Community Outreach Response to Measles Outbreak







The Samoa Umbrella for Non-Governmental Organisations Inc. - SUNGO -

> Responding to the measles outbreak in Samoa's through the provision of psychosocial counselling and supplies to families of victims

Background and Summary

The Samoa Umbrella for Non-Governmental Organisations (SUNGO) was established in 1997 to support and strengthen the network of Non Government Organisations in Samoa and to serve as a focal point for information sharing and communication nationally, regionally and internationally. SUNGO's Vision is to work in partnership with Government to promote and facilitate sustainable development and quality of life for the people of Samoa. The Mission of SUNGO as an Umbrella Organisation for its member NGOs, Community Based Organisations and Civil Society Organisations is to provide information, facilitate access to programmes, seek opportunities and promote advocacy.

This report documents the activities that have been carried out by SUNGO under the project Community Outreach response to Measles Outbreak using a grant of \$50,000CAD (SAT 99,000) from the Canadian Government.

Funding approval was based on SUNGO's proposal to carry out three activities The first activity was to carry out assessments for each affected family in Upolu. The second activity was performing counseling and delivering supplies to affected families and victims. The final activity was to carry out evaluation of the services that had been provided.

The Measles epidemic broke out in October 2019 and the Government declared a National Emergency in November 2019. SUNGO joined the National Emergency Operation Centre (NEOC). SUNGO Executive and management assisted by providing its vehicle and driver throughout the crisis time as well as during the two-day shutdown when the authorities embarked on an unprecedented mass vaccination campaign.

Officials suspended non-essential government services to allow civil servants to support the vaccination drive, and ordered all businesses to close. Inter-island ferry services were also cancelled. Under the state of emergency, schools were closed, children were banned from public gatherings and vaccinations were made compulsory.

The SUNGO Executive Council advised on the humanitarian funding support and a Canada Fund agreement was signed between SUNGO and Canada. Consultations and meetings were held to organise and plan how to implement the project taking account of the Samoa State of Emergency. declared in November 2019.

As of 6 January 2020, there were over 5,700 individual cases of measles and 83 reported deaths, out of a population of 200,874. Approximately 3% of the population were infected.

The Government of Samoa was focussed on the immunisation of the country; however, the negative impact of the loss of life to families and communities was very significant and required closer attention.

The SUNGO President and Chief Executive Officer both served as active steering committee members of the Disaster Advisory Committee (DAC) where SUNGO was also involved in the National Emergency Operational Centre (NEOC). Hence, SUNGO agreed to render its support to the Measles affected victims through an Outreach Programme. Given the need to provide a holistic approach in psychosocial response, SUNGO needed the assistance of its members to implement relevant assistance for the communities.

The original plan was for SUNGO Executive Council members, volunteers and staff to conduct 51 outreach programmes for both Upolu and Savaii covering the current constituencies of Samoa. Reports and updates from NEOC were reviewed by the Project Team and it was decided that the

funding would be best used by directly targeting those people directly affected by measles, those families with members who had become infected and those who had died. SUNGO therefore changed its approach as not all parts of Samoa had been badly affected.

Assessment

SUNGO and the Ministry of Health through the Mental Health Unit entered into a partnership to carry out the assessments of affected families. During the assessments, we were able to identify the needs of affected victims that survived, and families of the deceased. The assessment was aimed to collect information about their religion, number of dwellers in one household, age of the deceased/survived, economic status (employment), and living conditions.

The SUNGO Team consisted of SUNGO Executive members, SUNGO staff, a pastor who is a SUNGO member, professional counsellors from Samoa Social Welfare Fesoasoani Trusts who dealt with offenders, qualified counsellors from Faataua Le Ola who dealt with people who had attempted to commit suicide as well as the Ministry of Health staff, and a registered nurse. See **Appendix 1** for the full list of the project team.



The first assessment was carried out on Upolu on 24 December 2019. The assessment targeted district hospitals and at the same time the team collected data of patients and nurses. The Lufilufi Health Centre which was visited reported that no measles patients were admitted there as serious cases were referred to Tupua Tamasese Meaole Hospital (TTM) at Motootua. The same happened at Lalomanu and Poutasi districts hospitals as well as Sa'anapu and Faleolo health care centres.

At this stage the Project team realised that significant support had been provided on Upolu, as it was the main affected island. The project team therefore focussed on support to the island of Savaii. Information about affected families on Savai'l was provided by the Tuasivi Hospital, Malietoa Tanumafili II hospital.

Psychosocial Support

Psychosocial support was provided in two main ways

- 1. Provision of counselling. The programme used a pool of volunteer counsellors. SUNGO and Mental health Unit (MoH) worked together to ensure the psychosocial support materials were professional and appropriate for the affected families and target beneficiaries. The summary guide for counsellors is attached as **Appendix 2**.
- 2. Provision of supplies to meet some basic needs. The project supplied basic health goods such as tooth paste, tooth brush, baby oil, diapers, hand sanitizers, and soap. We also supplied food such as rice, cereals, noodles, biscuits, milk, sugar, and tea.



Using the information provided by the various Ministry of Health sources and with the assistance of Dr. George Tuitama, the SUNGO team conducted the visits. A total of 310 families were visited during the period 28 December to late February. The team faced some difficulties finding family details as some affected members had left Savaii to return to overseas or to Upolu.

	Deaths		Families Visited	Villages Visited	
	MOH Listed	Extra Found	Total		
Upolu	80	10	90	90	55
Savai'i	3	7	10	272	60
TOTAL	83	17	100	362	115

Project Information

Mission Symbol:	WLGTN
Country:	Samoa
Project Location:	Upolu and Savaii Islands
Project Timeline:	December 2019 – June 2020
Descriptive Project Name:	Community Outreach Response to Measles Outbreak
CFLI Contribution Amount (CAD):	\$50,000(CAD)
Other sources of funding:	None

Recipient Information

Recipient Organisation:	Samoa Umbrella for Non-Governmental Organisations Inc.	
Recipient Type:	Local Non-Governmental Organisation	
Recipient Address:	Cnr Atone Road and Maota Street, Vaitele Tai, Apia, Samoa	

Past Humanitarian Funding Experience:

SUNGO has the capacity to implement this humanitarian assistance utilising members of the Executive Council, member organisations, volunteers and staff. SUNGO was involved in the Post-Tsunami assistance in 2009. SUNGO received support from HELP Samoa Coalition relief covered all affected areas including Falealili and Aleipata districts and other areas such as Manono Tai and Uta. In trying to uphold the principles of transparency, accountability and Good Governance, SUNGO and one of its members Pan Pacific PPSEAWA were making sure that the distribution was given directly to the people affected by the Tsunami. SUNGO also received containers of clothes, shoes and other accessories for the affected families and villages. Use of five 40 foot containers and one 20 foot container made it possible to provide full coverage to all the affected families throughout Samoa. The allocation of relief items was also based on the list provided by the Disaster Management Organisation (DMO) of all the updated information of the affected population in Samoa. In addition, SUNGO carried out surveys to identify other needs required by communities in regard to rebuilding homes and replanting in plantations. Relocation of other villages to higher ground was also identified through these surveys.

SUNGO became involved and joined the NEOC preparations during the Measles Epidemic in Samoa. Under the state of emergency, businesses and schools were closed. Children were banned from public gatherings, and vaccinations were made compulsory. Non-essential government services were suspended to allow civil servants to support the vaccination drive. SUNGO provided its vehicle and driver through this period as authorities embarked on an unprecedented mass vaccination campaign.

Humanitarian Needs and Project Activities:

The Government of Samoa was focussing on the immunisation of the country; however, the negative impact of the loss of life to families and communities was very significant and required closer attention. SUNGO's President and Chief Executive Officer are the active steering committee members of the Disaster Advisory Committee (DAC). Their representations contributed the voice of civil societies and reflected in the effectiveness of the SUNGO's plan to achieve under this Canada funding assistance.

This Agreement aimed to provide psychosocial support to measles victims and their families through outreach programmes. The beneficiaries were those who directly affected by measles, communities of the directly affected, and vulnerable neighbouring communities.

The project activities were:

- Induction and briefing meeting for all SUNGO members who would be involved in outreach programmes – 20 – 24 December
- Providing counseling and delivering supplies to directly affected families for both Upolu and Savaii (28 December to late February
- Follow-up site visits March and April.

The original plan was for SUNGO Executive Council members, volunteers and staff to conduct 51 outreach programmes for both Upolu and Savaii covering the current constituencies of Samoa. Reports and updates from NEOC were reviewed by the Project Team and it was decided that the funding would be best used by directly targeting that people directly affected by measles, those families with members who had become infected and those who had died. SUNGO therefore changed its approach as not all parts of Samoa had been badly affected.

SUNGO also revised how activities should be conducted to align with the Government's plan such as the State of Emergency was declared as well as SUNGO's partnership with the Mental Health Unit at Samoa Ministry of Health.

Meeting and Assessment

SUNGO discussed the project in its EC monthly meeting on November 2019. The CEO explained the project purpose and how it planned to implement the project for the people and communities targeted. The Executive Council was grateful for the kind assistance of Canada Humanitarian Funding which opened the opportunity for SUNGO to widen its services not only in capacity building of communities but in information sharing , counselling, and providing basic essentials drug and supplies for affected people in Samoa.

At that stage of the project, SUNGO drew attention to the need for an appropriate approach to recognise the high demand from the NEOC for volunteers and especially the key role that SUNGO would play in working with the Mental Health Unit. SUNGO therefore invited members willing to offer volunteering services to join SUNGO EC and staff in the project outreach programmes. This meeting was held at the Mental Health Unit, at Motootua National hospital. SUNGO team (EC, staff and SUNGO member organisation volunteers).

They were welcomed by the director of MHU Dr. George Tuitama and his team of nurses and psychosocial counsellors. The SUNGO team was made up of five reps from Samoa Social Welfare Fesoasoani Trust, four reps from Faataua le Ola Inc, two reps from The Gaualofa Ministry Trust, two reps from Vailoa Faleata village council CBO and four representatives from the SUNGO Executive Council.

SUNGO invited its volunteer members for an induction and briefing meeting on 20 December 2019 at SUNGO's office. The group of volunteers committed to SUNGO's first request included Faataua le Ola (FLO), Samoa Social Welfare Fesoasoani Trust and Gaualofa Ministry Trust

The CEO, staff and volunteers met with Dr. George Tuitama in late December at Motootua hospital. The meeting was for our teams to join their three teams who covered wards in main hospitals and their community teams. Dr.Tuitama confirmed and assigned a senior nurse to join and lead our team to district's hospitals for our first assessment.

The meeting was also attended by National and International Volunteers who had shared their experiences with our team. After the meeting, SUNGO selected its volunteer counsellors to join the Mental Health unit team out at the community and provided counselling for victims who admitted in different hospitals

The project team visited the main hospital in Apia and 11 district hospitals, 7 on Uplou (Lufilufi Health Care centre, Lalomanu District, Poutasi District hospital, Saanapu health care unit, Faleolo Health Care centre and Leulumoega district hospital. Five were visited on Savaii, the main one being Malietoa Tanumafili II hospital in Tuasivi.



Mentoring and Counselling:

SUNGO provided counselling and mentoring to affected families and communities in both Upolu and Savaii who had lost family members. In addition to the psychological assistance, SUNGO also provided the main necessities above for affected communities in the efforts to support recovery and resilience as well as ongoing advice to maintain good hygiene standards.

According to SUNGO's assessment, the areas in most need of assistance in these communities were for clean water, toiletries, hygienic products, pesticide products and daily food. SUNGO adapted its approach as it observed different situations and the impact of the epidemic on people / families during these difficult times. There were families under severe stress and SUNGO selected a team of counsellors to help in this area

Beneficiary Details:

Beneficiaries for this project are the individuals and families directly affected by measles, the communities of those directly affected, and vulnerable neighbouring communities.

SUNGO obtained the list of bereaved families living on Upolu Island, from MOH Mental Health Units. For Savaii, a list of all affected families for Savaii Island was provided by the Malietoa Tanumafili II hospital in Tuasivi.

SUNGO used the list to guide volunteers to the affected villages and families. In doing so, further measles victims were found who were not on the lists provided. There were 83 measles deaths from the original lists. A further 17 deaths were identified during the outreach programme, giving a total of 100. Of these 90 were from Upolu and 10 from Savai'i.

For Upolu only the 90 bereaved families were visited. These bereaved families were distributed in 55 villages. The full list of villages visited for the bereaved families is found in **Appendix 3**.

For Savaii, the project committee decided to visit all measles affected families including the bereaved families because it was felt that the island of Savaii had not been as well covered as the main island of Upolu. The total number of infections in Savaii was 272 including ten deaths. The SUNGO team visited and provided counselling support for each affected family, some of which had three to six members infected. These families were distributed in 60 villages. A full list of all villages visited on Savaii is attached in **Appendix 4.** Ten affected families of the 272 were unable to be located, some had gone to family in Upolu, some had returned overseas.

	Deaths		Families Visited	Villages Visited	
	MOH Listed	Extra Found	Total		
Upolu	80	10	90	90	55
Savai'i	3	7	10	272	60
TOTAL	83	17	100	362	115

Data was collected on all fatalities and this was analysed by gender, island and age.

Gender	Savaii	Upolu	Total
Male	4	45	49
Females	6	45	51





From the table below it can be seen that the very young were severely affected by this epidemic. 38% of fatalities were under 1 year old, 51 % were between 1 and 5 years old and 10% over 5 years. Only 7% of fatalities were adults. There was one case where the age had not been recorded.

Fatalities: Age Range	Female	Male	Total
New born	1	3	4
1 - 6 months	10	2	12
6 months to 1 year	12	10	22
1 - 5 Years	24	27	51
5 - 12 Years	1	1	2
12 - 20 Years		1	1
20 years and over	2	5	7
Not known	1		1
Totals	51	49	100



Gender Considerations:

It can be seen from the above table that male and female were affected equally by the epidemic.

As a policy, SUNGO aims to ensure that all genders are represented within its programmes; project team and beneficiaries. For this Measles outreach, SUNGO contacted a number of members, both male and female to act as volunteers in this project. There was a good gender balance as can be seen from the project team list in Appendix 1. In thre team, 12 of the 28 members were male, the rest female.

Humanitarian Response Coordination:

SUNGO is represented on the National Disaster Advisory Committee where all efforts to combat this disease were discussed. SUNGO was in a position to ensure the efforts already being carried out were not being duplicated by way of this project.

SUNGO opened another door for networking and partnership with Government Ministries and other NGOs such as mental Health Unit, Soul Talk Counsellors especially with SUNGO member organisations.

Project Monitoring and Evaluation:

Project monitoring was carried out during the implementation of the project. SUNGO staff and Executive Council planned the visits to ensure that there was fair coverage and appropriate information was collected. Each visiting team team consisted of 2 counsellors and data collector. Each group spent approximately an hour with each family though more time was often spent with bereaved families.

The Canada Fund CFLI Coordinator, Faka'iloatonga Taumoefolau, came to Samoa late January and took part in the M&E visits to Upolu (28 January 2020) and Savaii (29 – 30 January 2020). He was accompanied by the SUNGO CEO, Fuimaono Vaitolo Ofoia and two volunteers.

During the M&E visits, a simple survey was developed that asked families; how they thought they got the measles, what ways health services could be improved and the reasons why some families did not want to go to hospital.

Key points made were:

- measles spread very fast in their families, the virus spread from child to child
- children were the most vulnerable, especially babies, and had the worst outcome
- families live on small houses often ten people together living is cramped hygiene is difficult to maintain

Suggestions about MOH services included:

- MOH could improve their response in difficult times like this crisis, such as directing people to district hospitals and organising & ensuring emergency ambulances are available for emergency calls
- More timely service in health emergencies such as this epidemic
- Need awareness programmes for communities.

- Need an ongoing active sessions (face to face) with pregnant women on immunisation when they visited health clinics by nurses and midwives.
- Made Information and brochures available for all whole population to keep everyone informed on importance of immunization /vaccination
- Need more resources doctors and registered nurses, equipments and tools to use, hospitals, beddings, medicines

Comment on why families did not want to attend their local hospital

- Not sure if medicines would help their children.
- Many thought that Samoan traditional healing was a better solution.
- Lack of understanding of measles symptoms
- Some mothers did not know where to go
- No money and no transport to take children to hospital
- Live far from hospitals
- Some parents do not prioritise health, especially for children
- Do not trust the health system
- Assume nurses and staff would not care about them
- Did not want to be scolded by nurses due to not taking children for vaccination programmes



During these visits, many bereaved families indicated they were beginning to come to terms with their loss and "move on". They had begun extra work and activities to help them accept the loss of their loved ones. The teams shared their feelings of empathy by further counselling and praying together with them.

Families sincerely acknowledged the assistance from the Government of Canada through this humanitarian support. All bereaved families expressed their feelings of thankful and continued to pray for all the people that provided support and comfort to them during their time of grief.

Additional Activity

In the original budget, the Canadian Fund had approved allowances for volunteers to be paid a small allowance. However the SUNGO Executive felt that volunteers should not be paid but having a "thank you" event for them, where the project experiences could be shared, was a better option. Approval for a budget amendment was given by the Canada Fund representative. The meeting was held on 6 - 7 March at St Therese, Leauvaa, Upolu

Acknowledgement

Canada Fund

Although the Government of Samoa was working throughout the country, their work was primarily focussed on immunisation. This community outreach programme, funded by the Canada Fund, filled a significant gap by providing a significant service to affected families. It assisted recovery; physically, mentally and spiritually.

The Canadian government plays a significant role in civil society by funding numerous projects throughout Samoa and the Pacific region. During this outreach programme and collaboration with the main hospital in Savaii, it was observed that SUNGO and CANADA were the first to provide assistance to families on Savaii. The doctors and nurses acknowledged the funding from Canada to help our people and appreciated gifts presented to staff working through the epidemic.

The Canada representative shared his heartfelt sympathy to families visited. The families appreciated the opportunity to thank Faka'iloatonga for the support provided to them. It meant a lot to them despite their grief. The grandmother of a victim of Fagae'e (Savaii) told "God bless you Tonga, God bless Canada and SUNGO"





The National President, Executive Council, staff and members of SUNGO would like to convey our sincere appreciation to the Canadian Government for their significant assistance in providing the funding through their Humanitarian Aid Program for this outreach project. We hope our partnership will continue in the future.

Health Dept

The SUNGO Executive Council extends thanks to the Ministry of Health and particularly to the Mental Health Unit led by Dr. George Tuitama for allowing SUNGO to roll out this programme as a joint initiative with the Ministry. We appreciate and thank you for your support.

Volunteers

The SUNGO Executive Council also acknowledges the assistance of our volunteers from the organisations Fa'ataua Le Ola (FLO), Samoa Social Welfare Fesoasoani Trust, Gaualofa Trust, and Tauatia'e Women's Club. The Measles epidemic broke during the festive season, an important family time. This did not stop our volunteer partners from helping these affected families. All are to be commended for their effort, commitment, and hard work.

Submitted by:

Fuimaono Vaitolo Ofoia 31 March 2020

Appendix 1:	Project Management and Implementation Team
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Name	Organisation	Role
SUNGO Sub-Committee	erganication	
Tofilau Raymond Voigt	Beekeepers Association Samoa	Executive Committee
Roina Faatauvaa-Vavatau	Piu Community	Executive Committee
Leilua Faleafaga Toni Tipamaa	Samoa Conservation Society Inc	Executive Committee
SUNGO Staff		
Fuimaono Vaitolo Ofoia	SUNGO - Chief Executive Officer	Project Oversight
Faapito Opetaia	SUNGO	Project Coordinator
Sina Siuosavaii Amituanai	SUNGO	Information and
	Serves	Communication Officer
Motoi Motoi	SUNGO	Admin Assistant / Driver
SUNGO Members Volunteers		
Punita'i Leiataua	Tauatia'e Women's Club Lepuia'i	Volunteer
	Manono	Volunteen
Rev. Misiperetiso Ivana	Shrine of the Three Hearts –	Volunteer Counsellor
	Gaualofa Trust	
Apollo Fata Salafai Tagaloa	Samoa Social Welfare Fesoasoani	Volunteer Counsellor
Apollo I dia Galarai Tagaloa	Trust (SSWFET)	
Leaula Theresa Asiata	SSWFET – CEO	Volunteer
Marry Collins	SSWFET	Volunteer Counsellor
Linda Ah San Siaosi	SSWFET	Volunteer
Pesamino Patea	Faataua Le Ola (FLO)	Volunteer Counsellor
Temukisa Tuaimau	Faataua Le Ola (FLO)	Volunteer Counsellor
Lineta lakopo	Faataua Le Ola (FLO)	Volunteer – Data
		Collector / Distribution
Illy Tanielu	Faataua Le Ola (FLO)	Volunteer – Data
,		Collector / Distribution
Ivan Lavatai	Vaigaga village	Heavy loads volunteer -
		supplies
Pati Lavatai	Vaigaga village	Heavy loads volunteer -
		supplies
Lance Motoi	Vaigaga village	Heavy loads volunteer -
		supplies
Valentina Fata	SSWFET	Volunteer
Aso Letoga	SSWFET	Volunteer
SUNGO Partners		
Dr. George Tuitama	Mental Health Unit	Supports on
-		psychosocial support
Tupou Sili	Mental Health Unit	Registered Nurse
Taimalaelagi Ramona Tugaga	Mental Health Unit	Youth Counsellor
Lisi Vaai	Mental Health Unit	Counsellor
Henry Taylor	Malietoa Tanumafili II Hospital	Senior Registered Nurse
	Tuasivi Savaii	
Kalala Va'a	Malietoa Tanumafili II Hospital	Registered Nurse
	Tuasivi Savaii	

Appendix 2: TA'IALAMO FESOASOANI MUAMUA FA'ALEMAFAUFAU PSYCHOLOGICAL FIRST AID - GUIDE FOR FIELD WORKERS

TA'IALA MO PUIPUIGA / GUIDANCE FOR SAFETY

O le manino o galuega ma faamatalaga tuuina atu e le mafai ona ausia pe afai e le malamalama i manaoga talafeagai poo faapitoa o faamaumauga ma tomai eseese o Tina, Tamaitai, Tama, Alii talavou ma i latou o lo'o iai a'afiaga tumau o le soifua ma o i latou o lo'o iai tulaga maaleale o le soifua. O nei Taiala e mautinoa ai puipuiga mo le saogalemu o tagata uma e a'afia ai.

The following Plan is to help establish effective ways for the Ministry of Mental Health and Partners to work together to respond to the psychosocial needs of the community during the epidemic and protect the health and safety of Samoan communities. Mental health and psychosocial support (MHPSS) is a composite term used in these guidelines to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder

The objectives of these responses are to;

- Aua le toe faaopoopo nisi faafitauli i luuga o nisi faafitauli / Establish coordination and multisectorial mental health and psychosocial support.
- Ia tutusa ma lē faailoga tagata i auaunaga eseese / Make known human rights framework for supporting people in ways that respect their dignity, culture and abilities such as faith based approaches to name few.
- Mata'ituina tagata maaleale ma o latou manaoga / Strengthen partnerships between the clinical and other disciplines to jointly provide mental health and psychosocial support to identify target groups.
- Ia saogalemu ma aamanaia talafeagai / Establishes a system of early notification and referral of potential high risk cases with mental health and psychosocial needs due to measles epidemic. /
- Unaia le auai o tagata uma o Afioaga ma Itumalo. Faamalosia puipuiga talafeagai mo Nuu ma Afioaga / Strengthen community mobilization and support by facilitating community self-help and social support involves identifying naturally occurring psychosocial supports and sources of coping and resilience through participatory rural appraisal and other participatory methods.

Tapena/sauni	Aoao e uiga i le faafitauli
Prepare	 Aoao e uiga i auaunaga ma fesoasoani o lo'o avanoa
	 Aoao e uiga i le saogalemu ma popolega tau puipuiga
Vaai	Vaai mo le Saogalemu
Look	• Vaai mo tagata o loo iai manaoga masani (meaaii, vai mama,
	apitaga, lavalava
	 Vaai mo tagata o iai faafitauli ogaoga le loto mafatia
Faalogo	Fesootai tagata e ono manaomia le fesoasoani
Listen	 Fesili e uiga i manaoga ma popolega a tagata
	 Faalogo i tagata ma fesoasoani e faatoafilemu i latou
Fesootaiga	Fesoasoani i tagata e faatautaia manaoga masani ma latou maua
Communicate	auaunaga
	 Fesoasoani i tagata ia iloa ona taulimaina a latou faafitauli
	Tuu atu faamatalaga
	Fesooai tagata ma e pele faatasi ai ma lagolago faaleaga fesootai

Alagatatau o Fesootaiga Lelei i Nuu					
Effective Communications in the Communities					
Vaega e Tatau ona faatino	Vaega e le Tatau ona faatino				
 la faamaoni ma faatuatuaina Usitaia le Aia tatau o le tagata e faia ai lona ia lava filifiliga la nofo malamalama ma ia tuu ese le faaituau ma le faailoga tagata la faamanino i tagata e tusa lava pe latou te le manaomia le fesoasoani i le taimi nei, e mafai lava ona latou maua le fesoasoani i le lumanai la usitaia ma malu puipuia faamatalaga a se tagata i se tulaga talafeagai la faaali amioga e tusa ai ma le aganuu, tausaga ma le Kenera a le tagata o loo talanoa ai la faailoa lou lagolago i tagata e tusa ma o latou lagona e afua i se mea na tupu poo se tulaga ogaoga o loo latou aafia ai. " E faamalulu atu, oute masalo e fai si tiga o lea tulaga mo oe" 	 Faailoaina o lou fesootaiga o se tagata fesoasoani tele Fesili i se tagata mo se tupe poo se mea e faatinoina mo lou fesoasoani i ai latou 				

Fesootaiga lelei: O upu ma gaioiga e le tatau ona e faiaCommunications: Words and actions that are not suitable to useAua e te faamalosia se tasi e faasoa maiAua e te faalavelave pe faatopetope ao faasoa mai se tasiAua le tuuina atu ou manatu i uiga i le tulaga a se tasi, mao le faalogoAua e te pa'i i le tagata pe afai e te le'o mautinoae talafeagaiAua e te faamasinoina mea na latou faia pe le faia poo latou lagonaAua e te faapea atu "E le tatau ona faapena ou lagona" poo le "E tatau ona e fiafia e te lei oti"Aua e te faaogaina le upu faigataAua e te faasoa atu ia i latou le aafiaga a se isi tagata.Aua e te talanoa atu e uiga i ou lava faafitauli.Aua e te tuuina atu ni folafolaga ma ni faamaoniga sese.Aua nei e lagina e tatau ona e foai faafitauli uma a le o loo aafia.Aua e te aveesea le malosi ma le lagona o le mafai ona tausia e le tagata o ia lava.

Appendix 3: Villages of the Bereaved families – All families were visited

No	District	Island	Villages Visited
1	Aleipata	Upolu	Mutiatele Aleipata
2		Upolu	Leulumoega
3	Aiga i le Tai	Upolu	Mulifanua
4		Upolu	Manono
5		Upolu	Salua Manono
6		Upolu	Sagafili Mulifanua
7		Upolu	Lalovi Mulifanua
8		Upolu	Samea Mulifanua
9	Aleipata	Upolu	Mutiatele Aleipata
10	Anana Alofi No3	Upolu	Fasitoo Uta
11	Anoamaa No2	Upolu	Solosolo
12		Upolu	Luatuanuu
13	Faleata West	Upolu	Vaigaga
14		Upolu	Lotopa
15		Upolu	Vaitele-fou
16		Upolu	Toamua
17		Upolu	Vailoa Faleata
18		Upolu	Vaitele Uta
19		Upolu	Tulaele
20		Upolu	Vaitoloa
21		Upolu	Vaiusu
22		Upolu	Tapatapao
23		Upolu	Puipaa
24		Upolu	Falelauniu Tai
25		Upolu	Talimatau
26		Upolu	Nuufou
27		Upolu	Falelauniu
28	Faleata East	Upolu	Vaimoso
29		Upolu	Siusega
30		Upolu	Tapatapao
31	Faasaleleaga No1	Savaii	Salelologa
32	Faasaleleaga No2	Savaii	Iva

No	District	Island	Villages Visited
33	Faasaleleaga No3	Savaii	Fusi Safotulafai
34	Faasaleleaga No4	Savaii	Siufaga - Faga
35	Falealili	Upolu	Salani
36	Falealupo	Savaii	Falealupo uta
37	Falelatai & Samatau	Upolu	Falelatai
38	Gagaaemauga No1	Savaii	Patamea
39		Savaii	Sapapalii
40	Gagaifomauga No 3	Savaii	Fagae'e Savaii
41	Itu Salega	Savaii	Fogapoa
42	Lefaga	Upolu	Salamumu Lefaga
43	Palauli No 2	Savaii	Gautavai
44	Safata No 1	Upolu	Tafatafa
45		Upolu	Sataoa
46	Sagaga le Falefa	Upolu	Faleula
47		Upolu	Malie
48		Upolu	Afega
49	Sagaga le Usoga	Upolu	Utualii
50		Upolu	Levi Saleimoa
51		Upolu	Saleimoa
52		Upolu	Leauvaa
53		Upolu	Lotoso'a Saleimoa
54	Vaimauga No1	Upolu	Laulii
55		Upolu	Maagiagi
56		Upolu	Vaivase Tai
57		Upolu	Fagalii
58		Upolu	Letogo
59	Vaimauga No2	Upolu	Moataa
60		Upolu	Vaivase Tai
61		Upolu	Vaivase Uta
62	Vaimauga No3	Upolu	Tanugamanono
63	Vaimauga No4	Upolu	Palisi
64		Upolu	Taufusi
65	Vaimauga No5	Upolu	Moamoa

Appendix 4:Savai'i VisitsPsychosocial Support Visits 3 – 6 January 2020Follow Up Visits to 29 - 31 January 2020

No	Village	Bereaved Families	Affected/Treated Families	Families Unable to contact
1	Аоро		1	
2	Asaga		3	
3	Auala		7	
4	Avao		2	
5	Faga		1	
6	Fagafau		3	
7	Falealupo	1	4	
8	Faletagaloa		4	
9	Fagae'e	1	2	
10	Fatausi		1	
11	Fatuvalu		3	
12	Foailalo		1	
13	Foailuga		10	
14	Fogapoa	1	4	
15	Fogatuli		7	
16	Fusi	1	8	2
17	Gataivai		3	1
18	Gautavai	1	2	1
19	Iva	1	24	2
20	Lalomalava		5	
21	Lano		7	2
22	Lefagaoalii		1	
23	Letui		6	
24	Malae faga		3	
25	Manase		1	
26	Matavai Safune		4	
27	Neiafu		2	
28	Paia		3	
29	Papa Sataua		3	
30	Patamea	1	4	
31	Pitonuu Satupaitea		2	

No	Village	Bereaved Families	Affected / Treated Families	Families Unable to contact
32	Puapua		4	
33	Saasaai		3	
34	Safai		1	
35	Safotu		8	
36	Saipipi		6	
37	Salailua		1	
38	Saleaula		2	
39	Salelavalu		7	
40	Salelologa	1	12	1
41	Salimu		2	
42	Samalaeulu		5	
43	Samata i Tai		5	
44	Samauga		5	
45	Sapapalii	1	8	
46	Sasina		5	
47	Sataua		3	
48	Satufia		4	
49	Satuiatua		2	
50	Sili		19	
51	Siufaga Faga	1	4	
52	Siutu		1	
53	Tafua		1	
54	Taga		5	
55	Tapueleele		6	
56	Vaega		4	
57	Vailoa		6	
58	Vaiola		2	1
59	Vaipua		8	
60	Vaitoomuli		2	
	Total	10	272	10

Total Families Visited on Savaii	272
Bereaved Families visited	10
Families unable to locate – moved back to Upolu or	
returned overseas.	10