

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS**

19-RR-WSM-40060

SAMOA

RAPID RESPONSE

MEASLES

2019

RESIDENT/HUMANITARIAN COORDINATOR	SIMONA MARINESCU
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REPORTING PROCESS AND CONSULTATION SUMMARY	
a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	7 October, 2020
UNDP, UNFPA, UNICEF, WHO, UNOCHA, Field Ready, International Planned Parenthood Federation, Red Cross Samoa, ADRA Samoa	
b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. Was the final version of the RC/HC Report shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

The 2019 measles outbreak in Samoa was the result of the interruption of MMR vaccination for close to 9 months after the immunization incident in July 2018 that led to the death of two babies. Despite continued efforts by WHO and UNICEF, routine vaccination remains suboptimal in Samoa and across the Pacific. The increase of measles cases in October 2019 found the health system of Samoa unprepared to respond and the population across islands unaware of the potentially devastating consequences of the MMR epidemic. The UN response to the epidemic was multi-fold, led by the UN Resident Coordinator Office together with OCHA and with the direct involvement of WHO, UNICEF, UNFPA and UNDP and national partners including Government, civil society and community organizations. A donor coordination mechanism led by the Prime Minister of Samoa enabled coherence in the support that various development and humanitarian actors provided during the outbreak.

To enable an effective response, with the support of OCHA, the UN Resident Coordinator submitted an application for CERF resources amounting to USD 2.7mill to fund immediate needs of equipment, vaccines, Emergency Medical Teams as well as risk communication and advocacy for the mass vaccination campaign launched in early December 2019. With the support of OCHA, the UN Resident Coordinator assisted the Government of Samoa in the preparation and launch of a National Appeal for USD 10.0mill to support the response and recovery efforts and also facilitate the implementation of mandatory vaccination as enacted by the Parliament of Samoa in Dec 2019.

The CERF-financed support to the Government of Samoa proved its relevance to the ongoing COVID-19 pandemic, some of the resources being reprogrammed by the recipient UN agencies for this purpose.

Moving forward, a thorough risk analysis of the combined threats affecting progress in the Pacific and in Samoa more specifically is in progress under the Common Country Analysis exercise. Without a good understanding of the risk dynamics and their interplay, the support of the United Nations will not achieve its intended results and vulnerabilities will continue to push the Pacific SIDS into crises.

The UN Country Team in Samoa wishes to express its appreciation to the OCHA Pacific Team and the CERF Secretariat for their outstanding assistance in the response to the 2019 measles outbreak in Samoa.

1. OVERVIEW

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)

a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	13,400,000
FUNDING RECEIVED BY SOURCE	
CERF	2,707,068
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	0
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	2,707,068

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)

Agency	Project code	Cluster/Sector	Amount
UNDP	19-RR-UDP-012	Health - Health	98,840
UNFPA	19-RR-FPA-052	Health - Health	146,329
UNICEF	19-RR-CEF-118	Health - Health	2,032,561
UNICEF	19-RR-CEF-118	Water Sanitation Hygiene - Water, Sanitation and Hygiene	64,869

UNICEF	19-RR-CEF-118	Protection - Child Protection	64,869
WHO	19-RR-WHO-057	Health - Health	299,600
TOTAL			2,707,068

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	1,637,787
Funds transferred to Government partners*	847,192
Funds transferred to International NGOs partners*	44,132
Funds transferred to National NGOs partners*	107,136
Funds transferred to Red Cross/Red Crescent partners*	70,821
Total funds transferred to implementing partners (IP)*	1,069,281
TOTAL	2,707,068

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

Since 2017, a global resurgence of measles cases has been affecting all regions of the world. In global immunization surveys, coverage for the second dose of measles-containing vaccine (MCV2) was 69%, with significant variability between regions. In the Asia Pacific region, outbreaks and clusters of measles cases are being reported from countries where measles has previously been eliminated, including Australia, Japan, New Zealand, Republic of Korea, as well as higher incidence in endemic countries such as Lao PDR, Malaysia, the Philippines, Thailand and Vietnam. At the end of 2019, Samoa, Tonga and Fiji had reported measles cases, while American Samoa has reported four cases of measles acquired in Samoa. The outbreaks in Samoa and Tonga were caused by the D8 strain (genotype) of measles virus. At the time of this outbreak, measles vaccine coverage varied in Pacific island countries and areas, ranging from 31% in Samoa to 99% in the Cook Islands, Nauru and Niue.

The Samoa Ministry of Health declared a national measles outbreak on 16 October 2019. There was widespread community transmission, with the outbreak strain similar to that which caused the outbreak in New Zealand. The Government of Samoa declared a state of emergency on 15 November 2019. Under the new Orders of the State of Emergency the Government has made vaccination mandatory for priority groups. Samoa activated its Health Emergency Operations Centre (HEOC) which met daily for health sector coordination which provides updates on the situation. Under the national orders, other restrictions had been implemented including the restriction on inter-island travel for children under 19 years of age; all schools were temporarily closed; and children under 18 were strongly advised not to attend public gatherings or attending any medical facility, unless they require medical attention. Unimmunized pregnant women were further restricted from attending their place of employment (public and private sector).

Based on estimates from the census, there are 44,286 women in Samoa that are currently of reproductive age, of whom 6,444 may be pregnant and required medical assistance for safe delivery of an estimated 2,148 babies over three months. Approximately 15% of these pregnancies may likely face obstetric complications that may include C-sections. The government had prioritised women of reproductive age (20-35 years old) for vaccination and provided access to condoms and other family planning methods to prevent pregnancy within the four-week contraindicated period. There was increased need for antenatal management and psychosocial support to pregnant woman that tested positive for measles. The strain on health services to respond to the epidemic risked crowding out essential maternal and reproductive health services for women of reproductive age without measles, impacting on access to care and increasing potential risks of morbidity and mortality. Expanding access to reproductive health services was critical.

The Ministry of Health confirms a cumulative total of 5,697 measles cases have been reported to the Disease Surveillance Team, since the outbreak started. The total number of measles cases admitted to all hospitals recorded for the outbreak to date is 1,860. Of that, 1,761 (95%) patients have recovered and been discharged. To date, 83 measles related deaths have been recorded. There were 2 fatalities (one infant and one adult) between December 2019 and January 2020. 32,743 vaccinations

were completed before the Mass Vaccination Campaign. Since the activation of the Mass Vaccination Campaign on 20 November 2019, the Ministry has successfully vaccinated 57,132 individuals. On 5 and 6 December, the Government intensified its efforts through the organization of a two-day “Door-to-Door Vaccination Campaign”. Some 33,970 people were vaccinated during these two days alone. This brings the total vaccination rate to about 90%. However, the group of under 4-year-old (85% vaccination coverage) still remains off target (above 95%) which is a major concern.

The Government of Samoa released a National Measles Response and Recovery Appeal (6 December 2019) for \$US10.7 million. The appeal sought financial assistance from partners to support national efforts to contain the outbreak, effectively treat people who contracted measles, and achieve herd immunity for long term protection of the population. The measles outbreak had resulted in a significant disruption of the Samoan health system with an ongoing rise in incidence and requirement for quarantine of infected persons. The appeal targeted 116,000 persons who were most at risk – children and women of reproductive age.

3. CONSIDERATION OF FOUR PRIORITY AREAS¹

The response supported and considered national protection by strengthening mechanisms to ensure that women and girls, critical services for pregnant women and lactating mothers, persons living with disabilities, psychosocial first aid were accessible

a. Women and girls, including gender-based violence, reproductive health and empowerment

Gender was a particular focus of this initiative, which targeted women of reproductive age, supporting safe childbirth and reducing measles risk. Children of all ages were supported through this initiative on an equal basis.

b. Programmes targeting persons with disabilities

Disability was considered as a cross cutting issue in this proposal, with the national campaign undertaking home vaccination visits, which support access of persons with disabilities to services. As part of responses, disability was considered as part of a larger vulnerability-based beneficiary selection criteria.

c. Education in protracted crises

Not applicable, not a protracted crisis

d. Other aspects of protection

Support for documentation of health records was provided, to digitise and strengthen collective record keeping for individuals and families.

4. PRIORITIZATION PROCESS

The CERF strategy was developed with the Pacific Humanitarian Team (PHT), which met on 27 November 2019. The meeting reflected on the State of Emergency which had been issued by the Government of Samoa and the requests to individual line agencies for escalated support to respond to the crisis. The PHT considered the rapidly escalating needs to cover under-immunised populations in several countries in the Pacific, in particular Samoa. It considered that a quick injection of funds could help support more comprehensive coverage to reach the goal of herd immunity and would have the potential to save lives, particularly of young and unborn children. It noted that Pacific Island countries have limited hospital and emergency facilities, especially for remote island populations and that currently the Samoa hospital and medical system is completely overwhelmed by the hospitalisation response. CERF funding would complement the operational assistance of global emergency medical teams providing support in Samoa.

¹ In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. Please see the Questions and Answers on the ERC four priority areas here https://cerf.un.org/sites/default/files/resources/Priority_Areas_Q_A.pdf

- Agency requests for CERF funding had supported and reflect their global mandates and the necessary expansion of vaccination services and supplies given the current crisis.
- This rapid response allocation was complimentary to the countries that provided in kind assistance. Through this Samoa identified and provided a list of priority equipment to be delivered, part of which is reflected in UNICEF’s project.
- The Government of Samoa had prioritised the needs of women of reproductive age and had requested UNFPA to support in setting up an isolation delivery unit in the national hospital to ensure that emergency obstetric care services for pregnant women and antennal mothers are available 24/7.

5. CERF RESULTS

CERF allocated \$2.7 million to Samoa from its window for Rapid Response to sustain the provision of life-saving assistance to the people of Samoa and other Pacific Island Nations in December 2019.

Agency	Results
UNFPA	The project served a total of 23,114 women, men, girls and boys with continuity of essential Sexual Reproductive Health (SRH) services and information during the period of increased influx of measles cases and the national lockdown due to the COVID-19 outbreak.
UNICEF	UNICEF and its partners were able to vaccinate against measles 184,982 children 6 months to 5 years in Samoa, Tonga, Fiji, Kiribati, Vanuatu, Federated States of Micronesia (FSM) and Marshall Islands which effectively stemmed the measles outbreak.
WHO	The CERF grant helped to support the coordination of 18 Emergency Medical Teams (EMT) in providing clinical care to over 5,700 measles patients. The COVID-19 Preparedness and Readiness project reached a total of 83,735 people across all 4 main islands of Samoa, distributed over 1,600 hygiene kits and 25,500 translated IEC information packs were distributed, and over 200 family members were referred to the hospital for follow up care.
UNDP	Through the CERF assistance, addressed digital-related gaps within the Government of Samoa’s health system by procuring 15 laptops, 15 webcams, and a multi-function heavy duty scanner to assist the with the digitization of the Measles-related vaccination records and enable remote diagnostic/telemedicine in 13 district hospitals across Samoa. The installation of the IT equipment in the district hospitals will strengthen vaccination monitoring capacity and build medical history for each and everyone in the country. Moreover, enable access to accurate and timely available data on vaccination and live medical consultations between the district hospitals and medical centers to the main hospitals at Moto’otua and Tuasivi; consultation on emergency measles cases; live urgent medical video conferencing from all sites and concurrent online meetings.

6. PEOPLE REACHED

The total number of people planned to be reached in table 4 by each of the agencies as laid out in the CERF application were reached. The approach used in estimating the figures reported in table 4, 5 and 6, by each of the agencies were based on numbers it received from the Government of Samoa and their local counterparts. Additionally, with the multi country approach by UNICEF for herd immunity in Tonga, Fiji, Kiribati, Vanuatu, Federated States of Micronesia (FSM) and Marshall Islands. The numbers planned to be reached for persons with disabilities in table 6 were an estimate of the largest sector Health that included WASH and Protection sector beneficiaries as stated in the application these numbers included Samoa population and Fiji, Kiribati, Vanuatu FSM and Marshall Islands . Hence, the numbers stated for actual reach in table 6 only reflects Samoa population.

The herd immunisation and prepositioning of vaccines enabled more people to be reached. Some 1.7 million people in these 7 Pacific countries were reached by mass media platforms that promoted vaccination, handwashing and other preventive measures. In Samoa, 102,348 people were reached by community facilitation teams that provided psychosocial support to families and 133,266 benefitted from WASH interventions in health care facilities, including the installation of 6 handwashing stations. The target population of the national immunization campaigns and supplemental immunization activities (SIA) varied from country to country depending on the epidemiological analysis of their measles vaccination coverages. Therefore, in Samoa, majority of the population were supported through the national vaccination campaign.

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY¹

Category	Number of people (Planned)	Number of people (Reached) ²
Host communities	0	16,000
Refugees	0	0
Returnees	0	0
Internally displaced persons	0	0
Other affected persons	1,156,596	1,800,435
Total	1,156,596	1,816,435

¹ Best estimates of the number of people directly supported through CERF funding by category.

TABLE 5: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE²

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned	306,228	302,110	281,836	266,422	1,156,596
Reached	481,931	489,045	429,330	406,434	1,816,435

² Best estimates of the number of people directly supported through CERF funding by sex and age (totals in tables 4 and 5 should be the same).

TABLE 6: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES)³

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned (Out of the total targeted)	32,282	31,911	29,568	28,027	121,788
Reached (Out of the total reached) ³	146	158	184	177	665

³ Best estimates of the number of people with disabilities directly supported through CERF funding.

TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)⁴

By Cluster/Sector (Planned)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Health - Health	306,228	302,110	281,836	266,422	1,156,596
Protection - Child Protection	15,000	15,000	12,500	12,500	55,000
Water Sanitation Hygiene - Water, Sanitation and Hygiene	1,600	2,000	13,500	13,500	30,600

TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)⁴

By Cluster/Sector (Reached)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Health - Health	416,008	427,406	378,702	358,705	1,580,821
Protection - Child Protection	20,879	20,060	26,374	25,340	92,653
Water Sanitation Hygiene - Water, Sanitation and Hygiene	434,866	425,517	383,185	360,727	1,604,295

⁴ Best estimates of the number of people directly supported through CERF funding by sector.

² The calculation was based on the total of all the agencies in table 4.b Number of People Directly Assisted with CERF Funding (Reached). In this case the numbers for the Health sector (86,678) as they have the highest number of people reached and would likely include beneficiaries from WASH & Protection

³ The numbers planned to be reached for persons with disabilities in table 6 were an estimate of the largest sector Health that included WASH and Protection sector beneficiaries as stated in the application these numbers included Samoa population and Fiji, Kiribati, Vanuatu FSM and Marshall Islands. Hence, the numbers stated for actual reach in table 6 only reflects Samoa population.

7. CERF'S ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to people in need?

YES UNICEF, UNFPA, WHO, UNDP

PARTIALLY

NO

The CERF grant allowed UNICEF to reprogram existing resources for a fast response, and then reverse the funding source once the CERF grant came in. This was also the case for UNFPA. CERF also enabled UNICEF to expand activities to vulnerable countries, in the spirit of prevention as part of emergency response and recognizing that the Pacific should be seen as a single epidemiological unit, and response should be seen as holistic. Furthermore, CERF allowed UNFPA to include SRH as part of the critical life-saving efforts, which are usually not recognized in a measles response. This limited the impact of the outbreak on overall health outcomes for women and children. When the peak of the outbreak was over, CERF funds were critical for the remaining health care needs. WHO appreciates the flexibility, based on gap analysis on the ground. When designing the project, it was easy to get approval for exactly what was needed at the time.

b) Did CERF funds help respond to time-critical needs?

YES UNICEF, UNFPA, WHO, UNDP

PARTIALLY

NO

CERF provided the shift to a genuine emergency response, allowing agencies to operate within a narrow time window required to save lives. The funding allowed mobilization of community organizations for life-saving response. There could have been more done had the CERF being triggered earlier, but the CERF allocation provided that impetus.

c) Did CERF improve coordination amongst the humanitarian community?

YES UNICEF, UNFPA, WHO, UNDP

PARTIALLY

NO

Civil society organisations (CSOs) that were implementing partners of UN agencies strengthened and built relationship as members of a Disaster Advisory Council (DAC) and National Disaster Management Office (NDMO) which were key enablers for the UN. UNFPA agreed that the CERF allowed for good coordination with Government on how the UN agencies fit into the national response. UNICEF agreed that there were good practices regarding joint situation reports, joint meetings, this allowed for a wider awareness and avoided duplication. Preparing the CERF application was a good opportunity for coordination and collaboration between the UN agencies, helping ensure a complementary approach WHO indicated.

d) Did CERF funds help improve resource mobilization from other sources?

YES UNICEF, UNFPA, WHO, UNDP

PARTIALLY

NO

UNFPA commended the CERF as this was the trigger for additional funding from DFAT/Australia as well as an enabler of internal reprogramming of their own resources. For WHO the CERF grant was complementary to the funding from USAID and the Australian Department of Foreign Affairs and Trade (DFAT). However, for WHO the CERF funding did not necessarily trigger additional resources.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

The CERF application provided an opportunity to understand the current level of digital transformation in the health sector and its needs in this regard. It also allowed the UNCT to reassess priorities and target important gaps. With a better digital foundation in Samoa, it was a good preparedness strategy for when the global pandemic of COVID-19 struck. UNDP further elaborated that because it provided the steppingstone through the CERF grant, now the sustainability of digital capacity needs to be met. For UNFPA, the CERF provided a great example of localization as this was a national driven response as CERF supported local leadership of community-level response. The CERF grant also provided for training for psychosocial first aid/self-care. This was an added value as this provision enabled the protection of communities while also protecting essential health staff. UNICEF greatly appreciated the multi-sector approach to the response, by including child protection and WASH with the health response. This ensured a more holistic response to the emergency. Additionally, the transition from measles to COVID-19 was an exercise in flexibility in the face of changing needs and ensuring multi-purpose activities. CERF with its flexibility allowed reprogramming for procurement of the rt-PCR (Real-Time Thermal Cyclers) equipment.

8. LESSONS LEARNED

TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
CERF was adaptable and flexible	CERFs ability to support prepositioning enabling UNICEF to expand activities to vulnerable countries, in the spirit of prevention as part of emergency response
CERF are not too responsive to interventions that are not solely humanitarian	The Samoa example showed the importance of support to digitization and SRH to the immediate crisis response.
There was back and forth with CERF Secretariat on prevention aspect of the submission	Preemptive action can be part of the response. Measles was the first health emergency in a while in the Pacific as more prone to natural disasters, this response made region more prepared for COVID-19.
Processing time of CERF and its success and disbursement	Clearer messaging on CERF envelope and when it would arrive to agencies once it had been approved at HQ.
More information on how the humanitarian structure works here in the Pacific.	Countries do not understand well the CERF mechanism. Member states need more information on understanding the humanitarian portfolio, and role of RC in accessing those funds. Concerns that not having an HC would block countries from accessing humanitarian funds.

TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Complexity of understanding CERF. The socialising of CERF processes and the provision of the CERF training to stakeholders	Continue building capacity as much as possible for our counterparts on the CERF process	OCHA/PHT
The lack of updates provided by implementing agencies to the PHT to increase joint ownership of these interventions	Regular updates on CERF implementation activities throughout the project. Ensuring that this is an action item for CERF updates in PHT agenda	Agencies/PHT
The inability to have a wholistic view of the pre-existing risks within the countries that could better response	Need for a proper risk assessment within countries of interest	RC
Deliberate effort in promoting community participation	Actively promoting community participation as a accountability to agencies objectives for projects.	PHT
Better coordination amongst agencies	Ensuring structural clear instructions communication is continuous	PHT
There was confusion between announcement that application was successful, and disbursement of funds. Press release came out, but funding was not disbursed for a period of time.	Clear instructions on the the process itself.	OCHA

PART II

9. PROJECT REPORTS

9.1. Report 19-RR-UDP-012 - UNDP

1. Project Information			
1. Agency:	UNDP	2. Country:	Samoa
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-RR-UDP-012
5. Project Title:	Expanded Capacity for Collection, Processing, Analysis and Dissemination of Critical Health Information		
6.a Original Start Date:	13/11/2019	6.b Original End Date:	12/05/2020
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	12/08/2020
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 0
	b. Total funding received for agency's sector response to current emergency:		US\$0
	c. Amount received from CERF:		US\$ 98,840
	d. Total CERF funds forwarded to implementing partners		US\$ 0
	of which to:		
	Government Partners		US\$ 0
International NGOs		US\$ 0	
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>Through the CERF assistance, UNDP addressed digital-related gaps within the Government of Samoa's health system by procuring 15 Laptops, 15 webcams, and a multifunction heavy duty scanner to assist the with the digitization of the Measles-related vaccination records and enable remote diagnostic/telemedicine in 13 district hospitals across Upolu and Savaii. The installation of the IT equipment in the district hospitals will strengthen vaccination monitoring capacity and build medical history for each and everyone in the country. Moreover, enable access to accurate and timely available data on vaccination and live medical consultations between the district hospitals and medical centers to the main hospitals at Moto'otua and Tuasivi; consultation on emergency measles cases; live urgent medical video conferencing from all sites and concurrent online meetings.</p> <p>The project assistance will provide ongoing long-term support to all the citizens of Samoa (200,000 people) specifically those in rural communities who are most vulnerable to health-related crisis (measles and Covid19).</p> <p>The implementation status of UNDP activities as per its CERF allocation currently stands at 100% with the financial delivery at 88%.</p>

3. Changes and Amendments
<p>In March 2020, as per UNDP's initial CERF Workplan and Budget, the remaining activities were the procurement of the Optical Character Recognition (OCR) software to assist with the digitization of the Measles-related vaccination records, and the procurement of an IT expert to provide Ministry of Health (MOH) with required technical advice and capacity development on the remote diagnostic platform and planned digitization process. The two activities were in progress as per planned targets (the joint formulation of the Terms of Reference</p>

between UNDP, MOH, and MCIT and OCR software discussions between the MOH, UNDP Samoa, and UNDP Headquarters in New York).

However, on March 23, the Government of Samoa declared a National State of Emergency due to the global COVID19 pandemic which resulted in a shift in national priorities from the Measles epidemic to COVID19. In consultation with the Government of Samoa, UNDP submitted a proposal to the CERF Secretariat through the Resident Coordinators Office (RCO) on 07 April 2020, to reprogramme unutilized CERF funds of USD 67,453 and to extend the timeframe to support the Government in its COVID19 Preparation and Prevention Response. This proposal was approved by the CERF Secretariat as per the letter dated 27th April 2020 to reprogramme the funds for COVID-related activities and extend the timeframe from 12th May 2020 to the 12th August 2020.

As a result of the reprogramming and guided by the priority needs identified by the Government during consultations, UNDP supported the following COVID-related response activities:

1. Procurement of 53 Zoom Software License to support the Government of Samoa's Business Continuity Plan during the COVID19 Lockdown and restrictions of the National State of Emergency
2. Procurement and shipment of 2000 x Cepheid Cartridges to support the diagnostic and detection capacities of the National Health System to administer COVID19 testing at the local level
3. Support the implementation of the Socio-Economic Assessment for Samoa (SEIA) in partnership with UN agencies under the coordination of the RCO. UNDP's earmarked support was programmed to assist the Office of the Samoa Bureau of Statistics (SBS) undertake a nation-wide SEIA survey. Through the CERF grant, UNDP provided 8 laptops to assist with data collection and the acquisition of 2 datasets (Household Income Expenditure Survey and Demographic Health Survey MICS.)

The implementation status of UNDP activities as per its CERF allocation currently stands at 100% with the financial delivery of 88%.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Health - Health					
	Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities		0	0	0	0	0
Refugees		0	0	0	0	0
Returnees		0	0	0	0	0
Internally displaced persons		0	0	0	0	0
Other affected persons		27,855	27,500	44,400	43,500	143,255
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total	
Persons with Disabilities (Out of the total number of "people planned")		2,785	2,750	4,440	4,350	14,325

4.b Number of People Directly Assisted with CERF Funding (Reached)⁴

Cluster/Sector	Health - Health					
	Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities		N/A	N/A	N/A	N/A	N/A
Refugees		N/A	N/A	N/A	N/A	N/A
Returnees		N/A	N/A	N/A	N/A	N/A
Internally displaced persons		N/A	N/A	N/A	N/A	N/A
Other affected persons		N/A	N/A	N/A	N/A	N/A

⁴ To date (February 2021) pending results from Ministry of Health.

Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	N/A	N/A	N/A	N/A	N/A

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	N/A
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4.c Persons Indirectly Targeted by the Project
N/A

5. CERF Result Framework	
Project Objective	To increase the Government of Samoa's immediate capacity to collect, process, analyse and disseminate critical health information.

Output 1	National Digitisation of measles vaccination records			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Timely delivery of 15 laptops, 15 webcams and 1 heavy-duty/bulk scanner in line with requirements and fit for purpose (Y)	Laptops, webcams and scanner delivered on time	Yes	Official handover to the Ministry of Information Technology and Communications as temporary custodians (Dec 2019) Official handover to Ministry of Health (July 2020)
Indicator 1.2	Percentage of vaccination records digitalized	100% (143,255) of records digitalised	Reprogrammed to support the COVID19 response	N/A
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Procurement of 15 laptops and 1 heavy-duty multi-function scanner; Delivery of equipment; Use of equipment for digitization	December 2019		
Activity 1.2	Technical support (TA) – IT and digitization software backstopping	Not Applicable (reprogrammed activity)		

Output 2	Improved outcome of measles cases with complications treated at remote facilities equipped by the project with telemedicine video link			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Timely delivery of 15 webcams (Y)	Webcams delivered on time.	Yes	Official Handover in December 2020 to

				Ministry of Communications and Information Technology (temporary custodians) and in June 2020 to Ministry of Health
Indicator 2.2	2.2.1 Percentage of measles cases with complications managed/ assisted with remote diagnostic support 2.2.2 Percentage of measles cases with complications that have improved treatment outcomes (Note: Baseline to be established as at 15-Dec)	2.2.1 100% 2.2.2 ≥65% improvement over baseline	Yes	N/A

Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Procurement of 15 webcams (Y/N) Delivery of 15 webcams (Y)	December 2020		

Output 3	Procurement of zoom licenses for 53 Government of Samoa Ministries, is timely delivered and supports the Government's business continuity plan			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Timely delivery of zoom licenses to MCIT to support business continuity plans of Government (Y)	Timely procurement and delivery of zoom licenses to MCIT to support business continuity plans of 53 Government Ministries	June 2020	Handover of Zoom licenses to Ministry of Communications and Information technology in June 2020
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 3.1	procurement and delivery of zoom licenses to support business continuity plans of Government	June 2020		

Output 4	Procurement of 2000 Cepheid cartridges to test Coronavirus using the MoH GenXpert machine			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	Timely delivery of Cepheid cartridges to Ministry of Health (Y)	Cartridges delivered on time	Yes	Official handover to the Ministry of Health in July 2020
Explanation of output and indicators variance:		[Fill in]		
Activities	Description	Implemented by		
Activity 4.1	Procurement of Cepheid cartridges	July 2020		

Output 5	Social Economic Impact Assessment Support to Office of the Samoa Bureau of Statistics (SBS)			
Sector	Health - Health / SBS			

Indicators	Description	Target	Achieved	Source of Verification
Indicator 5.1	Timely delivery of 8 Laptops tot SBS to support the National survey data collection and acquisition of 2 datasets (Y)	8 Laptops delivered on time	Yes	Official handover to the Office of the Samoa Bureau of Statistics in August 2020
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 5.1	Procurement of 8 laptops and acquisition of datasets	August 2020		

6. Accountability to Affected People
6.a IASC AAP Commitment 2 – Participation and Partnership
How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project? N/A
Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these? N/A
6.b IASC AAP Commitment 3 – Information, Feedback and Action
How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver? N/A
Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Any other comments (optional): N/A

7. Cash and Voucher Assistance (CVA)	
Did the project include Cash and Voucher Assistance (CVA)?	
Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
N/A	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

9.2. Project Report 19-RR-FPA-052 - UNFPA

1. Project Information			
1. Agency:	UNFPA	2. Country:	Samoa
3. Cluster/Sector:	Health – Health	4. Project Code (CERF):	19- RR-FPA-052
5. Project Title:	Ensuring universal access to life-saving reproductive health information and services for women and young people of reproductive age during the measles outbreak in Samoa		
6.a Original Start Date:	18 December 2019	6.b Original End Date:	17 May 2020
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 184,114
	b. Total funding received for agency's sector response to current emergency:		US\$ 184,114
	c. Amount received from CERF:		US\$146,329
	d. Total CERF funds forwarded to implementing partners		US\$ 55,756
	of which to:		
	Government Partners		US\$ 0
International NGOs		US\$ 0	
National NGOs		US\$ 55,756	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF RR grant, UNFPA and partners reached 5,392 women of reproductive age including 688 pregnant women, 1722 males, and 606 newborns with life-saving sexual reproductive health services such as family planning, emergency obstetrics and newborn care service from December 2019- May 2020 in Upolu and Savaii islands of Samoa. Prevention of maternal and neonatal mortality and morbidity from the measles outbreak was facilitated by the deployment of 10 midwives to four health facilities in Upolu and Savaii islands. Around 16,000 women and girls were reached with information materials on measles, pregnancy and contraception and sensitized on COVID-19 public health measures through the community outreach teams.

Overall, the project served a total of 23,114 women, men, girls and boys with continuity of essential SRH services and information during the period of increased influx of measles cases and the national lockdown due to the COVID-19 outbreak.

3. Changes and Amendments

UNFPA requested for the first redeployment of funds in January 2020 as the number of measles cases significantly dropped and the need to procure delivery beds for the maternity ward of the Tupua Tamasese Meaole (TTM) hospital had ceased. The funds were redeployed to support the 8-week deployment (in addition to the 4 weeks deployment approved as part of the original CERF request) of Fijian midwives who served as the emergency reproductive health (RH) medical team in four health facilities in Upolu and Savaii islands. The second request for redeployment was made in April 2020 in consideration of unspent funds from the planned information education communication activities due to COVID-19 related restrictions of the government on community events and gatherings. The unspent funds were repurposed to support social media events incorporating risk communications messages around COVID-19.

4.a. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Health - Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	3,994	0	1,000	4,994
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	N/A	N/A	N/A	N/A	N/A

4.b. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Health - Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	14,667	0	1,333	16,000
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	1,411	4,979	311	413	7,114
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")*	0	18	0	0	18

* Please note that the disability marker is a new addition to the CERF application and reporting templates. During the application stage in early 2019, no information was collected regarding persons with disabilities. Therefore, planned figures are not applicable and providing figures for reached beneficiaries is not mandatory. However, if figures for reached beneficiaries with disabilities under this project can be provided, this information would be much appreciated.

<p>In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:</p>	<p>The people reached with the door-to-door campaigns are direct beneficiaries. The increase in the number of women, men, boys and girls reached with measles-related SRH information was mainly due to an efficient community engagement strategy that employed door-to-door campaign in reaching women, men and young people. During the national lockdown, this information outreach was reinforced with TV and radio broadcast. Key success factors include the flexibility provided by CERF secretariat to adapt the funding to COVID-19 risk information campaigns which has provided new spaces for reaching men, boys and young people with COVID-19 messages as well as reproductive health information.</p>
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5. CERF Result Framework				
Project Objective	Protecting women of reproductive age and newborns from measles-related complications by ensuring availability of emergency obstetric and newborn care including management of post abortion complications			
Output 1	Increased access of antenatal and pregnant women and newborns with measles to quality emergency obstetric and newborn care services including management of miscarriages in tertiary and secondary health facilities.			
	Description	Target	Achieved	Source of Verification
Indicator 1.1	Percentage of deliveries with measles presentations attended by skilled attendants in TTM and MT II hospitals	100%	100%	Health Facility records
Indicator 1.2	Currently deployed clinical staff at service delivery sites oriented on RH Kits contents and usage	100%	90%	Training/Mission report
Indicator 1.3	Percentage of pregnant women with measles who are admitted in TTM Hospital and require Caesarean sections provided with service	100%	100%	Hospital records
Indicator 1.4	Percentage of measles related miscarriages presented in TTM hospital is managed and treated	100%	100%	Hospital records
Indicator 1.5	Number of midwives deployed to augment services in the affected areas	10	10	EMT Mission report
Indicator 1.6	Percentage of new-borns with measles complications that received new-born emergency care in TTM and MT II hospitals	100%	100%	Hospital records
Explanation of output and indicators variance:		On indicator 1.2: There was a 10% shortfall on the target due to non-availability of some staff to attend the training. Efforts were made to provide other dates for orientation but due to extended leave of absence of staff, the proposed alternative schedules did not materialize.		
Activities	Description	Implemented by		
Activity 1.1	Procure and distribute RH Inter-Agency Kits; birthing equipment and supplies for delivery units. (Budget was reprogrammed to support deployment of 10 midwives)	UNFPA		
Activity 1.2	Orient additional clinical staff at service delivery sites on RH Kits (contents and usage)	UNFPA		
Activity 1.3	Deploy 10 midwives to the OBGYNE/Maternity Wing to reinforce current capacity	UNFPA		
Output 2	Increased access of newly measles-vaccinated women to family planning information and services			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of women who received measles vaccination provided FP information and counselling	4,994	5,020	Hospital records, EMT reports
Indicator 2.2	Number of newly measles vaccinated women who received RH services	3,036	3,216	Outreach and hospital records
Indicator 2.3	Number of districts served with mobile health services providing information on	6 districts	6 districts	Progress Report

	measles and pregnancy and contraceptive information in immediate post vaccination period			
Explanation of output and indicators variance:		The number of weeks for outreach sessions were extended within the original CERF project schedule to adapt to the need to conduct COVID -19 risks information campaigns for women, men and young people. The deployment of 10 midwives in selected hospitals helped in reaching additional newly vaccinated women with RH services.		
Activities	Description	Implemented by		
Activity 2.1	Provide measles related information to postnatal women	TTM (MoH), Samoa Family Health Association		
Activity 2.2	Deploy 10 additional midwives and 2 Nurses to Maternity/OBGYNE clinics	UNFPA, Samoa Family Health Association		
Activity 2.3	Support outreach information missions on measles vaccination, pregnancy care for measles patients and FP for newly vaccinated women and girls, including pregnant and lactating women and persons with disabilities	Samoa Family Health Association		

Output 3	Increased awareness of pregnant and non-pregnant on the potential consequences of measles to their health and their newborns and risk communication including the need for contraceptive services			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	# of IEC materials on risk communication on measles among women of reproductive age and FP developed and distributed	2,000 info packs	2,125 pcs	Progress Report
Indicator 3.2	# of community information sessions on FP held with women	64 sessions	57 sessions	Progress Report
Explanation of output and indicators variance:		Extreme weather conditions in December and January particularly in Savaii islands affected the ability of the outreach teams to continue with the planned community information on FP.		
Activities	Description	Implemented by		
Activity 3.1	Development and translation of key messages for print, TV, and radio	Samoa Family Health Association		
Activity 3.2	Print and disseminate flyers	Samoa Family Health Association and UNFPA		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Informal mechanisms such as a quick chat with women clients that have completed their clinic visit were used by deployed midwives in the hospitals to get clients' feedback on RH services received.

The Samoa Family Health Association, the main partner of UNFPA for outreach services, mobilized their community/peer educators (an average two volunteers per village) in engaging women and local leaders during the delivery of RH information and services.

Existing local and/or national mechanisms such as the use of community health volunteers, Samoa Red Cross volunteers and local peer educators were tapped into to deliver RH information and services during the response.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

UNFPA has engaged local partners that affected population are already familiar with or have been in contact with as these entities have current operational presence in their areas.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

UNFPA has engaged local partners that affected population are already familiar with or have been in contact with as these entities have current operational presence in their areas.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

The Ministry of Health, which is the overall primary implementing partner of UNFPA for this project, set up a hotline for general complaints, queries on measles related information. Information was not systematically by Government with partners in the Health Emergency Operation Center (HEOC). Government did not encourage a parallel complaint system.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

UNFPA has utilized its PSEA strategy for this project. This includes the identification and training of the Protection against sexual exploitation and abuse (PSEA) focal point in Samoa on prevention, response, engagement with local populations, and coordination. In UNFPA's Implementing Partner's agreement, the prohibition of sexual exploitation and abuse is explicitly mentioned. There was no PSEA complaint was received through its Implementing Partners.

Any other comments (optional):

N/A

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
On October 7, 2020, an After-Action Review was organized by the Resident Coordinator of Samoa and UN OCHA to look at the overall accomplishments, I, activities implemented, people assisted, lessons learned CERF added value to the measles response.	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

9.3. Project Report 19-RR-CEF-118 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Samoa
3. Cluster/Sector:	Health - Health Water Sanitation Hygiene - Water, Sanitation and Hygiene Protection - Child Protection	4. Project Code (CERF):	19-RR-CEF-118
5. Project Title:	Response to the Measles Outbreak in Samoa and other Pacific Island Countries		
6.a Original Start Date:	18/12/2019	6.b Original End Date:	17/06/2020
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	17/09/2020
6.d Were all activities concluded by the end date? (including NCE date)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:	US\$ 4,565,484	
	b. Total funding received for agency's sector response to current emergency:	US\$ 2,274,510	
	c. Amount received from CERF:	US\$ 2,162,299	
	d. Total CERF funds forwarded to implementing partners	US\$ 846,324	
	of which to:		
Government Partners	US\$ 802,192		
International NGOs	For WASH - US\$ 44,132		
National NGOs	US\$ 0		
Red Cross/Crescent	US\$ 0		

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNICEF and its partners were able to vaccinate against measles 184,982 children 6 months to 5 years in Samoa, Tonga, Fiji, Kiribati, Vanuatu, Federated States of Micronesia (FSM) and Marshall Islands which effectively stemmed the measles outbreak. More than 1.7 million people in these 7 Pacific countries were reached by mass media platforms that promoted vaccination, handwashing and other preventive measures.

In Samoa, 102,348 people were reached by community facilitation teams that provided psychosocial support to families and 133,266 benefitted from WASH interventions in health care facilities, including the installation of 6 handwashing stations. The project was able to achieve its objective of reducing morbidity and mortality of the 2019 Pacific measles outbreak right before the onset of the COVID-19 pandemic. Some residual activities that could no longer be implemented because of travel restrictions and social distancing measures were re-programmed to support COVID-19 response, like the procurement of RT-PCR machine for Samoa and rapid tests kits for FSM, Marshall Islands and Tonga.

3. Changes and Amendments

The COVID-19 pandemic changed the humanitarian context in the seven countries covered by the project. Whilst Fiji remains as the only country amongst the 7 which have recorded positive COVID-19 cases, all their governments have singularly focused on preventing the entry or spread (in the case of Fiji) of the virus in their territories since early 2020. Some residual activities, like continuing risk communications on measles, had to be re-purposed to include key messages on COVID-19, while some, like face-to-face refresher courses on immunization, had to be cancelled because border closures, travel restrictions and social distancing measures make them impossible to be implemented during the period. Most of the critical health interventions eg Supplemental Immunisation Activities (SIAs) have been completed before the onset of the COVID-19 pandemic. Logistical difficulties and travel restrictions brought by COVID-19

hampered the completion of the installation of foot-operated handwashing stations in Samoa hospitals and the development of WASH facility Improvement Tool (FIT) plans in all hospitals. While all 12 units of foot-operated hand-washing systems have been manufactured and ready for installation, only six have been set up in 4 hospitals as of the reporting period. Eight of the 12 health care facilities have developed their WASH FIT plans. The MoH-Samoa has planned to complete the installation of the six units in 3 hospitals in Upolu and 3 in Savaii and the WASH FIT plans for Savaii health facilities before the end of the year. It is interesting to note that the Field Ready engineer has built the capacity of the MOH plumbers, three members of IPC team in the MOH and 20 students from Samoa National University for Vocational Study to manufacture 9 foot-operated handwashing units which will be installed in the University as COVID prevention measures at their own costs.

CERF approved UNICEF's request to re-programme approximately \$238,000, originally planned for travel, staff costs and training which can no longer be implemented because of COVID-19 restrictions. The amount was used instead to procure RT-PCR machine for Samoa and Xpert Xpress SARS-Cov-2 (rapid test) kits for FSM, RMI and Tonga to boost the capacity of these countries to manage COVID-19.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Health - Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	306,228	302,110	281,836	266,422	1,156,596
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	30,622	30,211	28,183	26,642	115,658

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Health – Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	389,822	383,938	358,931	338,338	1,471,029
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	No data	No data	No data	No data	No data

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0

Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	1,600	2,000	13,500	13,500	30,600
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	160	200	135	135	630

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	45,044	41,579	24,254	22,389	133,266
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	No data	No data	No data	No data	No data

4.a Number of People Directly Assisted with CERF Funding (Planned)					
Cluster/Sector	Protection - Child Protection				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	15,000	15,000	12,500	12,500	55,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	1,500	1,500	1,250	1,250	5,500

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Protection - Child Protection				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0

Internally displaced persons	0	0	0	0	0
Other affected persons	20,879	20,060	26,374	25,340	92,653
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	146	140	184	177	647

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	<p>The Health and WASH reports had no data on persons with disabilities.</p> <p>For Child Protection, MWCSD Samoa's effective mobilisation of civil society (non-government organizations, faith-based groups, volunteers, etc) and community leaders (Sui o Nuu- village mayors and Sui Tamaitai o Nuu- village women representatives) to support the immunisation campaign increased the coverage of community outreach activities.</p>
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4.c Persons Indirectly Targeted by the Project

A whole-of-country/society approach was employed with regards to the provision of accurate information on measles prevention measures and care practices for affected individuals. The experience enhanced the knowledge and skills of government authorities and health workers in all the 7 priority countries in managing public health emergencies and immunisation campaigns. In addition, in Samoa, health staff were trained on infection prevention and control in health facilities, including installation and maintenance of handwashing stations. Also in Samoa, social workers from the Ministry of Women Community and Social Development (MWCSD), mental health workers of MOH and civil society partners gained a new perspective in employing a multi-sector approach to community-based psychosocial support.

5. CERF Result Framework

Project Objective	To reduce morbidity and mortality from current outbreak by immediate response through mass immunization campaigns.
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Output 1	Vaccination coverage for measles containing vaccines among children between the ages of 6 months and 5 years and among other agreed high-risk populations increased			
Sector	Health – Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Percentage of children aged 6 months – 5 years immunized against measles	90% of approximately 188,000 children 6 months to 5 years old	184,982	Administrative data from: Ministry of Health and Medical Services (MoHMS)- Fiji; Ministry of Health (MoH)- Samoa; Department of Health and Social Affairs (DoHSA)- FSM; MoHHS- RMI; Ministry of Health and Medical Services (MoHMS)- Kiribati; Ministry of Health- Tonga; Ministry of Health- Vanuatu
Indicator 1.2	Number of bundled doses of MR vaccines procured	650,000	609,000	UNICEF reports

Explanation of output and indicators variance:		Indicator 1.1. Reached 109% of the target Indicator 1.2. 101% of the budget for vaccine procurement was utilized. Aside from the vaccines, bundled doses include syringes, safety boxes, Vitamin A capsules
Activities	Description	Implemented by
Activity 1.1	Conduct refresher training for health care workers to update their knowledge and skills in the area of effective vaccine management, proper immunization techniques, injection safety, proper recording and reporting (Samoa, Fiji, Tonga, Vanuatu, FSM, RMI, Kiribati)	MoH- Samoa DoHSA- FSM MoHHS- RMI MoH- Vanuatu
Activity 1.2	Support to enhance supervision capacity on ongoing campaign and routine vaccination to ensure the quality of services (Samoa, Tonga, Vanuatu, FSM, RMI)	DoHSA- FSM MoHHS- RMI MoH- Samoa MoH- Vanuatu
Activity 1.3	Procure bundled MR vaccines (includes syringes, safety boxes, Vitamin A capsules)	UNICEF
Activity 1.4	Other immunization supplies including cold boxes, vaccine carriers, etc. (Samoa, Tonga, Vanuatu, FSM, RMI)	UNICEF
Activity 1.5	Operational cost for Supplementary Immunization Activities-campaigns (Tonga, Vanuatu, FSM, RMI)	Govt of FSM and RMI with support from US Center for Disease Control (CDC) MoH- Samoa MoH- Vanuatu
Activity 1.6	Improve the capacity on immunization data recording and reporting system as well as analysis and use of data for local planning to improve immunization coverage. (Samoa, Tonga, Vanuatu, FSM, RMI)	Govts of FSM, RMI with support from CDC MoH- Samoa MoH- Vanuatu
Activity 1.7	Provision of medical equipment (Samoa)	UNICEF

Output 2	Health and emergency response mechanisms in measles affected countries deliver effective communication and social mobilization actions enabling demand for vaccination, improved access to treatment and preventive measures among groups in risk.			
Sector	Health – Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of people reached by mass media platforms activated to promote vaccination and prevention in countries affected with outbreaks and in risk (90% of population in Samoa, Fiji & Tonga & 60% in Vanuatu, Kiribati, FSM & RMI)	1,344,000	1,703,700	UNICEF field reports
Indicator 2.2	Number of people reached by community engagements and social mobilization activities	300,000	225,076	UNICEF field reports
Explanation of output and indicators variance:		[Fill in]		
Activities	Description	Implemented by		
Activity 2.1	Public awareness through mass media campaigns and community networks to increase measles vaccination demand	MoHMS- Fiji MoH- Samoa DoHSA, FSM MoHHS, RMI MoHMS- Kiribati MoH- Tonga MoH- Vanuatu		

Activity 2.2	Social mobilization, interpersonal communication with families and community engagement activities focusing immunization demand among vulnerable and in-risk population.	MoHMS- Fiji MoH- Samoa DoHSA- FSM MoHHS- RMI MoHMS- Kiribati MoH- Tonga MoH- Vanuatu
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Output 3	All 12 hospitals in Samoa have improved access to basic drinking water and sanitation and increased knowledge and skills to adopt good hygiene practices.
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Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene
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Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of health centers (clinics, hospitals) with basic WASH facilities	12 hospitals	12	Reports from: MoH-Samoa & Field Ready
Indicator 3.2	Number of foot-operated handwashing stations installed	12 (1 at each hospital)	6	Reports from: MoH-Samoa & Field Ready
Indicator 3.3	Number of WASH Fit plans integrating risk management and gender needs developed	12 (1 in each hospital)	8	Reports from: MoH-Samoa & Field Ready

Explanation of output and indicators variance:	Logistical difficulties hampered the completion of the installation of foot-operated handwashing stations in Samoa hospitals. While all 12 units of foot-operated hand-washing systems have been manufactured and ready for installation, only six have been set up in 4 hospitals as of the reporting period. The MoH-Samoa has planned to complete the installation of the six units in 3 hospitals in Upolu and 3 in Savaii before the end of the year. WASH Fit plans have been completed in 8 hospitals in Upolu and the 4 in Savaii are being scheduled within the year through online supervision.
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Activities	Description	Implemented by
Activity 3.1	Assessment / Baseline (data) collection to understand existing WASH services and challenges in all 12 hospitals using SDG 6 target	MoH-Samoa UNICEF
Activity 3.2	Capacity development with staff, government focal points at hospitals to develop plans, monitor and continuously improve WASH facilities and hygiene practices using WASH Fit	MoH-Samoa UNICEF Field Ready, Inc.
Activity 3.3	Installation of 12 foot-operated handwashing stations inclusive of capacity development of local carpenters and hospitals management staff for maintenance and operation	MoH- Samoa Field Ready, Inc.
Activity 3.4	Monitoring & Evaluation/Review	MoH-Samoa UNICEF

Output 4	Children and caregivers affected by sickness or death of a member of the extended family or community are provided with psychosocial support.
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Sector	Protection – Child Protection
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Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	Number of children (F/M) and adults (F/M) reached by community facilitation teams	50,000	102,348 (52,197 M; 50,151 F)	Progress Report Community Development Sector Response Plan for

				National Measles Emergency
Indicator 4.2	Number of children (F/M) and adults (F/M) referred to and cared for by social workers (5 x 25 SW x 40 days)	5,000	25,857 (report doesn't have disaggregated data)	Progress Report Community Development Sector Response Plan for National Measles Emergency
Indicator 4.3	Number of children (F/M) and adults (F/M) referred to and cared for by psychosocial teams and mental health services	500	1,630 (report doesn't have disaggregated data)	Health Emergency Operations Center Situation Report #64, 28 January 2020; MWCSO Child Protection Unit case tracker
Explanation of output and indicators variance:		MWCSO Samoa's effective mobilisation of civil society (non-government organizations, faith-based groups, volunteers, etc) and community leaders (Sui o Nuu- village mayors and Sui Tamaitai o Nuu- village women representatives) to support the immunisation campaign increased the coverage of community outreach activities.		
Activities	Description	Implemented by		
Activity 4.1	Organizing, building capacity and deployment of community facilitators, including social workers and MWCSO staff, for psychosocial support and other CPIE interventions in communities in Samoa.	Samoa MWCSO Division for Social Development, Division for Governance, Division for Research, Policy, and Planning; Mental Health Unit		
Activity 4.2	Technical assistance, follow up, supportive supervision, coaching/ mentoring, and monitoring of CPIE programme implementation in Samoa.	UNICEF consultant and Child Protection in Emergencies (CPIE) focal point		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Prior to launching the immunization campaigns, governments and CSO partners of concerned Pacific Islands Countries (PICs) reached out to at-risk families to inform them of their plans and get their inputs on the strategies and timing. Consultations were done to get insights into caregivers' knowledge, attitude and practises regarding vaccination in general and measles in particular and their preferred and trusted communication channels and sources of information. Based on this information, customised messaging and media products were developed to address knowledge and practise gaps and specific concerns in each country. The call-back radio programmes and social media posts also provided a platform to caregivers' to share their observations regarding programme.

In Samoa, this was done through the Sui o Nuu (village mayors) and Sui Tamaitai o Nuu (women representatives) who facilitated community outreach activities of the MWCSO. The MWCSO also developed a monitoring and evaluation plan that included an impact study using participatory tools and approaches to solicit community members' feedback on the services extended by the ministry. A multi-media communications plan was an integral component of the community outreach, where social media platforms were used to reach the affected populations, share updates in their respective villages, as well as provide react/comment on the initiatives of MWCSO.

In FSM and RMI, village chiefs were involved in micro-planning for the public health interventions in their communities. They provided crucial information like the timing for outreach activities that would not be in conflict with other community activities and tracing children who may have been left out for "mop up" operations.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Existing local and national mechanisms were used to engage communities in the response in all the seven countries. These various mechanisms working as a whole basically capture the needs, voices and leadership of women, girls and marginalised groups.

In Samoa, MWCSO coordinates the Community Sector, which serves as the de facto Protection Cluster (inclusive of Gender Based Violence and Child Protection Area of Responsibilities) per the National Disaster Management Plan. The ministry connects with all communities through the village and women representatives, Sui o Nuu, Sui Tamaitai and Sui o Malo, in all 51 districts in both islands of Upolu and Savaii. This community network is the primary community mechanism used for program implementation at the village level including the measles outbreak community outreach. The local church also played a crucial role in mobilizing community members and raising awareness on measles immunization.

In Vanuatu, the measles immunization campaign mobilized 4 community networks: Vanuatu Church Council, Vanuatu Community Chief Council, Vanuatu Women and Vanuatu Youth Association. These groups helped in the dissemination of information on measles and preparing communities during SIAs. In Kiribati, all the churches in the capital, South Tarawa, delivered messages on diarrhoea and measles as part of the church services.

In FSM and RMI, the main community mechanism was through the village chiefs, who are traditionally men. To bring women's voices in the discussion, the spouses of village leaders, female teachers and leaders of local women's groups were also invited in the micro-planning sessions.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

UNICEF played a supporting role in the emergency response. Governments were the main implementing partners and were front and centre of the response. UNICEF Pacific maintains a webpage where most of this relevant information are available to the public. It also used different social media platforms, like Facebook, Twitter, and formal media channels, like print and broadcast, to deliver messages and provide updates on its activities during the measles emergency operations. UNICEF staff and consultants also took advantage of opportunities in activities they have attended to introduce UNICEF as the UN organisation for children and explain its role and contributions in the measles response. These activities include dialogues with communities, meetings with different stakeholders, trainings of government and CSO staff and radio talk shows.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.

Yes No

UNICEF relied on existing complaints mechanisms of partner governments. For instance, the health ministries of Samoa and Kiribati maintain dedicated hotline numbers to receive calls from communities on any complaints on services, reporting cases and answering queries. In Samoa throughout the outbreak, all the calls received were discussed during the daily Health Emergency Operation Centre (HEOC) meetings chaired by the Director General of the MoH for appropriate action.

As part of the mass awareness campaign, radio through talk-back/call-in radio discussion programmes were extensively used in Fiji, Samoa, FSM, RMI, Kiribati, Tonga and Vanuatu. These programmes provided an opportunity for community stakeholders to share their feedback, including complaints. In addition to these, Samoa, FSM and Kiribati also had an active social media campaign on Facebook that served as a platform to register complaints and grievances.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.

Yes No

The Ministry/Department in charge of Social Affairs or Community Development in Samoa, Fiji, Kiribati, RMI and Vanuatu serve as the child protection authority with the mandate to receive reports or complaints of child sexual exploitation and abuse and to respond and/or further refer such cases to needed services. In Samoa, the NGO Samoa Victims Support Group (SVSG) is also designated to perform such role. While there are no child protection/social welfare authorities in FSM and Tonga, there are Gender-Based Violence (GBV) networks that have NGOs that also receive reports and take-on child sexual abuse and exploitation cases. In Fiji, Kiribati and Vanuatu,

there are also local protection mechanisms with referral pathways for cases. UNICEF, as part of its regular child protection programme, has been supporting these mechanisms to address child protection and SEA-related issues in the 7 countries.

Any other comments (optional):

N/A

7. Cash and Voucher Assistance (CVA)

Did the project include Cash and Voucher Assistance (CVA)?

Planned

Achieved

No

No

8. Evaluation: Has this project been evaluated or is an evaluation pending?

UNICEF participated in two After Action Reviews related to the 2019 Pacific measles outbreak emergency. The first was initiated by WHO and conducted through an external consultant in September 2020. The purpose was to identify best practises and challenges encountered during the response to the measles outbreak in the PICs, to identify/evaluate preparedness and response mechanisms in response to emerging public health threat in general and measles outbreaks in particular, and to provide opportunities to validate existing mechanisms and identify areas for enhancement. The second was the AAR organised by the UNRCO-Samoa and OCHA which was held on 7 October 2020. This was focused on identifying the impact of the CERF contribution to the overall response and ways to improve the processes involved in securing and utilisation of the grant. Both AAR reports are pending.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

9.4. Project Report 19-RR-WHO-057 - WHO

1. Project Information			
1. Agency:	WHO	2. Country:	Samoa
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-RR-WHO-057
5. Project Title:	Supporting the Response to the Measles Outbreak with Emergency Medical Teams, Intensive Clinical Care and Public Health Response		
6.a Original Start Date:	01/12/2019	6.b Original End Date:	31/05/2020
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	31/08/20
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:	US\$ 800,000	
	b. Total funding received for agency's sector response to current emergency:	US\$ 300,000	
	c. Amount received from CERF:	US\$ 299,600	
	d. Total CERF funds forwarded to implementing partners	US\$ 167,201	
	of which to:		
Government Partners	US\$ 45,000		
International NGOs	US\$ 0		
National NGOs	US\$ 51,380		
Red Cross/Crescent	US\$ 70,821		

2. Project Results Summary/Overall Performance
<p>For the Measles Response, the CERF grant supported the coordination of 18 Emergency Medical Teams (EMT) in providing clinical care to over 5,700 measles patients, deployed technical expertise in risk communication, clinical case management, immunization and mental health and psychosocial support, procurement of immunoglobulin, a small number of PPEs as well as payment of courier for a small number of samples referred overseas.</p> <p>In May, a request for re-programming CERF funds to also support a COVID-19 community engagement project was approved. Through this repurposed grant, WHO and partners completed 10,559 household assessments, with the aim to effectively mobilize and empower members of the communities to proactively prepare for the COVID-19 pandemic.</p> <p>The COVID-19 Preparedness and Readiness project reached a total of 83,735 people across all 4 main islands of Samoa, distributed over 1,600 hygiene kits and 25,500 translated IEC information packs were distributed, and over 200 family members were referred to the hospital for follow up care.</p>

3. Changes and Amendments
<p>The report of a cluster of pneumonia cases in China in late December which was declared as Public Health Emergency of International Concern (PHEIC) on 30 January changed the landscape of the measles response and recovery plan in Samoa. The Samoa Ministry of Health transitioned their Health Emergency Operations Centre (HEOC) into both a measles recovery as well as COVID-19 preparedness coordination mechanism with much focus on containment, surveillance, infection prevention and control, clinical case management, contact tracing and prevention of any onward transmission. Whilst there was still a focus on the recovery plan, from WHO technical support, there were constraining circumstances hindering travel and in-country support as previously planned. This affected travel of technical support for MHPSS as well as immunization, additionally procurement of PPEs. Planned activities that were also agreed to with MOH were also de-prioritized with a very quickly evolving COVID-19 situation globally and around the Pacific.</p>

Given the government's move towards COVID-19 preparedness there was potential for expenditure constraints on activities as proposed by WHO especially with border closures and slightly modified priorities of response activities from the government's perspective which differed from the measles recovery plan. A no-cost extension was therefore requested on the 21 April to re-programme remaining funds to COVID-19 preparedness and response and to extend the deadline of activities for an additional three months and was granted on the 15 May.

The re-programming requested remaining CERF funds to be channelled towards community engagement through household assessments and awareness raising at the household level as well as much needed technical support in risk communication.

The new re-programming and community engagement activities reached 225 villages, carried out 784 risk communication surveys, assessed 10,559 households, deployed 1,664 hygiene kits and reached 83,735 people.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Health - Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	8,500	8,500	3,000	3,000	23,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	150	150	300

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Health - Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	24,775	23,822	19,460	18,621	86,678
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	N/A	N/A	N/A	N/A	N/A

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:

n/a

4.c Persons Indirectly Targeted by the Project

In the course of this CERF grant, first with the measles response and later re-programming for COVID-19 preparedness, there were many people indirectly targeted by the project.

Improved access to clinical care was predominantly targeted to children as they were witnessed to be disproportionately affected by the measles outbreak in Samoa. Critically ill children and those requiring either intensive care or high dependency care were all from 0-9 years of age. The mobilization of emergency medical teams and the coordination role provided by WHO indirectly benefited other specialty areas like Maternal health where overseas midwives surged into the hospitals to support maternal care. In this area of EMT coordination and setting up of an EMT coordination cell, the MOH staff also benefitted with capacity building in this area especially as they also prepare and have expressed interest in developing their own EMT team.

Whilst mental health and psychosocial support during the measles outbreak was focussing on supporting bereaved families and families of affected children, many health care workers both local and those from EMTs also benefitted from the MHPSS' work. Additionally, as the government moved to COVID-19 preparedness, the work that was started from the measles response in highlighting mental health as an integral part of emergency response was also very much recognized and has very much been one of the areas with much focus during preparedness work for COVID-19.

Risk communication was an area of immense support from WHO during the measles outbreak as well as COVID-19 preparedness, recognizing the importance of risk communication in emergency situations and also as an important public health function. Behaviour change is difficult to measure but the work in risk communication and the re-programmed activities to community engagement indirectly targeted the entire country, from governance levels in villages to even the children.

5. CERF Result Framework

Project Objective	Provide life-saving clinical support to critically ill children with Measles and associated complications, as well as psychosocial support to affected families, care workers and communities at large.
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Output 1	Improved access to critical care, including in APCC, ICU and paediatrics isolation units (both islands)			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	% of critically ill patients with Measles saved, recovered and discharged	100% (an estimated 2,000 patients)	2,397	MOH measles recovery planning documents
Indicator 1.2	Number of Emergency Medical Teams mobilised and coordinated	17	18	https://www.youtube.com/watch?v=E3NWPVwudXw&t=33s
Explanation of output and indicators variance:	n/a			
Activities	Description	Implemented by		
Activity 1.1	Deployment support for EMTs	The deployment support of EMTs was supported by WHO through the EMT coordination cell (EMTCC)		
Activity 1.2	Health sector and emergency medical team coordination support	The coordination of EMTs was set up and supported by WHO		
Activity 1.3	Support the collection and dispatch of samples for testing to reference laboratory	In coordination with the Laboratory and with WHO reference laboratories, the samples were sent overseas		

Output 2	Availability and accessibility of life-saving equipment and supplies
Sector	Health - Health

Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	All health facilities (TTM, MT2 and health district facilities) have sufficient supply of equipment and consumables to care for critically ill patients due to Measles and its complications, including bacterial pneumonia.	14 facilities on both islands	12	HEOC Sitrep
Indicator 2.2	Number of in-patient individuals directly benefiting from supplies of life-saving equipment	3,000	5,700	HEOC Surveillance Report
Explanation of output and indicators variance:		n/a		
Activities	Description	Implemented by		
Activity 2.1	Supply of one-time-use supplies to utilise in management of cases experiencing severe respiratory disease	WHO procured immunoglobulin from Australia		
Activity 2.2	Supply and transport of Personal Protective Equipment (PPE) including hand sanitiser, gowns, masks, gloves and eye protection	WHO in partnership with UNICEF and MOH Pharmaceutical Team		
Activity 2.3	Supplies to support the implementation of isolation facilities in District hospitals and health centres	WHO in partnership with MOH		

Output 3	Mental health and psychosocial support to communities and care workers			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	# of families receiving psychosocial support	10,000	280	HEOC Sitrep
Indicator 3.2	# of health workers receiving psychosocial support	200	250	HEOC Sitrep
Explanation of output and indicators variance:		The focus of the MHPSS cell during the measles outbreak as well as during the measles recovery period was on bereaved families as well as families of children that were admitted to hospitals, most especially those in intensive care and those requiring high dependency care. With the funds re-programmed to community engagement and risk communication for COVID-19, the additional support for MHPSS for the measles recovery period was unable to be brought into Samoa.		
Activities	Description	Implemented by		
Activity 3.1	Services to protect the mental health of the affected families and communities (incl. self-harm)	MOH with support from agencies including WHO, UNICEF and other local NGOs		
Activity 3.2	Provision of training in psychological first aid (PFA) to front-line health/social workers facing grieving families	WHO and UNICEF		
Activity 3.3	Coordination and technical quality control of mental health and psychosocial support services (MHPSS)	MOH with support from WHO		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

WHO partnered with Samoa Red Cross Society (SRCS) and Adventist Development & Relief Agency (ADRA) to deliver the COVID-19 Preparedness & Readiness project to the communities because of their experience in implementing and managing community based development activities, established networks and processes and cultural knowledge at the village and family level.

During the design phase we mapped the areas that each NGO will cover, dates of visitation and developed a budget and resource plan. The WHO RCCE technical advisors assisted with revamping the COVID-19 teaching tool kits while SRCS revised the translation of the COVID-19 resources, it was important that the messages reflected the village context and that all ages could understand.

The WHO technical team delivered COVID-19 training workshops for all MOH, MWCSO, Nuanua o le Alofa (Disability NGO), ADRA and SRCS volunteers before the outreach project to Savaii, Upolu, Apolima and Manono started. It was at the training sessions; planning meetings and team debriefs where we would receive feedback or suggestions on how to better our messaging and delivery of the project

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Through SRCS, ADRA and MWCSO we utilised the Village Council of Chiefs mechanism to engage all parts of the community in the response. The Village Council of Chiefs is a Samoan council that are responsible for constituting the central political structure of a village, district, or island.

To ensure we reach every vulnerable family in a village it is important to follow cultural protocol and involve the MWCSO and the village council when implementing any activity at the village level. The council appointed to each outreach team a guide who was familiar with the area and every family. The role of guide was to formally introduce the outreach team to a family and to make sure every family in the village was seen by the team.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

It is through the Ministry of Women, Community & Social Development and our NGO partners that we activate the Village Council of Chiefs and it is through this mechanism that we are able to share information about COVID-19 to the individual families in the village. Prior to any outreach deployment all volunteers complete a WHO COVID-19 training workshop and at the start of every day, volunteers are briefed.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

N/A

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

N/A

Any other comments (optional):

N/A

7. Cash and Voucher Assistance (CVA)

Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
N/A	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	CERF Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner in USD
19-RR-CEF-118	Water, Sanitation and Hygiene	UNICEF	INGO	\$44,132
19-RR-CEF-118	Health	UNICEF	GOV	\$34,021
19-RR-CEF-118	Health	UNICEF	GOV	\$102,640
19-RR-CEF-118	Health	UNICEF	GOV	\$79,706
19-RR-CEF-118	Health	UNICEF	GOV	\$67,678
19-RR-CEF-118	Health	UNICEF	GOV	\$210,982
19-RR-CEF-118	Health	UNICEF	GOV	\$43,750
19-RR-CEF-118	Health	UNICEF	GOV	\$209,325
19-RR-CEF-118	Child Protection	UNICEF	GOV	\$54,090
19-RR-WHO-057	Health	WHO	RedC	\$70,821
19-RR-WHO-057	Health	WHO	NNGO	\$51,380
19-RR-WHO-057	Health	WHO	GOV	\$45,000
19-RR-FPA-052	Health	UNFPA	NNGO	\$55,756

ANNEX 2: SUCCESS STORIES

Saving the lives of patients who suffered measles-related complications in Samoa



Pacific CER 2019 HIS
-final.pdf



Government of Samoa

MOH, MCIT and UNDP partner to bolster Samoa's COVID-19 response Apia, Samoa – The Ministry of Health (MOH) and the Ministry of Communications and Information Technology (MCIT) have partnered with...

<https://www.facebook.com/samoaqovt/posts/3382062671824731>



UNDP in Samoa, Cook Islands, Tokelau & Niue

Mass Vaccination Campaign receives vital IT equipment! 15 laptops & 15 webcams were today donated by UNDP, through the UN's Central Emergency Relief Fund, CERF, to be used in the...

<https://www.facebook.com/undpsamoa/posts/3261413310595771?tn=-R>

Incredible Response from Emergency Medical Teams to Samoa's Call for Help Article, Samoa Global News

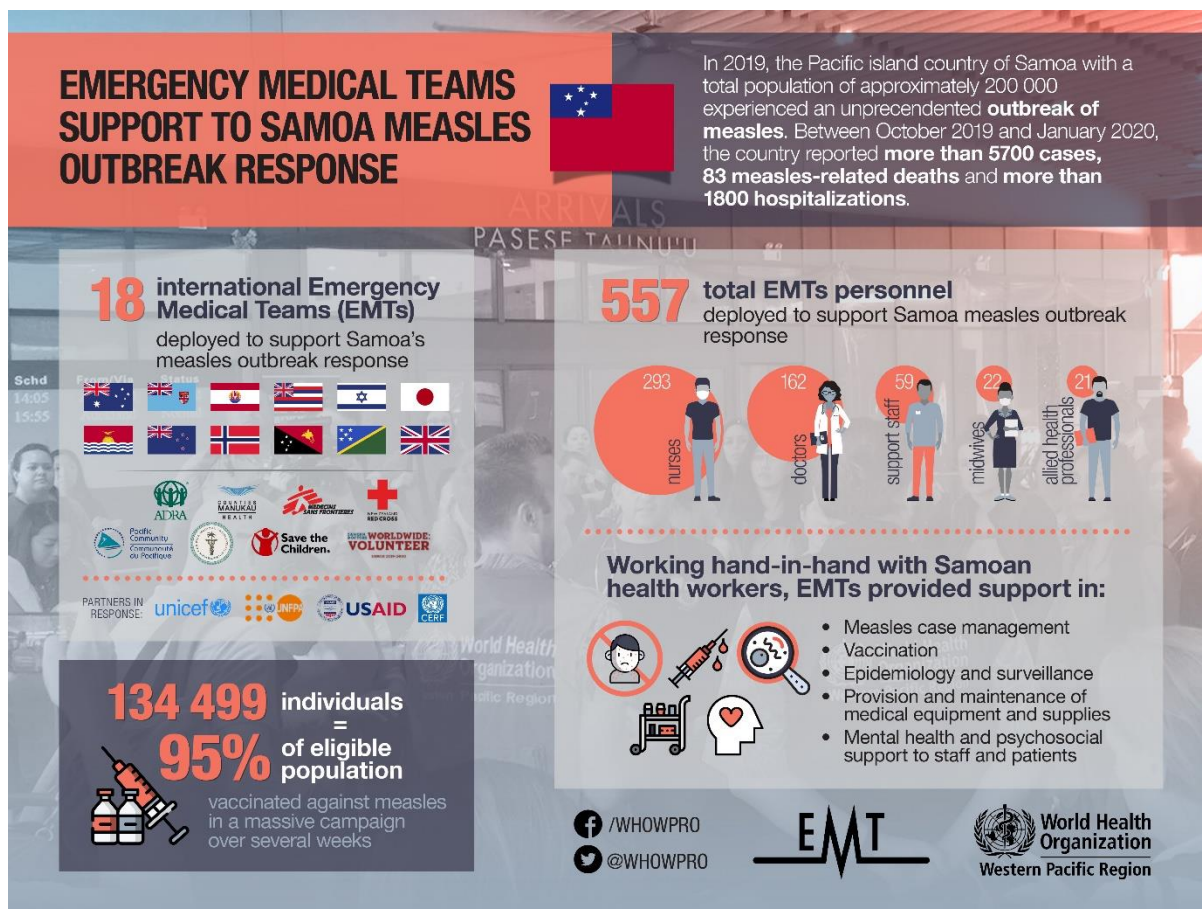
<https://samoaglobalnews.com/incredible-response-from-emergency-medical-teams-to-samoas-call-for-help/>

World Health Organization Regional Office for the Western Pacific, 2019 Samoa Measles Outbreak Clip

<https://www.youtube.com/watch?v=E3NWPVwudXw&t=18s>

COVID-19 Preparedness - Supporting the Vulnerable in Samoa Article, WHO Samoa Country Office

<https://www.who.int/samoa/news/detail/23-09-2020-covid-19-preparedness---supporting-the-vulnerable-in-samoa>



WHO EMT Measles Response Samoa 2019 Infographic

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ADRA	Adventist Development & Relief Agency
AUSMAT	The Australian Medical Assistance Team
DFAT	Australian Government Department of Foreign Affairs and Trade
CDC	Centre for Disease Control
CPiE	Child Protection in Emergencies
CSO	Civil Society Organisations
EMT	Emergency Medical Team
FIT	Facility Improvement Tool
FSM	Federated States of Micronesia
HEOC	Health Emergency Operating Centre
MCV2	Measles Containing Vaccine
MWCSD	Ministry of Women Community and Social Development
MOH	Ministry of Health
NDMO	National Disaster Management Office
NZMAT	The New Zealand Medical Assistance Team
PHT	Pacific Humanitarian Team
PICs	Pacific Island Countries
PSEA	Protection against Sexual Exploitation and Abuse
MWCSD	Ministry of Women Community & Social Development
rt-PCR	Real-Time Thermal Cyclers
SIA	supplemental immunization activities
SRCS	Samoa Red Cross Society
SRH	Sexual Reproductive Health
SIDs	Smal Island Developing States
TTM	Tupua Tamasese Meaole hospital