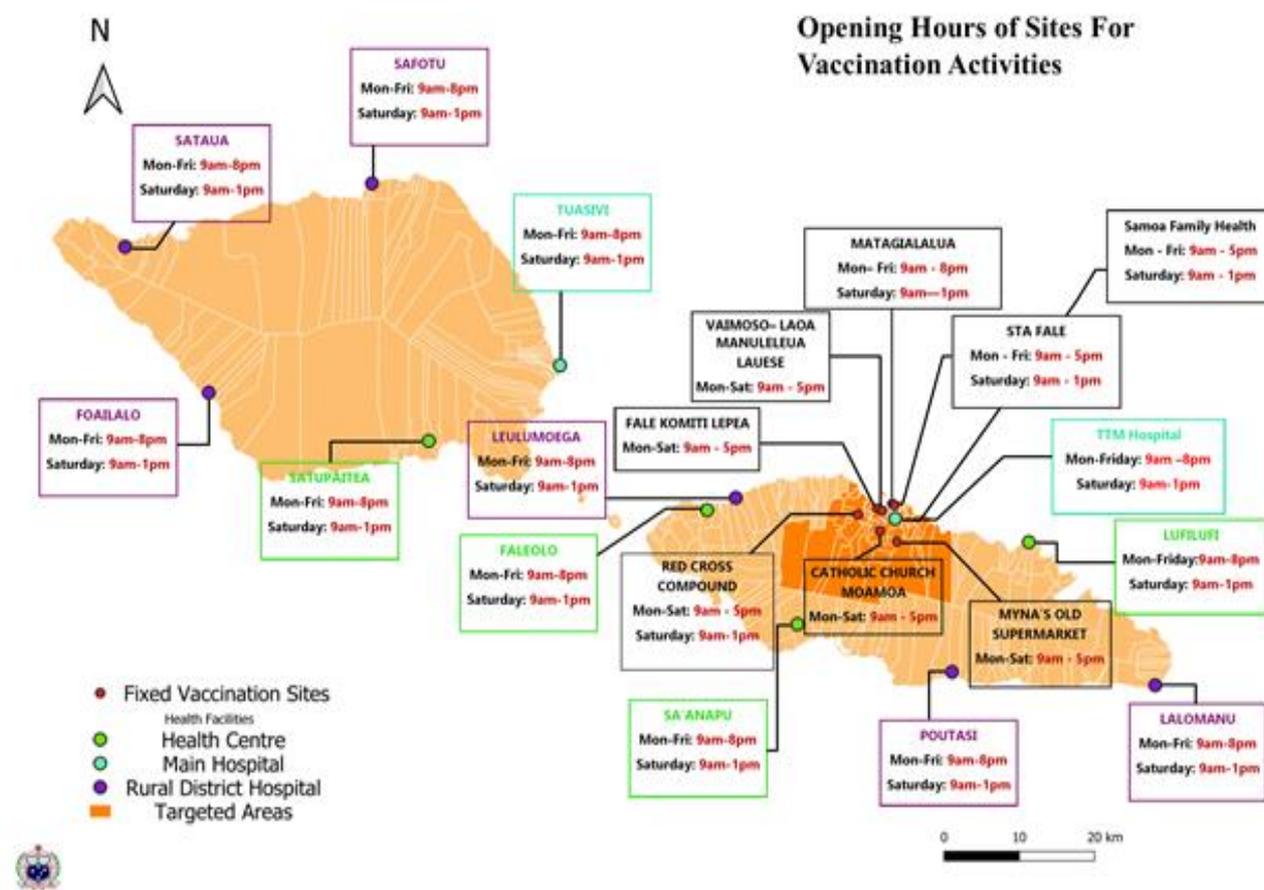
Following the official national declaration of the state of emergency for Samoa, SRCS activated its disaster response plan on 17 November 2019. This is in accordance with its mandates stipulated in the Samoa Disaster and Emergency Management Act (DEMA) 2007 and National Disaster Management Plan (NDMP) 2017 to 2020, as lead agency in first aid, tracing and relief distribution, and support in public and environment health in emergency (PEHIE).

In support of the MoH, SRCS activities are to:

- provide first aid service at the 18 vaccination sites managed by the MoH around urban Upolu.
- assist in managing the flow and registration of patients attending the MoH-run vaccination site set up by SRCS in the Red Cross compound.
- provide hygiene promotion activities such as handwashing and personal hygiene behaviour for people in the waiting room in all vaccination sites.
- mobilize voluntary blood donor recruitment at workplace and community to address the higher blood donor

- demand in the hospital (note: blood platelets are required to treat measles complications).
- provide first aid standby service, as required for any emergency in situation in the vaccination sites.

Samoa Red Cross Society has also requested for IFRC's support to facilitate enhancement of epidemic control and personal hygiene knowledge for a total of 100 volunteers. This number will be a mix of existing SRCS volunteers who were recruited through Pacific Games in July 2019 and new volunteers recruited recently for the response who have not received any knowledge sharing previously.



Overview of non-Red Cross Red Crescent actors' actions in country

The Government of Samoa has declared a state of emergency with a compulsory mass vaccination campaign launched. The government has also closed all schools and banned children from public gatherings. Since then, UNICEF responding to the outbreak together with WHO and other partners have been providing technical assistance to the government's risk communications team, including deployment of two health specialists for campaign strategies and data management. On the other hand, UNICEF has contributed 200 hygiene kits to the Samoa Red Cross Society before the measles outbreak and are now part of the SRCS prepositioned stocks. They have also delivered over 115,000 vaccines, medical supplies and tents for isolation wards or vaccination sites.

The Centres for Disease Control and Prevention deployed two experts to providing technical assistance with tracking and monitoring of cases and vaccination campaigns.

Under the coordination of WHO and Ministry of Health, the Australian government sent an Australian Medical Assistance Team (AUSMAT) consisting of nurses, doctors and public health experts as well as urgently needed medical equipment and supplies. Under the same coordination, the New Zealand Ministry of Foreign Affairs (MFAT) sent medical assistance team of doctors, nurses and support staff and medical supplies.

Adventist Development and Relief Agency (ADRA) South Pacific is providing support to the medical teams and the many thousands visiting vaccination centres by providing food at the centres. Via a small network of Adventist medical

personnel in Australia, ADRA and Samoa Airways are coordinating the delivery of 10 neonatal nurses and eight neonatal intensive care unit (ICU) ventilators as surge capacity to the main hospital in Apia.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

There are movement restrictions imposed on some villages with measles outbreaks limiting media coverage and visitor access. Organized multi-agency IDA is currently on hold until further notice. Once clearance is made, SRCS will conduct household assessments in these communities, using [RAMP](#) tools and existing assessment form. This information will help with analysis in order to inform the revision and future processes.

Targeting

The 2019 Samoa measles outbreak began in October 2019 and further escalated during November with a declaration of an emergency announced by the MoH on 15 November 2019. SRCS was requested to erect a vaccination site in their headquarters office in Apia of Upolu island where higher caseloads were reported. In addition, the Ministry Health requested assistance from Samoa Red Cross in other 12 government selected locations on the same island. The site selection was done by the MoH, based on accessibility, i.e. primary schools, churches and committee houses. Originally, the target group for vaccination were children from 6 months to 5 years (highest risk category) which contributes to highest number of deaths; however, this group has the lowest turnout during mass vaccination. Due to the low immunization rate in general population in Samoa and increasing rates of measles cases, the MoH decided to extend the coverage to include adults and the elderly.

Estimated disaggregated data for population targeted

Currently, due to the restriction to conduct any community visit or assessment by the Government of Samoa, the information is not available, and more detailed information will be obtained during needs assessment which will be carried out upon lift of community access ban by the Government.

Scenario planning

Scenario	Humanitarian consequence	Potential Response
<ul style="list-style-type: none"> The situation might get worse due to the increase in number of people affected and number of fatalities. The MoH intends for the mass nationwide vaccination plan to continue in the future response beyond the 30 days state of emergency. Once the community visit ban has been lifted, the numbers affected and vaccinated might decrease depending on the fear of infection. There is a threat with the upcoming festive season that will bring people together, depending on the coping mechanism set by the MoH to avoid such cultural practices. 	<ul style="list-style-type: none"> Provide positive impact to the current operation that is run by the Government of Samoa and other agencies. With the huge number of technical experts in the country, there will be a huge learning experience with the local nurses and field personnel to learn from their experience. Strengthen country bond for further and future support with the Samoa Government. Opportunity for the Samoa Government to put in place a new vaccine programme to mitigate risks similar to measles outbreak and not occur again in the future. Strengthen border control requirements to stop any people affected by such diseases from entering the country. 	<p>SRCS would continue to act according to its mandate stated in their National and the Society Disaster Management Plan, that is to:</p> <ol style="list-style-type: none"> 1. provide first aid standby in all vaccination sites. 2. blood donor recruitment. 3. general hygiene messaging with a focus on handwashing. <p>SRCS is working on its current capacity of staffs and volunteers, supported by the IFRC CCST office in Suva to provide any technical advice and operational support to their current operation. With the inclusion of a PMER support in the DREF, this will help SRCS maintain its focus on its operation and send updated reports to inform their partners on what they're currently doing as part of their operation.</p>

Operation Risk Assessment

It is clear that some of the affected communities have been covered by the ongoing SRCS community disaster and climate risk management (CDCRM) programme in 2018 and 2019, in which the risk analysis done on these communities have been recorded and will support new developments. Due to the increase in number of people affected and the extension of vaccination to adults and the elderly, the risk of older people getting affected is very likely. Therefore, this mitigates the situation with more people getting vaccinated rather than reacting when the situation worsens.

SRCS' priority for its team is to act on its mandate and that is to provide general hygiene messaging through hand washing, increase blood recruitment to support blood services in Samoa and provide general first aid standby to the public in the 12 sites that they're currently deployed. Even though they have invested more volunteers to run their field operations, it has always been the priority of SRCS to ensure their full safety. Therefore, all volunteers and staffs that are part of this operation is vaccinated and provided with personal protective equipment. General safety of volunteers, child protection and exploitation of children and the vulnerable group is part of their briefing before any deployment to the field. Despite the increase in the number of measles cases daily, SRCS will continue to focus on its mandate and provide the best possible support to its field teams and the government field team as well.

B. Operational strategy

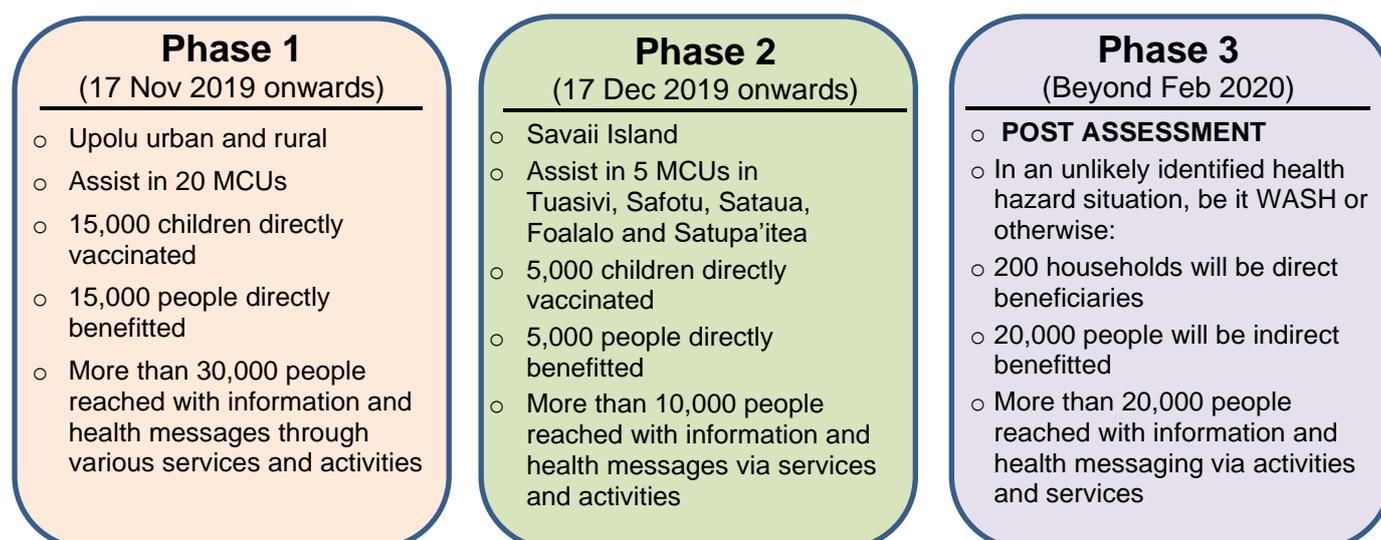
Overall Operational objective

To assist in the reduction of morbidity and mortality by providing appropriate support services to the vaccinating children and the vulnerable Samoan community.

Proposed strategy

Since the declaration state of emergency on 15 November, Samoa Red Cross Society has been engaging in Government of Samoa's outbreak response operations through mobilization of a total of 100 volunteers and provision of immunization site in their headquarters office space. Facilitated by the IFRC CCST Pacific in Suva, the New Zealand Red Cross committed to support the effort by sending a total of six nurses: one is based in SRCS headquarters and five nurses are working in the hospital. One week after the declaration, the number of measles cases continue escalating including mortality number. According to immunization experts and epidemiologists, the fight is far from over. The government requested SRCS to continue its support and extend it to bigger island, Savaii, where MoH has established five vaccination sites. To be able to continue its engagement in the outbreak operations, SRCS requested IFRC's assistance through its Disaster Response Emergency Fund (DREF) mechanism for three months, until end of February 2020.

There are three phases to the response as summarised in the diagram below:



This DREF covers the emergency phase of a planned longer-term programme. All of Phases 1 and 2 are covered under this DREF for the first three months from November 2019 to February 2020 and will be conducted simultaneously. SRCS will lead in the provision of first aid standby services at every vaccination site and where similar assistance will be urgently required. Awareness on measles and hygiene promotion which include handwashing demonstration and personal hygiene will be conducted with children and family members coming into the sites for vaccination. However, due to the demand for blood products (particularly platelets) in treating complicated cases, SRCS will increase activities

to recruit voluntary and non-remunerated blood donors from communities and workplaces, to meet the urgent need in the hospitals. Additionally, there are psychosocial support needs for both affected and non-affected population.

There is a planned Phase 3 that will also look at the longer-term issue of an unlikely health hazard, identified from the multi-agency assessment process. This Phase 3 which is expected to address potential bigger risks will be incorporated into the SRCS operation plan, and may seek further funding for this additional phase, be it through government projects SRCS is engaged in, or from other sources. However, Phase 3 will be launched separately to strengthen awareness on epidemics to ensure SRCS can play an important role in combating fears and anxieties, and building trust to increase vaccination uptake in country. This will further reach out to 20,000 beneficiaries, inclusive of children, young females and their families, through social mobilization, hygiene promotion and community-based health and first aid.

Intervention	Target (people)	Activities
1. Managing of mobile storage unit (tent, to serve as vaccination point and waiting room) within the SRCS compound	3,000	<ul style="list-style-type: none"> Daily registration of incoming population Overall security of the premises Standby first aid team
2. Hygiene promotion and health messaging	20,000	<ul style="list-style-type: none"> Conduct measles awareness session and hygiene promotion Conduct assessment at high risk area. Target 500 households Distribute hygiene kits to 200 households and conduct hygiene promotion
3. Blood donor recruitment	500	<ul style="list-style-type: none"> Ongoing awareness on VNRBD (voluntary non remunerated blood donation) on radio and television Ongoing recruitment blood donor at blood transfusion centre (target is 30 to 40 blood bags per day) Blood drives to recruit donors at workplaces (200 ppl)
4. First aid service (standby)	7,000	<ul style="list-style-type: none"> Provide First aid service equipped with PPE kits (mask and hand sanitizer) in all 20 vaccination sites and other areas/events requiring similar assistance.
5. Psychosocial support	2,000	<ul style="list-style-type: none"> Provide psychosocial support to affected communities Ensuring referral system is accessible (depends on needs) Provide regular debriefing session/sit together for staff and volunteers involve in the operation (caring for staff and volunteers)

Operational support services

SRCS, following a request from the MoH, is currently supporting efforts to increase vaccination, blood donor recruitment and hygiene promotion activities. Following a request for more clinical support, a bilateral agreement has been made with the New Zealand Red Cross to provide registered nurses to assist with vaccination and provide nursing care support in the main hospital. Currently, there are seven New Zealand nurses in total working in Apia with six working as registered nurses providing vaccination and clinical support in the hospital and one as a health delegate. The nurses who have been granted temporary nursing practice licence by Samoan Nursing Council have so far been working in various roles within the hospital including ICU, recovery and outpatients as well as providing vaccination services. EoM dates are planned between 7 to 10 December 2019.

With the outbreak yet to reach its peak and to ensure coordination mechanisms are in place with health partners and to provide technical support to SRCS as per their request, IFRC CSST Suva Health Manager will be undertaking a mission to Samoa. The Health Manager will be able to oversee and help SRCS coordinate their health response as well as engage with health partners such as WHO and UNICEF. Due to the public health emergency, there is need for more technical and coordination support required to increase awareness and health promotion activities at the community level, support surveillance, data collection and reporting. A RDRT PHiE (Public Health in Emergency) profile is requested to take over from the Health Manager upon arrival and continue to work with and support SRCS.

This RDRT PHiE support is in addition to the PMER RDRT support.

Human resources

A total of 12 staff and 100 First Aid and Hygiene promotion volunteers excluding voluntary blood donors are actively

engaged in the operations. RDRT PMER and Health/PHiE. These roles together with logistical assistance for the immediate deployment of the *Health Manager CSST Suva until arrival of RDRT PHiE will also be supported by the DREF.

Due to the urgent need for technical and coordination support, the health manager of the IFRC CCST Suva team following request from SRCS will depart at the earliest to Samoa to support SRCS providing technical, coordination and strategic direction to SRCS outbreak operations.

Community engagement and accountability (CEA)

SRCS mandate is to engage with the community based on their Disaster Management plan. Therefore, the request from the Samoa Government to the SRCS was facilitated as part of their role. With the increase in number of people affected, the SRCS plays a major role in mobilizing volunteers, resources and especially international assistance to facilitate the response plan of both the National Society and the Government. The volunteer of SRCS are based in the community; along with the implementation of activity, SRCS will also set up feedback mechanism for better response.

Logistics and supply chain

Logistics activities aim to effectively manage the supply chain, including, procurement, customs clearance, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures. The operation will carry out local procurement to replenish hygiene kits (SRCS standard), first aid kit stocks, ropes and tools for setting up the Medical Service Unit, antibacterial soap and blanket (the blanket will use IFRC standard).

Communications and Information Technology

SRCS has a dedicated staff that handles all communications and technology tasks including internet connection for the Society. The need for further support in this area will be supported by the IFRC CCST Pacific in Suva once SRCS submitted a request.

Communications and media relations

The IFRC will continue to support the communications team of the National Society to actively communicate with external audiences on the situation and the Red Cross humanitarian response, with the aim of generating visibility on and support for the ongoing humanitarian needs and the Red Cross response. Close collaboration will be maintained between the IFRC regional communications unit, IFRC CCST and the National Society to ensure a coherent and coordinated communications approach. Commonly agreed key messages will continue to be produced together with written and audio-visual content, and relevant social media and digital products focusing on the humanitarian situation and Red Cross actions. Media and social media scanning will measure effectiveness and contribute to risk management. Communications content will be promoted through IFRC channels and shared with interested National Societies in the IFRC network.

Security

There is always a contingency plan in place to evacuate if forecasted to be affected by any natural disaster but not with the current measles outbreak that is affecting the island. Security briefings have been briefed to all volunteers and staffs who're in vaccination sites and supported by the local Samoa Police in controlling the local crowd. Ensure that all volunteers and staff attending the DREF activities are vaccinated accordingly.

Planning, monitoring, evaluation and reporting (PMER)

Since this was a request from the SRCS, a RDRT PMER support will travel to Samoa as soon as the approval of the DREF. The RDRT main role is to support the updating of their reports and ensure tasks approved in the budget is in line with what they're currently doing. A PMER ToR will be shared with the SRCS before the deployment takes place.

Administration and Finance

The admin and finance team will include treasurer (a board member), finance manager and administration officer.

C. Detailed Operational Plan



Health

People targeted: 30,000

Male: 15,000

Female: 15,000

Requirements (CHF): 40,890

Needs analysis: Due to the outbreak of measles in Samoa, the SRCS acted on its mandate provides general hygiene promotion services in vaccination sites and provide measles awareness messaging to the target population visiting the vaccination centre as well as general public.

Risk analysis: Due to the increase in number of people visiting the vaccination site, there is always a risk of crowd control and the spread of measles to the affected population coming in for vaccination. Therefore, provided the opportunity to inform the public through safety and health messaging tips and the provision of first aid standby if assistance is needed.

Population to be assisted: The target population will be the pocket areas in Upolu and Savaii islands that has strategic/easy access locations targeting population from different age group as follow 6months to 4 years, 5 to 19 years, 20 to 39 years, 40 to 49 years and beyond 50 years.

Programme standards/benchmarks: Sphere, Epidemic Control for Volunteers Toolkit, Psychosocial Support in Emergencies Guidelines, Psychological First Aid Guidelines, Caring for Volunteers, Global Measles SIA guideline, Global Measles Micro Planning guideline, MoH Guidelines which includes UNICEF/WHO Standards as per local MoH guidelines.

P&B Output Code	Health Outcome 1: The immediate risks to the health of affected populations are reduced	<i># of people reached by NS with services to reduce relevant health risk factors. Target: 30,000</i>												
	Health Output 1.1: Blood donor recruitment is conducted	<i># of voluntary blood donor recruited during operations. Target: 500 people</i>												
	Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12
AP012	Media awareness on voluntary non-remunerated blood donation (VNRBD) & Vaccination & Measles updates		x	x	x	x	x	x	x	x	x	x	x	
AP012	Recruitment at Blood transfusion centre (300) Blood drives at Community & workplaces (200)		x	x	x	x	x	x	x	x				
P&B Output Code	Health Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment	<i># of volunteers involved in hygiene promotion activities. Target: 100 people # of people reached by epidemic prevention and control. Target: 3,000 people # of people reached by psychosocial support. Target: 2,000 people</i>												
	Health Output 2.1: Hygiene promotion and health messaging are provided	<i># people reached with key messages to promote personal and community hygiene. Target: 20,000 people</i>												

Activities planned		Week	1	2	3	4	5	6	7	8	9	10	11	12	
AP011	Provide First Aid service to in 20 vaccination sites.		x	x	x	x	x	x	x	x					
AP011	Provision of PPE Kits to staff and volunteers (mask/hand sanitizer)		x	x	x	x	x	x	x	x					
AP022	Conduct assessment at high risk areas. Target 300 households						x	x	x	x	x	x			
AP022	Health Promotion activities at vaccination sites		x	x		x	x		x	x					
AP023	PFA Session is conducted for SRCS volunteers				x	x	x	x	x	x	x	x	x	x	
AP022	Distribution of Blankets to sites (as per need)			x	x	x	x	x	x	x					
AP022	Psychosocial support including Psychological First Aid for target population			x	x	x	x	x	x	x	x	x	x	x	
P&B Output Code	Health Outcome 3: Effective health response coordination and reporting						<i>Technical support visit is conducted by CCST Pacific</i>								
	Health Output 3.1: Technical support is provided to SRCS						# PFA session conducted								
	Activities planned		Week	1	2	3	4	5	6	7	8	9	10	11	12
AP063	Health Manager CSST Suva - mission				x	x									



Water, sanitation and hygiene

People targeted: 30,000

Male:15,000

Female: 15,000

Requirements (CHF): 18,028

Needs analysis: Due to the outbreak of measles in Samoa, the SRCS acted on its mandate provides general hygiene promotion services in vaccination sites and provide measles awareness messaging to the target population visiting the vaccination centre as well as general public.

Risk analysis: Due to the increase in number of people visiting the vaccination site, there is always a risk of crowd control and the spread of measles to the affected population coming in for vaccination. Therefore, provided the opportunity to inform the public through safety and health messaging along with hygiene promotion

Population to be assisted: The target population will be the pocket areas in Upolu and Savaii islands that has strategic/easy access locations targeting population from different age group as follow 6months to 4 years, 5 to 19 years, 20 to 39 years, 40 to 49 years and beyond 50 years. The hygiene promotion activities will be targeting all people, mainly the ones visiting the vaccination sites.

Programme standards/benchmarks: Sphere, Epidemic Control for Volunteers Toolkit, Global Measles SIA guideline, Global Measles Micro Planning guideline, MoH Guidelines which includes UNICEF/WHO Standards as per local MoH guidelines.

P&B Output Code	WASH Outcome1: Immediate reduction in risk of waterborne and water related diseases in targeted communities	# of people in targeted communities reduced risk of waterborne and water related diseases. Target: 30,000 people																
	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	# of people reached thru hygiene promotion activities. Target: 20,000 people																
	Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP030	Conduct Hygiene Promotion and Health messaging in 20 vaccination sites		x	x	x	x												
AP030	Develop a hygiene communication plan. Train volunteers to implement activities from communication plan.		x	x	x	x												
AP030	ECV training for 100 volunteers		x	x	x	x												
AP030	Design/Print IEC materials		x	x	x													
P&B Output Code	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	# of households received hygiene kits. Target: 300 HH # of households reached thru the training for hygiene kits. Target: 300 HH																
		Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
AP030	Distribute hygiene kits to 300 households and conduct Hygiene Promotion (200 from UNICEF and 100 SRCS)				x	x	x	x	x	x								
AP030	Train population of targeted communities in use of distributed hygiene kits.				x	x	x	x	x	x								



Protection, Gender and Inclusion

People targeted: 30,000

Male: 15,000

Female: 15,000

Requirements (CHF): N/A (activities listed below are integrated in the health activities and have no separate budget)

Needs analysis: the operations will involve 100 SRCS volunteers and 30.00 target population affected by the measles outbreak; in carrying the operation, SRCS will ensure full access of their service and include marginalised group i.e. persons of all gender identities, ages disabilities and backgrounds. SRCS plans to conduct detailed assessment to be able to cover the whole community groups after the government lift the ban to visit communities. The protection measures will not only be carried out for target population but also for SRCS staff and volunteers who are mobilized for the response.

Risk analysis: The operations include different target groups in the community including people living with disability and single parents. The vaccination site setting should ensure easy access to disable community, protection of privacy and confidentiality also sense of security for children and individual in vaccination point. Due to previous

misconduct of medical practice which resulted to the death of two children affect reluctance to some parents to vaccinate their children. Another risks anticipated is overcrowding hospitals and clinics and also the risk of another mishap with the vaccination as well as cyclone which might be happening while this outbreak is still ongoing.

Population to be assisted: SRCS operations include different target groups for the vaccinations in both Upolu and Savaii islands as well as protection for mobilized volunteers.

Programme standards/benchmarks: Minimum Standards for Protection, Gender and Inclusion in Emergency, Sphere Standard, Inter-Agency Standing Committee (IASC) Guidelines on Gender-based Violence (2015)

P&B Output Code	Protection, Gender & Inclusion Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.	<i>DREF operation demonstrate evidence of addressing the specific needs to ensure equitable access to disaster response</i>												
	Protection, Gender & Inclusion Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.	<i># of volunteers and staff attended session on minimum standards</i>												
	Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12
AP031	Conduct an assessment of specific needs of the affected population based on criteria selected from the minimum standards for PGI in emergencies.	x	x	x	x	x	x	x	x	x	x	x	x	x
AP031	Support sectoral teams to include measures to address vulnerabilities specific to gender and diversity factors (including people with disabilities) in their planning			x	x	x	x	x	x	x	x	x	x	X
AP031	Hold one day session with IFRC and NS staff and volunteers on the Minimum Standards (or integrate a session on Minimum Standards in standard/sectorial session).				x	x	x							
AP031	Support sectoral teams to ensure collection and analysis of sex-age and disability-disaggregated data (see guidance in Minimum Standards)					x	x	x	x					
AP034	Volunteers, staff and contractors sign, are screened for, and are briefed on child protection policy/guidelines			x	x									

Strategies for Implementation

Requirements (CHF): 8,532

P&B Output Code	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># of volunteers engaged and registered, motivated to support the operation. Target 100</i>
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected	<i># of volunteers engaged with the operation. Target 100</i>

D. Budget

International Federation of Red Cross and Red Crescent Societies

*all amounts in
Swiss Francs
(CHF)*

DREF OPERATION

MDRWS002 SAMOA MEASLES
OUTBREAK

30/11/2019

Budget by Resource

Budget Group	Budget
Clothing & Textiles	1,115
Food	7,287
Water, Sanitation & Hygiene	333
Medical & First Aid	744
Relief items, Construction, Supplies	9,479
Distribution & Monitoring	12,826
Transport & Vehicles Costs	2,602
Logistics Services	2,974
Logistics, Transport & Storage	18,403
Volunteers	2,838
Personnel	2,838
Workshops & Training	9,927
Workshops & Training	9,927
Travel	17,994
Information & Public Relations	5,763
Office Costs	558
Communications	558
Other General Expenses	1,933
General Expenditure	26,805
DIRECT COSTS	67,452
INDIRECT COSTS	4,384
TOTAL BUDGET	71,836

Reference documents



Click here for:

- [Information bulletin](#)

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

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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.

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



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



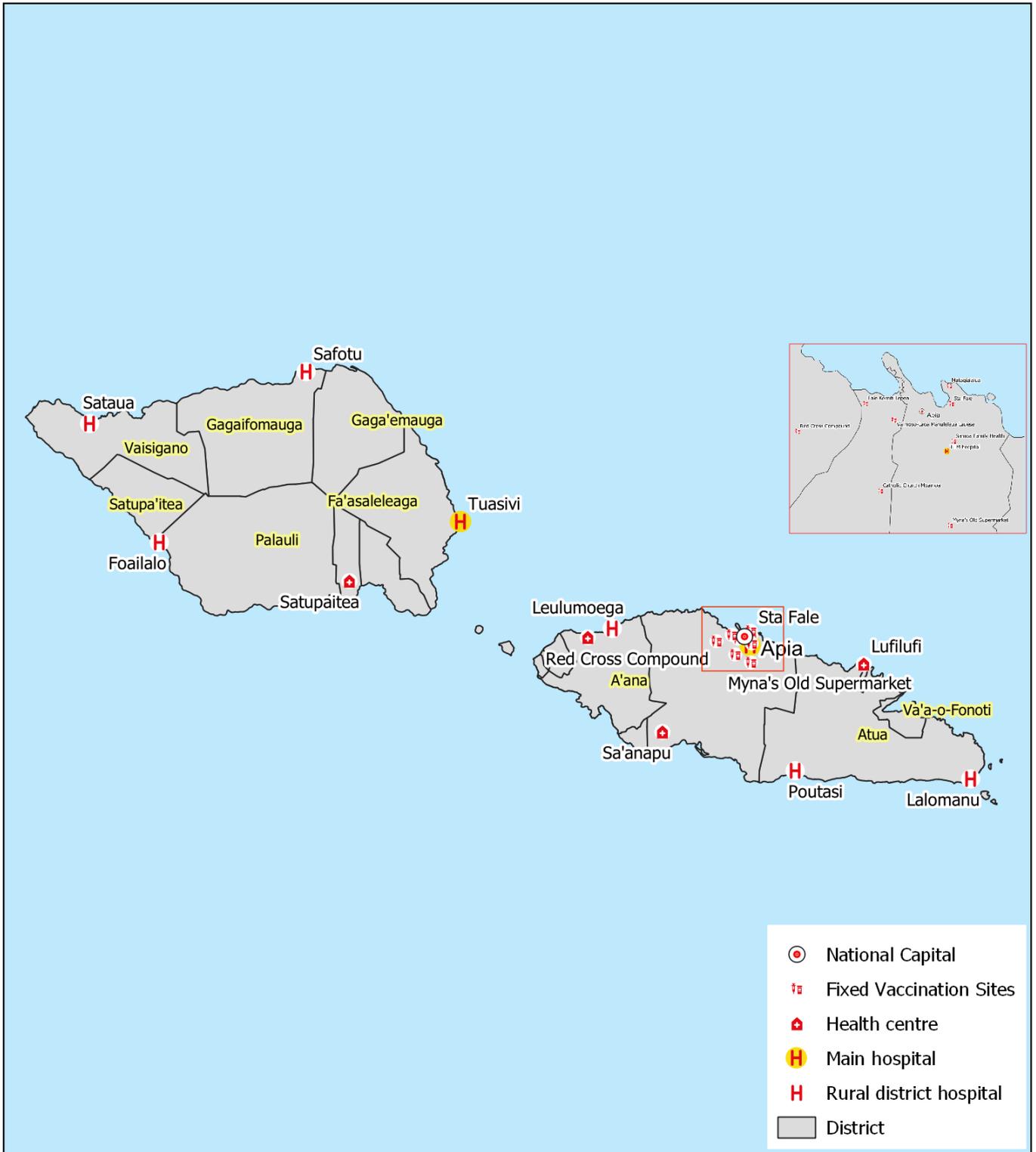
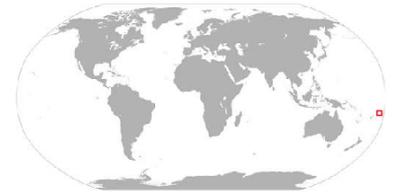
Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.

**Samoa, Measles Outbreak:
EPoA Operation Update**

29 November 2019



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of territory or its authorities. Map data sources: OCHA, OSM Contributors, GDACS, ICRC, IFRC

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