



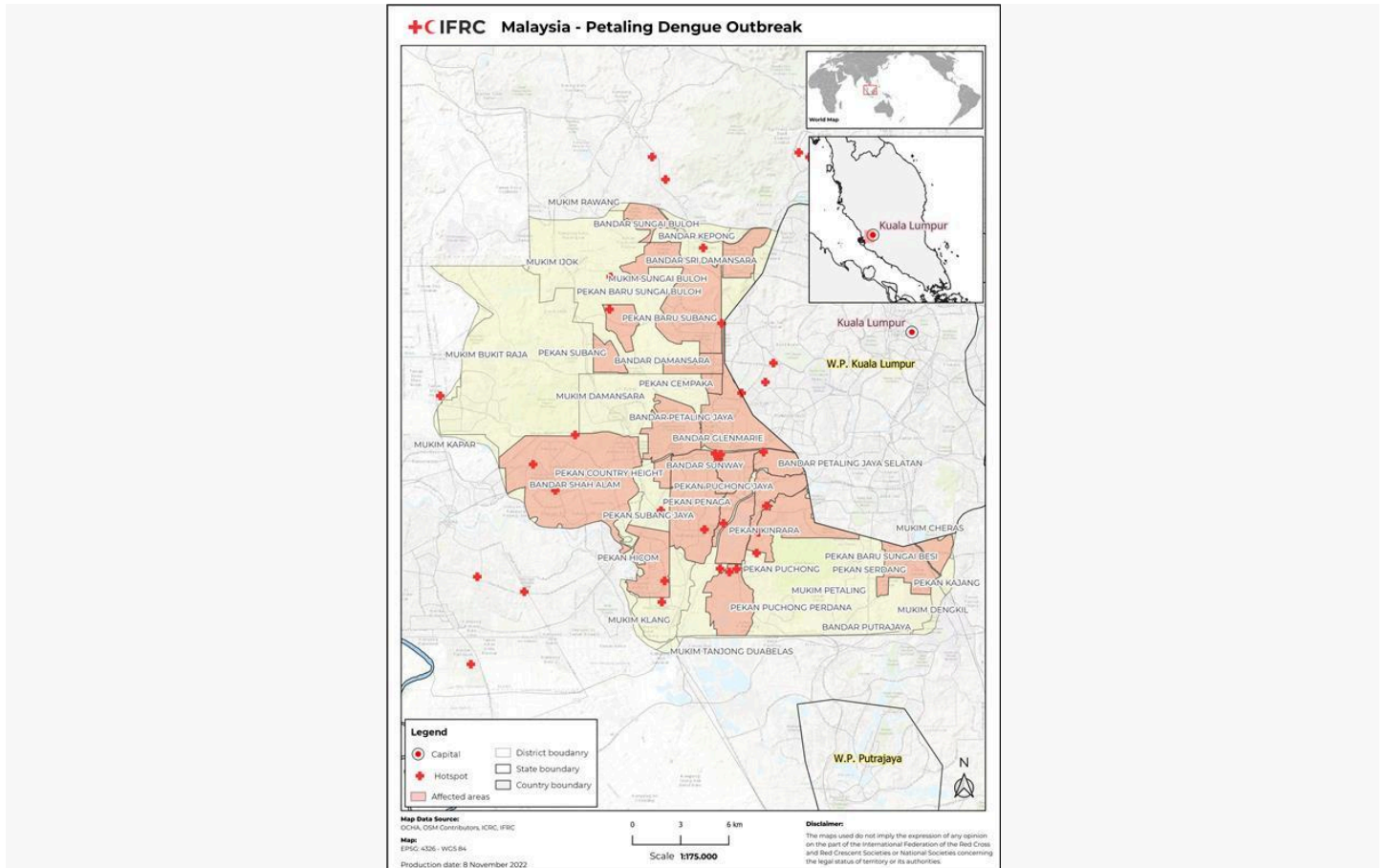
Malaysian Red Crescent volunteers conducting hygiene promotion activities to support community health and well-being. (Photo: MRCS Selangor)

Appeal: <b>MDRM010</b>	Total DREF Allocation: <b>CHF 121,673</b>	Crisis Category: <b>Yellow</b>	Hazard: <b>Epidemic</b>
Glide Number: <b>EP-2023-000221-MYS</b>	People Affected: <b>240,000 people</b>	People Targeted: <b>48,000 people</b>	People Assisted: <b>1,103,972 people</b>
Event Onset: <b>Slow</b>	Operation Start Date: <b>16-11-2023</b>	Operational End Date: <b>30-04-2024</b>	Total Operating Timeframe: <b>5 months</b>

Targeted Areas: **Selangor**

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

# Description of the Event



Map of affected areas by the Dengue outbreak in Petaling, Selangor (Source: IFRC IM)

## Provide any updates in the situation since the field report and explain what is expected to happen.

The IFRC DREF application highlighted a surge in dengue cases across Malaysia in 2023, with a significant increase compared to the same period in 2022. Cumulative data for the year reflects a sharp rise in cases and fatalities.

In 2023, a total of 123,133 dengue cases were recorded nationwide, representing an 86.3 per cent increase from the 66,102 cases reported in 2022. Dengue-related fatalities also rose, with 100 deaths recorded in 2023—a 78.6 per cent increase from the 56 deaths in 2022 [1].

The upward trend continued into early 2024, with daily cases exceeding 500, as projected by the Malaysian Ministry of Health (MoH) in late 2023. During the second epidemiological week (7–13 January 2024), 3,525 cases were reported nationwide, including two fatalities, compared to 3,181 cases in the first week of the year, which recorded no deaths.

In January 2024, the Health Director-General issued a statement linking the increase in dengue cases to the ongoing monsoon season, which the Meteorological Department forecasted to persist until March. The statement emphasized that prolonged wet conditions create ideal breeding grounds for *Aedes* mosquitoes and urged the public to maintain preventive measures against dengue.

As of the second epidemiological week of 2024, the number of dengue hotspots nationwide had risen from 130 to 136 localities. Selangor remained the most affected state, followed by Kuala Lumpur and Putrajaya [2].

Links:

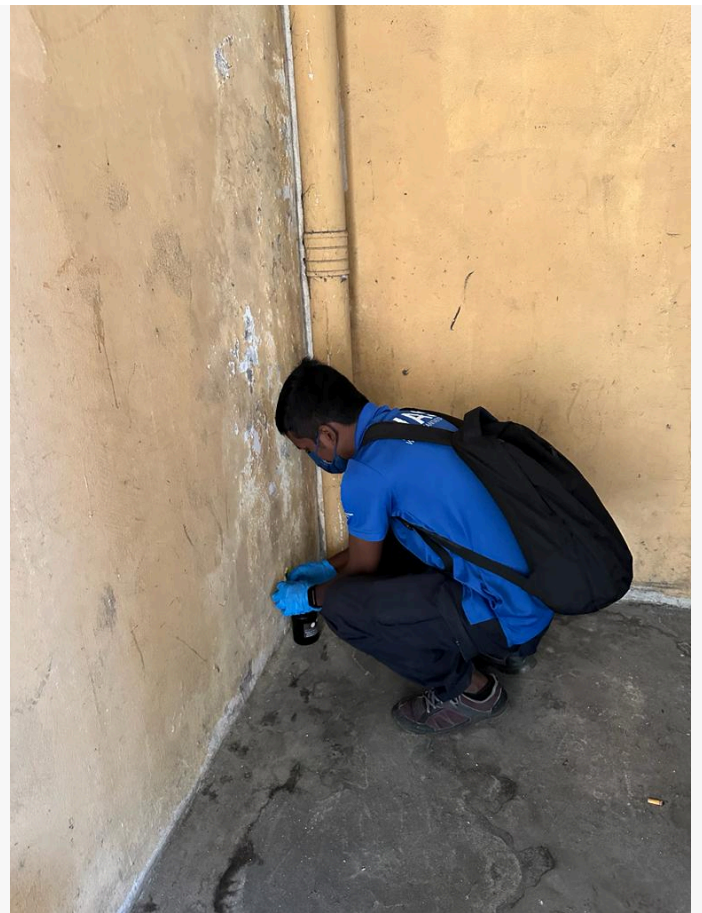
[1] <https://www.freemalysiatoday.com/category/nation/2024/01/05/86-3-spike-in-reported-dengue-cases-in-2023/>

[2] <https://borneobulletin.com.bn/malysias-dengue-cases-rise-fuelled-by-rainy-weather/>





Residents at 'Pangsapuri Seroja' gathered to begin community cleaning activities. (Photo: MRCS)



MRCS Selangor team setting up ovitraps at a residential area identified as a hotspot. (Photo: MRCS)

## Scope and Scale

Malaysia has faced a persistent burden of dengue fever, with reported cases rising steadily over the years and periodic outbreaks occurring, particularly in urban areas with high population densities. Dengue transmission typically peaks during the rainy season, when stagnant water creates ideal breeding conditions for *Aedes* mosquitoes. However, sporadic outbreaks continue year-round. The primary vectors responsible for transmission—*Aedes aegypti* and *Aedes albopictus*—pose ongoing challenges for vector control and breeding site reduction.

During the DREF operation, Selangor remained the state with the highest number of dengue hotspots, with Petaling and Hulu Langat districts reporting the most cases. As of the 23rd epidemiological week of 2024 (2–8 June), Petaling continued to experience a high burden, with cumulative reported cases reaching 12,151 in Petaling, 9,522 in Hulu Langat, and 4,725 in Klang. However, by this time, daily reported cases in Petaling had decreased to 419, reflecting some progress in containment efforts since the initial DREF application.

The ongoing dengue outbreak in Malaysia posed significant humanitarian challenges, straining healthcare systems, affecting livelihoods, and disrupting education. The surge in cases placed pressure on healthcare facilities, leading to delays in treatment for severe cases and increasing the risk of higher mortality. Families affected by dengue faced financial strain due to medical costs and lost income from hospitalizations, limiting their ability to afford essentials such as food and education. Additionally, illness-related school absences disrupted children's learning, while reduced worker productivity impacted economic output. In response, the Malaysian government implemented continuous public awareness campaigns and maintained the iDengue portal, allowing communities to monitor outbreaks in real time.

The DREF operation targeted densely populated, low-income urban areas within the Petaling district, Selangor, with a focus on B40 families (Malaysia's lower-income group) and migrant communities. The operation aimed to support the Ministry of Health (MoH) in strengthening public awareness through health promotion, Risk Communication and Community Engagement (RCCE), and community-led dengue prevention activities such as cleaning campaigns. Additionally, in April and May 2024, the operation extended support to the Petaling district health office by facilitating fogging, misting, and inspection activities, including the procurement of adulticide chemicals and logistical assistance.

## National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
Please provide a brief description of those additional activities	-

## IFRC Network Actions Related To The Current Event

Secretariat	<p>The IFRC Malaysia country team provided technical assistance to the Malaysian Red Crescent Society (MRCS) in the design, implementation, and monitoring of the activities since the start of the DREF operations. The IFRC Malaysia country team also supported the MRCS Project Manager in project management, encouraging MRCS to hold regular meetings to review implementation progress and financial expenditure.</p> <p>Additionally, the IFRC Malaysia country team helped MRCS secure necessary support from the IFRC Asia Pacific Regional Office (APRO) technical and support teams for this DREF operation. MRCS received support from the IFRC APRO for Protection, Gender, and Inclusion (PGI), Mental Health and Psychosocial Support (MHPSS), and Planning, Monitoring, Evaluation, and Reporting (PMER).</p>
Participating National Societies	N/A

## ICRC Actions Related To The Current Event

N/A
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## Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	<p>The Ministry of Health (MoH) monitored the dengue outbreak and released regular updates on the i-Dengue web portal, providing statistics such as daily case numbers, state-wise breakdowns, cumulative cases, and hotspot areas. Throughout the DREF operation, the Malaysian Red Crescent Society (MRCS) collaborated with the MoH to ensure its operations were aligned with the current dengue context. Coordination with the MoH occurred at multiple levels, including the national level, state level (Selangor State Health Department), and district level (Petaling District Health Office).</p>
UN or other actors	N/A

### Are there major coordination mechanism in place?

The Ministry of Health (MoH) served as the lead institution coordinating the nationwide dengue response, with the MRCS supporting as an auxiliary entity. The MoH regularly provided updates on the dengue outbreak through the i-Dengue portal.

As the Selangor State Health Department (JKNS) oversees the dengue response within Selangor, MRC Selangor coordinated with JKNS to ensure that MRCS's operation addressed ongoing needs. Additionally, MRC also coordinated with the Petaling District Health Office (PKD Petaling) to organise community campaigns and fogging operations.



# Needs (Gaps) Identified



## Health

The sustained increase in dengue cases posed a significant risk to public health. The MoH reported being overstretched in covering hotspot areas and indicated to the MRCS the necessity of support in conducting public awareness campaigns, particularly focusing on Risk Communication and Community Engagement (RCCE) at the community level in Petaling district, Selangor.

Selangor accounted for the highest number of dengue hotspots, with 51 out of 73 nationwide, while other states recorded only single-digit counts. Within Selangor, Petaling and Hulu Langat districts reported the highest number of cases. Among the sub-districts, the top three affected areas were all within Petaling, with significant cumulative cases in Petaling (5,570), Damansara (4,930), and Sungai Buloh (4,160). As of the 18th epidemiological week of 2024, the top two affected sub-districts remained Petaling (3,593 cases) and Damansara (3,317 cases).

Public awareness efforts targeted urban poor areas within the Petaling district, specifically addressing high-risk groups such as children, the elderly, pregnant and lactating women, migrant workers, and individuals residing in areas with poor sanitation. While the expectation of increased dengue cases was high, the MoH also highlighted the potential surge of other communicable diseases during the monsoon season, such as cholera and typhoid, in addition to the ongoing threat of COVID-19.



## Water, Sanitation And Hygiene

The frequency of dengue fever in Selangor, Malaysia, closely correlated with water, sanitation, and hygiene (WASH) issues. In the hotspot areas of Petaling, characterized by densely populated urban and residential regions, stagnant water accumulation due to inadequate drainage systems and improper waste disposal created ideal conditions for mosquito breeding.

Rapid urbanization in Petaling, along with ongoing construction projects, led to water stagnation, particularly in incomplete construction sites, significantly contributing to the proliferation of mosquito breeding sites.

Raising public awareness about maintaining a clean environment, practicing personal hygiene, and implementing preventive measures was crucial for effective dengue control in Petaling. Community mobilization, public hygiene awareness campaigns, and adherence to environmental cleanliness practices were essential in hotspot areas to mitigate the impact of dengue fever.

Organized cleaning campaigns were imperative in hotspot areas to curtail mosquito population growth. Strengthening household-level protection through the distribution of Information, Education, and Communication (IEC) materials and elevating awareness levels via campaigns were also essential. Collaboration with the MoH/State Health Department to provide educational knowledge within the community was crucial.

Additionally, during the operation, the Selangor State Health Department (JKNS) requested MRCS support for fogging, misting, and inspection activities. Due to resource limitations, JKNS requested MRCS to provide adulticide chemicals and transportation assistance for its activities.



## Protection, Gender And Inclusion

Various hotspots were identified based on reported dengue cases. Reports from MRCS and MOH indicated that young people, specifically those aged 18 to 40, were the most affected demographic group. Additionally, women showed a higher susceptibility to severe dengue than men. The elevated dengue infection rate among young individuals and women was attributed to factors such as lack of awareness about preventive measures, inadequate healthcare facilities, and densely populated regions with poor sanitation. Consequently, high-risk groups such as women, youth, pregnant and lactating mothers, PWDs, and the elderly were targeted for dengue prevention and control activities.





## Migration And Displacement

The incidence of dengue cases among migrant workers in the Klang region of Selangor saw a significant and concerning increase, with a surge of 400 per cent in reported cases. Migrant workers accounted for a substantial portion of Klang's dengue statistics. The Director of the Health and Environmental Department at the Klang Municipal Council (MPK) reported a 399 per cent increase in dengue cases among migrant workers, totaling 504 cases as of 30 April, compared to 101 cases during the same period in the previous year. This trend resulted in an average of 29 confirmed dengue cases among migrant workers per week since the beginning of the year. In the first four months of the year, the Klang district documented a cumulative total of 3,562 dengue cases, with no reported fatalities.

The primary cause of this outbreak was haphazard waste disposal, leading to the accumulation of single-use plastics and discarded bottles near migrant workers' residences, which clogged drainage systems. This underscored the significant role of living conditions in the increased prevalence of dengue among migrant workers. Health inspectors confirmed that migrant workers primarily contracted the disease within their residential quarters, with additional cases linked to construction sites.

Given these findings, there was a clear need for heightened awareness among the migrant population regarding environmental health. Through community engagement initiatives, MRCS disseminated information on the connection between waste disposal practices and dengue transmission.



## Community Engagement And Accountability

Accurate information on dengue prevention and transmission was a key priority, with risk communication and community engagement (RCCE) initiatives playing a crucial role in keeping communities informed. To enhance community participation, MRCS established a community feedback mechanism, including a hotline and email, enabling affected individuals to share their concerns. The CEA team collected and relayed feedback to the operation team, ensuring that community voices were heard and addressed in accordance with MRCS procedures. Local MRCS volunteers actively engaged with communities, raising awareness and fostering trust. Additionally, all MRCS staff and volunteers received comprehensive training to effectively engage with dengue-affected communities and stakeholders.

# Operational Strategy

## Overall objective of the operation

The objective of this operation, as outlined in the IFRC-DREF application, was to deliver health and WASH awareness messages on dengue to vulnerable populations, including migrants. This was achieved through Risk Communication and Community Engagement (RCCE), community cleaning campaigns ('gotong royong'), distribution of dengue kits, and the integration of PGI and CEA at strategic locations within Petaling district—the area with the highest number of dengue cases in Malaysia. The operation was implemented over a period of five months, reaching over 1.1 million people.

## Operation strategy rationale

The plan prioritized early and preventive actions in line with MoH expectations. MRCS held coordination meetings at the MoH office to support public awareness efforts, RCCE, and volunteer mobilization for vector control activities, including fogging and cleaning campaigns.

MRCS conducted RCCE campaigns in targeted communities, focusing on dengue prevention while incorporating information on cholera and COVID-19. These efforts included guidance on case reporting and the use of MoH's referral mechanism for dengue cases. Vulnerable households, particularly in urban poor housing areas and migrant worker communities, received dengue prevention kits, which included mosquito repellent, aerosol water-based sprays, mosquito patches, and mosquito coils. The procurement of these kits was prioritized in the first month, with immediate distribution upon arrival, supported by the IFRC APRO Procurement Unit.

Community cleaning campaigns ('gotong royong') and hygiene promotion activities were conducted within targeted communities, empowering community representatives to monitor household cleanliness and eliminate stagnant water. These activities, along with RCCE campaigns, hygiene promotion, and kit distribution, were carried out in the first and second months to prevent a surge in dengue cases and control vectors.

MRCS collaborated with MoH, healthcare workers, and local authorities to conduct health screenings and emergency health services, responding to community-reported dengue cases. MRCS ambulances were stationed in hotspot areas to provide patient transportation



as needed. Home visits to the elderly and bedridden patients were prioritized, and emergency mobile health clinics were deployed upon request.

PGI considerations were integrated into MRCS activities. Volunteers conducting household visits and awareness campaigns used multilingual communication materials to engage with children, adults, migrants, and the elderly. Health awareness messages were disseminated in housing areas, schools, construction sites, and neighborhoods within hotspot areas of Petaling district.

MRCS, in coordination with MoH, state health departments, local authorities, and community committees, created dengue awareness among various target groups. Messages were developed in local languages to enhance understanding at the grassroots level.

MRCS targeted migrant populations in hotspot areas and adjacent construction sites. Training for MRCS staff and volunteers on engaging with migrant communities was provided.

## Targeting Strategy

### Who was targeted by this operation?

The operation targeted high-density urban poor areas in the Petaling district of Selangor State, which recorded the highest number of dengue cases. These areas, home to B40 families (lower income group in Malaysia) and migrant populations, were identified based on dengue hotspots and population risk analysis. This determination was made through continuous coordination with the district health office and ongoing data monitoring.

### Explain the selection criteria for the targeted population

The operation focused on urban settings in the Petaling district, targeting 20 per cent of the urban population—equivalent to 48,000 people out of 240,000 (source: Dewan Negeri Selangor’s Office). The intervention aimed to reach this population through household visits, community awareness sessions, and sanitation campaigns.

By the end of the operation, a total of 1,103,972 beneficiaries were reached. Additionally, 95 volunteers were mobilized throughout the operation period to support activities in the targeted localities.

## Total Targeted Population

Women	13,536	Rural	-
Girls (under 18)	9,024	Urban	100%
Men	15,264	People with disabilities (estimated)	5%
Boys (under 18)	10,176		
Total targeted population	48,000		

## Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
Massive outbreak could have caused changes in the operation plan and strategy	MRCS coordinated closely with MoH to align its operations with the dengue situation. When nationwide daily cases exceeded 500, MRCS proposed operational changes to support PKD Petaling in fogging, misting, and inspection activities. This included procuring adulticide chemicals and providing transportation assistance.



Unexpected major floods in Selangor could have caused access challenges to the targeted area, and delivery of activities.	MRCS closely monitored the flood events, which began as small flash floods. There was no need to adjust the operation strategy, although it may need to be integrated with MRCS's flood response if necessary.
Cases and geographical locations could have varied.	MRCS constantly monitored the situation and was ready to adjust its operations where required.

**Please indicate any security and safety concerns for this operation**

No major threats in Malaysia were identified that directly impacted the implementation of operational activities. However, some challenges remained, including increased health risks due to COVID-19, mosquito- and waterborne diseases, and the potential for vehicle accidents.

To mitigate security risks, MRCS adhered to existing government and Red Cross Red Crescent (RCRC) Movement guidance related to COVID-19 throughout the operation. Additionally, the IFRC oriented MRCS on the COVID-19 safe programming pilot guide Asia Pacific 2020, referencing the mitigation risk.

The National Society's security framework was applied to all staff and volunteers throughout the operation. For personnel under IFRC security responsibility, including surge support and integrated Participating National Societies (PNS), the existing IFRC country security framework was followed. Completion of the IFRC Stay Safe 2.0 e-learning courses was mandatory for all IFRC personnel and encouraged for RC/RC staff and volunteers.

<b>Has the child safeguarding risk analysis assessment been completed?</b>
Yes

# Implementation



**Budget:** CHF 61,238  
**Targeted Persons:** 48,000  
**Assisted Persons:** 1,103,972

## Indicators

Title	Target	Actual
# of people provided with health services	48,000	1,103,972
# of household dengue prevention kits distributed	3,000	3,000

## Narrative description of achievements

### Targeted Dengue Prevention

MRCS conducted dengue prevention awareness events at five residential areas identified as dengue hotspots within the Petaling district (see below). The events, held between February and April 2024, provided a platform for direct community engagement and health education.

1. Pangsapuri Seroja (February 2024)
2. Pangsapuri Subang Impian (February 2024)
3. Apartment Flora Damansara (February 2024)



4. Pangsapuri Anggerik (April 2024)
5. PPR Kota Damansara (April 2024)

During the five-month project period, MRCS trained and oriented 95 volunteers on Epidemic Control for Volunteers (ECV) and RCCE related to dengue. The training covered the dengue virus, Aedes mosquitoes as vectors, clinical phases and symptoms, severe dengue, treatment methods, and vector control. These trainings enhanced volunteers' capacity to educate communities on dengue prevention.

#### Distribution of Dengue Prevention Kits

MRCS procured items for 3,000 dengue prevention kits, including mosquito repellent patches (boxes of 10), water-based aerosol insecticide spray bottles, larvicide, and mosquito coils. These items were packed into individual kits in non-woven bags and distributed to households during dengue prevention community programs coordinated with residential associations in identified hotspot areas.

All 3,000 kits were distributed at locations where MRCS organized community cleaning campaigns and through residential associations. Additionally, 62 kits were distributed to households during a dengue RCCE program at a Cambodian settlement in Kampung Kubu Gajah, Sungai Buloh, an identified dengue hotspot within the Petaling district. The event at the settlement included a health screening program for migrant workers, organized by MRCS's partner, the Archdiocesan Office for Human Development (AOHD).

#### Enhanced Community Participation

During awareness events, MRCS implemented various activities to attract resident participation. These included mobile health screenings (blood sugar testing and blood pressure readings) and the deployment of MRCS ambulances to hotspot areas. Following feedback from the first dengue prevention event, which had low community turnout, MRCS introduced Safe Steps Kids (SSK) activities, including First Aid, Road Safety education, and Sand Art sessions, providing a safe space for families with children participating in the community cleaning campaign. These initiatives attracted residents across different age groups and strengthened dengue awareness efforts.

#### Capacity Building

Additionally, 23 volunteers received training from the IFRC Asia Pacific MHPSS Training and Learning Collaborative on Mental Health and Psychosocial Support (MHPSS) assessment. This training prepared volunteers to evaluate the psychosocial needs of communities affected by the dengue outbreak, ensuring a holistic approach to health intervention.

#### Reach and Impact

These activities successfully attracted residents of various age groups, fostering community engagement and awareness. The reach through direct and digital outreach includes:

- 15,047 views on social media awareness posts
- 900,000 views on a digital media campaign through Media Selangor (more than 30,000 daily viewers over a 30-day campaign)
- 15,000 beneficiaries from the distribution of dengue prevention kits to 3,000 households.
- 173,925 people from fogging, misting, and inspection activities.

PDM revealed positive feedback from participants. Health screening programmes provided valuable health insights, while Safe Steps Kids (SSK) activities were particularly well-received by children and their families. The distribution of dengue prevention kits significantly benefited residents, especially the repellent patches and water-based aerosol spray, which helped reduce mosquito bites and alleviated the financial burden of purchasing these items.

These combined efforts not only enhanced the community's understanding of dengue prevention but also equipped them with practical skills and tools to manage their health and safety effectively. The positive response from the community highlights the importance of interactive and educational initiatives in public health interventions, especially in preventing disease outbreaks and fostering safer communities.

## Lessons Learnt

- Each distributed item should be accompanied by clear usage guidelines, provided through flyers, leaflets, or verbal explanations, to ensure proper understanding and application.
- Diversifying communication methods helps ensure information reaches all community members effectively.
- To reduce long queuing times for dengue kit distribution and health screenings, it is recommended to implement staggered scheduling, increase service stations, and streamline the registration process.



- Activities and services must be tailored to align with community needs and priorities.
- Moving forward, MRCS could replicate key activities from this DREF operation in future outbreaks, including dengue kit distribution, health promotion initiatives, and digital awareness campaigns.
- MRCS could also facilitate the creation of a WhatsApp group for residential associations and community leaders to share dengue outbreak information and coordinate community-led response efforts, such as clean-up drives and mosquito control activities.

## Challenges

- Post-distribution monitoring surveys indicated that some residents were unaware of the correct usage of dengue prevention kit items. For instance, one resident reported placing mosquito patches on the wall instead of using them as intended.
- Uncertainty about the event itinerary during the Dengue Awareness event led to reduced participation over time.
- Long queuing periods delayed access to dengue kits and health screening services.
- Limited availability of health services during dengue prevention events restricted community access to essential medical support.



## Water, Sanitation And Hygiene

**Budget:** CHF 33,601

**Targeted Persons:** 48,000

**Assisted Persons:** 1,103,972

## Indicators

Title	Target	Actual
# of people reached by WASH assistance	48,000	1,103,972
# of people reached by hygiene promotion activities in the response period	48,000	1,103,972

## Narrative description of achievements

### Vector surveillance - Ovitrap

As part of vector surveillance efforts, ovitrap were strategically placed at three selected dengue hotspots between January and February 2024:

1. Pangsapuri Seroja, Setia Alam (50 ovitrap)
2. Pangsapuri Subang Impian, Shah Alam (30 ovitrap)
3. Pangsapuri Flora Damansara (80 ovitrap)

These traps were utilized to sample local mosquito species, providing critical data for ongoing dengue control efforts. The collected samples were sent to PKD Petaling for comprehensive laboratory analysis. This analysis aimed to assess the density and species composition of mosquitoes in these areas, allowing health authorities to determine the most effective vector control methods.

### Hygiene Promotion

MRCS implemented several activities during the dengue prevention event and throughout the DREF operation, focusing on community engagement and public health measures to address multiple aspects of dengue prevention, from environmental management to community education and direct mosquito control measures. These activities included:

- Community Cleaning Activity: Engaged residents in cleaning their residential areas to eliminate potential mosquito breeding sites.



- **Hygiene Promotion:** Conducted interactive sessions using tools like Glo Germ, Beat the Germ, and Three-pile Sorting to educate the community on proper handwashing techniques and hygiene practices, reducing the spread of dengue.
- **Fogging, Misting, and Inspection Activities:** Collaborated with PKD Petaling to conduct fogging and misting operations targeting adult mosquitoes and performed inspections to identify and address mosquito breeding sites.
- **Volunteer Training:** Trained 95 volunteers in hygiene promotion, equipping them with the knowledge and skills to educate and mobilize the community effectively in dengue prevention efforts.

These initiatives saw impressive involvement from residents of various age groups and ethnicities, reflecting strong community engagement in dengue prevention. Participation was high among migrants living in residential areas near their workplaces. This inclusive approach aimed to promote a sense of collective responsibility and enhanced the effectiveness of the activities by ensuring diverse community representation and cooperation. It underscored the importance of collaborative efforts in maintaining a clean and healthy environment to prevent the spread of dengue.

#### Vector Control and Operational Support

Between March and April 2024, MRCS extended its support to PKD Petaling by actively participating in fogging, misting, and inspection activities across the Petaling district. To facilitate these operations, MRCS procured 500 liters of adulticide chemicals, sufficient to conduct fogging in 3,500 localities within a 200-meter radius. Additionally, MRCS volunteers drove 4x4 vehicles carrying health officers to targeted areas and assisted during the operations. Although the initial DREF application did not include procurement and support in this area, MRCS proposed these changes in response to a request from JKNS, which lacked the resources to purchase the necessary chemicals and travel to hotspot locations. As a result, the MRCS team successfully conducted 202 fogging, misting, and inspection operations at 134 localities in collaboration with PKD Petaling.

#### Reach and Impact

The reach through WASH activities includes:

- 15,047 views on social media awareness posts.
- 173,925 people from fogging, misting, and inspection activities (calculated through PKD Petaling's statistics on the number of households reached during each fogging, misting, and inspection activity. MRCS adopted the formula of five persons per household to calculate the number of beneficiaries).

### Lessons Learnt

- Establishing a streamlined procurement procedure for emergencies could help expedite the delivery of assistance in future DREF operations.
- Participation in fogging, misting, and inspection activities with PKD Petaling provided the MRCS team with valuable hands-on experience in the Ministry of Health's (MoH) vector control measures.
- The MRC Selangor team developed a cost-effective method for setting up ovitraps, improving upon the conventional model used by the MoH, with potential for commercialization.
- MRCS should ensure that volunteers and community members are provided with adequate personal protective equipment (PPE) for fogging activities and community cleaning sessions.
- Although community cleaning campaigns were conducted as one-off events, resident feedback indicated an interest in fostering community spirit. This suggests that residents may be motivated to initiate future clean-up events independently.
- Human resource capacity should be carefully considered when planning interventions to ensure smooth implementation.

### Challenges

- The procurement of adulticide chemicals was delayed due to MRCS's internal procedures, which were further impacted by the festive season, affecting the overall timeline of activities.
- Field implementation lacked consistency as different staff and volunteers participated in each event, necessitating refresher training and briefings before activities.



- PPE (personal protective equipment) was either unsuitable or unavailable for volunteers during fogging activities, raising safety concerns.

- Several ovitraps went missing before the WASH team could collect them, affecting data collection and monitoring efforts.



## Protection, Gender And Inclusion

**Budget:** CHF 1,065

**Targeted Persons:** 35

**Assisted Persons:** 93

### Indicators

Title	Target	Actual
# of volunteers trained in PGI minimum standards, PSEA, and child protection	35	95
# of child safeguarding risk analysis assessment conducted	1	1

### Narrative description of achievements

A child safeguarding analysis conducted for this operation indicated a very high risk. To manage this risk, all volunteers and staff were trained in PGI principles before participating in community events. The MRCS team adopted specific child safeguarding approaches, ensuring parental supervision by conducting activities with children in public spaces visible to parents and the community. These activities included the Beat the Germ card game, hand hygiene awareness (hygiene promotion), and SSK approaches.

Community events included participation from vulnerable groups such as women, children, migrants, and people with disabilities. Women and migrant groups were also involved in the planning and coordination stages to ensure their concerns were addressed in the program design. This inclusion was essential, as vulnerable groups faced specific challenges during the dengue outbreak, identified during the MHPSS assessment workshop conducted by IFRC APRO in January 2024:

- Children infected by dengue or living with infected family members may miss school or experience mental stress.
- Migrants face challenges accessing healthcare and mental health support, as they are ineligible for subsidized services in the public healthcare system.
- Women traditionally fill the caretaker role within the family household.

KOBO forms for data collection of beneficiaries were designed to include Sex, Age, and Disability Disaggregated Data (SADDD) based on vulnerable groups to assess their feedback and extend necessary assistance if needed. Information collected from beneficiaries and MRCS activity reports indicated encouraging involvement of vulnerable groups, such as women and migrants, especially during events and coordination meetings.

The PGI approach in dengue prevention awareness activities was crucial, as it ensured the diverse needs and perspectives of all community members were addressed. This approach promoted equitable participation, identified and mitigated specific vulnerabilities, and fostered a more comprehensive and effective response to the dengue outbreak. By incorporating these principles, the project aimed to better support the health and well-being of the entire community, particularly those most at risk.

### Lessons Learnt

- A safe space to be provided for young children to take part in activities under the watch of family members and guardians, while other adult community members participated in community cleaning sessions.
- Develop practical guidelines for child safeguarding for future operations.



- Engage women, and partner organizations working with people with disability and migrants, to facilitate participation and decision-making in the planning of programmes for impactful prevention measures.

## Challenges

- Limited availability of safe spaces for children during activities restricted their participation.
- Some vulnerable community members perceived MRCS as an enforcement agency, leading to fear and trust issues, which affected engagement and participation.



## Migration And Displacement

**Budget:** CHF 1,065

**Targeted Persons:** 35

**Assisted Persons:** 95

## Indicators

Title	Target	Actual
# of volunteers and staff oriented on migration approach	35	95

## Narrative description of achievements

### Capacity Building

In preparation for the dengue prevention awareness event, MRCS equipped its volunteers and staff with migration approach training in February 2024, exceeding the initial target of 35. This training, provided by migration staff from MRCS NHQ and facilitated by IFRC personnel, aimed to enhance volunteers' understanding of the unique challenges faced by migrant communities and to foster more effective engagement and support during the dengue prevention activities.

### Community Engagement and Participation

The volunteers involved in this programme comprised both Malaysians and non-Malaysians from Myanmar, Somalia, and Syria. Among the non-Malaysian volunteers, 36 were refugees. The inclusion of non-Malaysian volunteers was part of MRCS's objective to encourage social cohesion among Malaysians and diverse groups, recognizing that the dengue outbreak affects everyone regardless of nationality or background. This diverse volunteer base facilitated better communication and trust with migrant communities and highlighted the shared responsibility in combating dengue.

Prior to the events, the MRCS team held several coordination meetings with residents of the selected areas, including migrant community representatives, who helped engage their communities and workplaces. In January 2024, the MRCS team collaborated with the residential association at Pangsapuri Seroja and factory employers to arrange an engagement session with 60 migrant workers, spreading awareness about the dengue program. As a result, 94 migrant households participated in the dengue prevention awareness events. The migrant communities included individuals from Nepal, Myanmar, Indonesia, Bangladesh, Cambodia, Somalia, Pakistan, and India.

Additionally, the MRCS team conducted dengue RCCE and distributed dengue prevention kits at a Cambodian settlement in Sungai Buloh. This activity was accompanied by a health screening program for migrant workers, organized by MRCS's partner, the Archdiocesan Office for Human Development (AOHD).

### Data Collection

The KOBO forms for data collection were designed to gather information on the number of migrant participants, their nationalities, gender, and age groups, with consideration for data protection and security. This data collection approach ensured that the intervention was inclusive and responsive to the specific needs of migrant communities.

By incorporating these elements, the MRCS team ensured a more inclusive and effective response to the dengue outbreak, highlighting the importance of engaging all community members, regardless of their background.



## Lessons Learnt

- Both migrant and host communities shared a common goal of reducing dengue infections. Emphasizing these shared objectives could strengthen collective efforts in future health initiatives.
- MRCS could enhance its engagement with migrant stakeholders and take a more intentional approach to involving migrants in programme planning and implementation.
- Migrant communities should be encouraged and empowered to participate as volunteers in National Society activities beyond emergency and disaster response.
- Clear communication and trust-building efforts are essential to overcoming misconceptions about MRCS as an enforcement agency and ensuring meaningful engagement with migrant communities.

## Challenges

- During MRCS's post-distribution monitoring visits, some migrants were hesitant to respond at their doors due to a perception that MRCS was an enforcement agency, highlighting ongoing fear and mistrust.
- Engagement with migrant communities was limited, as most communication was routed through resident associations primarily composed of host community members.
- The lack of existing communication and interaction between host communities and migrants may have hindered the mobilization of migrant populations.
- Language barriers posed challenges for some migrant participants in hygiene promotion activities. To address this, the MRCS team enlisted the help of community members who could communicate in English or Bahasa Malaysia to assist with interpretation.



## Community Engagement And Accountability

**Budget:** CHF 4,260

**Targeted Persons:** 48,000

**Assisted Persons:** 1,103,972

## Indicators

Title	Target	Actual
# volunteers trained or oriented on CEA	35	95
# people reached by community engagement/media campaign	48,000	1,103,972

## Narrative description of achievements

### Volunteer Training and Community Engagement

MRCS successfully oriented 95 volunteers with CEA training before the dengue prevention operation, exceeding the initial target of 35. The volunteers were informed about MRCS's community feedback mechanism and how feedback is utilized in decision-making. The training emphasized the importance of continuous engagement with the community being assisted and ensuring their needs and voices are heard.

### Information Dissemination and Awareness Campaigns

MRCS implemented a multi-channel RCCE campaign, reaching an estimated 1,103,972 people, significantly surpassing the initial target of 48,000. IEC materials were designed and printed by MRCS, containing messaging on dengue prevention and control methods. The printed materials were available as flyers in English and Malay and were distributed to communities living in hotspot areas during the community cleaning campaigns and awareness workshops. Dengue RCCE/awareness campaigns were also conducted through social media, with



prevention messages on Facebook and Instagram garnering 15,047 views by May. The messaging included steps to prevent mosquito breeding, symptoms of dengue, and ways to maintain a healthy environment. MRCS also printed and distributed flyers in English and Bahasa Malaysia to communities in hotspot areas. In addition, MRCS worked with Media Selangor on a digital campaign to disseminate dengue prevention messages through indoor television screens in 36 government premises across the state. The campaign lasted 30 days, with over 30,000 viewers daily. MRCS also printed t-shirts for community members and non-woven bags for dengue prevention kits to raise awareness of the programme.

#### Stakeholder Coordination and Community Participation

In alignment with the CEA approach, MRCS collaborated closely with various stakeholders to plan and conduct the operation. Coordination and planning meetings were held with the Ministry of Health (MoH), JKNS, and PKD Petaling to identify hotspot locations, discuss areas requiring support, and ensure MRCS's operations complemented the MoH's dengue response. Engagement with residential associations was a crucial step in planning community events. This ensured the events met community needs and preferred time slots, maximizing participation. The team discovered that organizing community cleaning in the early morning, followed by hygiene promotion activities, was most preferable to residents due to weather considerations affecting community participation.

#### Community-Based Dengue Prevention Activities

Community events centered on RCCE for dengue, including health promotion campaigns and hygiene promotion activities, were held at four locations: Pangsapuri Seroja, Pangsapuri Subang Impian, Apartment Flora Damansara, and Pangsapuri Anggerik.

Additionally, MRCS conducted dengue RCCE at a Cambodian settlement in Sungai Buloh, distributing dengue prevention kits to the community and explaining their usage. Due to language barriers, the local community leader assisted with interpretation. This RCCE activity was accompanied by a health screening programme organized by MRCS's partner, the Archdiocesan Office for Human Development (AOHD).

#### Post-Distribution Monitoring and Community Perception

During post-distribution monitoring visits, some migrants hesitated to respond due to the perception of MRCS as an enforcement agency, indicating lingering fear and mistrust. This underscores the need for sustained community engagement efforts to build stronger relationships and address concerns proactively.

### Lessons Learnt

- Strengthening community engagement in programme planning and implementation enhances participation and effectiveness.
- Providing clear communication tools for distributed items, such as brochures on the correct usage of dengue prevention kits and conducting briefings before distribution improves awareness and proper utilization.
- Establishing mechanisms to sustain community involvement beyond initial events, such as online chat groups for residents, facilitates continued dengue prevention and control efforts.
- Developing practical Community Engagement and Accountability (CEA) guidelines tailored for all stakeholders—including local authorities, host communities, and vulnerable populations—ensures inclusive and effective engagement.

### Challenges

- Structuring activities to maximize resident participation in community events was initially challenging. However, the team found that scheduling community cleaning activities in the early morning, followed by health and hygiene promotion sessions, led to higher engagement.
- Uncertainty about the event itinerary among residents contributed to declining participation over time.
- Limited community participation in post-distribution monitoring surveys hindered efforts to assess the impact and effectiveness of the intervention.



**Secretariat Services**

**Budget:** CHF 540



Targeted Persons: 2

Assisted Persons: 2

## Indicators

Title	Target	Actual
# of IFRC Malaysia team supported MRCS on this operation	2	2
# of monitoring visits conducted by IFRC Malaysia team	4	7

## Narrative description of achievements

### Monitoring and Technical Support

The IFRC Malaysia team conducted seven monitoring visits to support MRCS in overseeing the dengue operation. Overall, the IFRC Malaysia team supported MRCS in monitoring the implementation, budget forecasting, and spending of the dengue operation and provided technical advice on implementation and reporting.

### Capacity Building

To strengthen protection measures, the IFRC PGI technical unit facilitated Child Protection training for MRCS and provided a briefing on the Child Safeguarding Risk Analysis process. This enhanced MRCS's capacity to integrate child safeguarding principles into its response activities.

In January 2024, the IFRC APRO MHPSS Coordinator and the MHPSS Center Manager conducted a two-day training on MHPSS assessment. This training equipped MRCS staff and volunteers with the skills to assess and address the psychosocial needs of communities affected by the dengue outbreak.

### Coordination

Additionally, the IFRC team provided technical support to MRCS in engaging with the MOH, facilitating collaboration and ensuring that dengue response activities were aligned with national health strategies.

## Lessons Learnt

- The regional APRO PMER team provided guidance and led implementation discussions for all staff and volunteers, enabling the IFRC Malaysia team to successfully conduct a Lessons Learned Workshop. The guidance included a structured data collection process and a workshop framework to enhance data gathering and representation.

## Challenges

- During the start of the operation, follow-ups were required with MRCS to expedite the start-up process. The unforeseen absence of the MRCS Health Manager necessitated the appointment of a new project manager for the DREF operation, causing initial delays



## National Society Strengthening

Budget: CHF 19,904

Targeted Persons: 35

Assisted Persons: 95

## Indicators

Title	Target	Actual
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# of volunteers and staff trained and oriented	35	95
# of lessons learned workshop conducted	1	1

## Narrative description of achievements

### Capacity Building

Throughout the DREF Dengue operation, MRCS strengthened its volunteer capacity by training 95 volunteers—exceeding the initial target of 35. They received training in CEA, PGI, migration and displacement, data collection, and WASH. These five-day training sessions, conducted in December 2023, February, and March 2024, aimed to equip volunteers with the necessary skills to manage community events. The training included Epidemic Control for Volunteers (ECV) and RCCE, covering the dengue virus, Aedes mosquitoes as vectors, clinical phases and symptoms, severe dengue, treatment methods, and vector control strategies. As a result, trained volunteers were better prepared to engage communities in dengue prevention and response.

Additionally, 23 volunteers received specialized training from the IFRC Asia Pacific MHPSS Training and Learning Collaborative on MHPSS assessment. This training prepared volunteers to evaluate the psychosocial needs of communities affected by the dengue outbreak.

On 23 March, the MRCS PMER department conducted PDM training for 35 volunteers and staff, focusing on the importance of PDM, conducting beneficiary surveys, and reviewing survey questions. PDM aims to assess the effectiveness and impact of distributed items and interventions, measuring beneficiary satisfaction and programme success.

### Operational Learning

This DREF operation drew upon lessons learned from past operations, enhancing communication between national headquarters and branches, joint planning from the outset, and regular coordination meetings throughout.

A two-day Lessons Learned Workshop, held from 29 to 30 April, was facilitated by IFRC APRO's PMER in collaboration with MRCS's PMER department. Attended by 19 staff and volunteers, this workshop captured critical insights from the DREF Dengue operation, highlighting areas for future improvement.

### Volunteer Support and Deployment

MRCS also subscribed to IFRC's Accident Insurance for Red Cross and Red Crescent Volunteers, valid until the end of 2024, enhancing their safety and security during deployment.

The response was coordinated from MRCS headquarters with support from staff across different sectors. The team included the Health Manager, WASH Officer, Senior Migration and Displacement Officer, a PMER staff member, a Finance staff member, and procurement and logistics staff. For this operation, 20 to 40 volunteers were deployed for each rotation, ensuring sustained community engagement throughout the operation.

### Monitoring, Accountability, and PGI Measures

PMER activities ensured quality implementation throughout the operational cycle. MRCS oversaw daily monitoring at the Chapter level, with MRCS and IFRC teams visiting operation sites to assess progress. A PDM survey was conducted to gather feedback from relief recipients.

Adherence to PGI measures was maintained, including the collection of Sex, Age, and Disability Disaggregated Data (SADD) and the application of Minimum Standards on PGI in Emergencies. Efforts were made to ensure balanced gender representation among staff and volunteers and to engage people of diverse ages and backgrounds, including people with disabilities.

MRCS leveraged social media platforms to amplify outreach efforts. By May 2024, posts on Facebook and Instagram garnered 15,047 views, increasing public awareness of dengue prevention measures and showcasing the impact of the operation through success stories and photos.

## Lessons Learnt

- Maintain continuous training for specialized volunteer teams to ensure a ready pool of skilled responders for rapid deployment.
- Establish clear finance and procurement policies for emergencies to expedite assistance and ensure timely response during emergencies.



## Challenges

- Volunteer involvement varied throughout the operation. While all volunteers received preparatory training, some were unfamiliar with the specific tasks required, affecting operational efficiency.



# Financial Report

## DREF Operation

### FINAL FINANCIAL REPORT

#### MDRM010 - Malaysia - Dengue prevention and control

Operating Timeframe: 16 Nov 2023 to 30 Apr 2024

Selected Parameters			
Reporting Timeframe	2023/11-2024/9	Operation	MDRM010
Budget Timeframe	2023-2024	Budget	APPROVED

Prepared on 18/Mar/2025

All figures are in Swiss Francs (CHF)

### I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>121,673</b>
DREF Anticipatory Pillar	121,673
<b>Expenditure</b>	<b>-118,192</b>
<b>Closing Balance</b>	<b>3,481</b>

### II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health			0
PO05 - Water, Sanitation & Hygiene			0
PO06 - Protection, Gender and Inclusion			0
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery			0
PO10 - Community Engagement and Accountability			0
PO11 - Environmental Sustainability			0
<b>Planned Operations Total</b>			<b>0</b>
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	7,426		7,426
EA03 - National Society Strengthening	114,247	118,192	-3,945
<b>Enabling Approaches Total</b>	<b>121,673</b>	<b>118,192</b>	<b>3,481</b>
<b>Grand Total</b>	<b>121,673</b>	<b>118,192</b>	<b>3,481</b>

[Click here for the complete financial report](#)

## Please explain variances (if any)

The funding allocation for this operation was CHF 121,673 for a five-month implementation period. By the close of the operation, the total expenditure amounted to CHF 118,192 (97 per cent), leaving a balance of CHF 3,481 to be returned to the IFRC-DREF pot. Variances in expenditure for Personnel and Workshops & Training in the final financial report were due to missing budget coding for actual expenditures. Under Personnel, the report showed overspending, while under Workshops & Training, expenditures were lower than budgeted. This discrepancy occurred because some activities under Workshops & Training were booked under Personnel.

# Contact Information

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[Click here for reference](#)

