



Maldivian Red Crescent volunteers actively working to clean the environment (Photo: Maldivian Red Crescent)

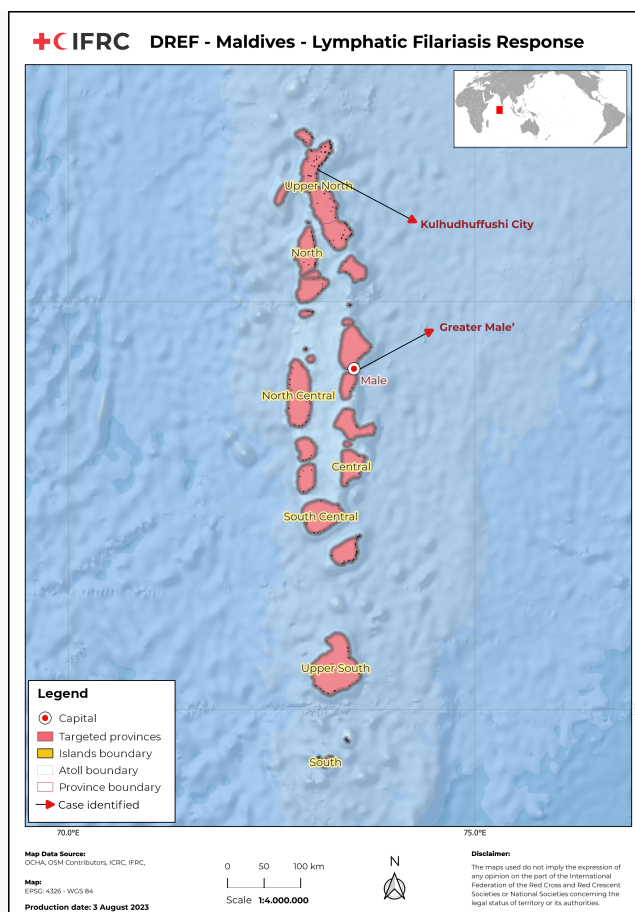
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| Appeal: MDRMV004 | Country: Maldives | Hazard: Other | Type of DREF: Response |
| Crisis Category: Yellow | Event Onset: Sudden | DREF Allocation: CHF 299,987 | |
| Glide Number: OT-2023-000255-MDV | People Affected: 32 people | People Targeted: 200,000 people | |
| Operation Start Date: 2024-01-01 | Operation Timeframe: 6 months | Operation End Date: 31-07-2024 | DREF Published: 02-01-2024 |

Targeted Areas:

South Province, Upper South Province, South Central Province, Central Province, North Central Province, North Province, Upper North Province

[Crisis Category Supporting Document](#)

Description of the Event



Maldives - Lymphatic Filariasis Response Map

Date of event / Date when the trigger was met

2023-12-02

What happened, where and when?

Lymphatic Filariasis is caused by a chronic mosquito-borne parasitic infection, which can lead to swelling of the extremities, hydroceles, and testicular masses. The disease is usually caused by *Culex pipiens*, a type of mosquito found in congested or dirty water. Maldives was the first in the Region to be certified as having eliminated the disease as a public health problem in 2016. Maldives often face spikes of mosquito borne disease namely dengue, chikungunya during the rainy monsoons on an annual basis.

During a health screening event held for migrants in in Kulhudhuffushi City, a northern province of the Maldives during 1 – 2 December 2023, 25 positive cases of Lymphatic Filariasis was identified. Following the identification in Kulhudhuffushi City, health screening activities were also carried out in Greater Male' Area, the capital which resulted in the identification of additional seven cases. All the positive cases identified so far are migrants. The Health Protection Agency (HPA) reports that the source of the disease is likely from migrant individuals who have travelled to the Maldives from regions where the disease is endemic identifying Bahar, Uttar Pradesh, Gopalganj and Tamil Nadu India as well as Comilla, Bangladesh countries where these individuals have travelled to the Maldives in the past six months.

In total, 683 Screening of Individuals (155 Maldivians in Kulhdhuffushi City and 528 migrants from Kulhudhuffushi City and Greater Male' Area) has been conducted by health authorities. Out of the 683 screenings, 594 individuals were from Kulhudhuffushi City and 89 from Greater Male' Area. So far, the disease has only been identified within migrants with no local positive cases.

The Ministry of Health (MOH) and HPA confirmed that they are working with WHO in formulating a screening strategy to better understand the extent of the spread, and currently working with the assumption that all positive cases identified thus far are imported from regions where the Lymphatic Filariasis are endemic, with no local cases identified. The MOH and HPA requested support from the Maldivian Red Crescent (MRC) scaling up health screening efforts to establish the scale of diseases across the country. The MOH confirms that the immediate approach is to carry out mass drug administration (MDA) for the at-risk population.



Based on the initial findings, the MOH and HPA are scaling up health screening for Lymphatic Filariasis in wider cities across the Maldives with a particular focus on migrant communities. The MRC has been requested to support in prevention and community engagement in particular with vulnerable groups such as migrant communities (Census Report 2022: 132,493 Expatriate Workers living in Maldives with reported (unconfirmed) 35,000+ undocumented migrants) as well as immediate support in the procurement of screening kits and medication required for infected individuals. As part of the interventions, the government aims to target interventions at the city-level islands, ongoing construction sites across the country, and migrant accommodation blocks, as the current assumption is an outbreak within the migrant communities.

Scope and Scale

During a meeting held on 24 December 2023, the MRC has been requested to urgently support the efforts in scaling up the health screening and testing efforts executed by the MOH and HPA alongside local hospitals and health centres across the Maldives due to the limitation of screening kits. One of the key challenges and limitations highlighted by the MOH is the limitation of available screening kits to scale up these efforts. Furthermore, the Ministry has highlighted the limitation of medication currently available within the country and challenges in procurement of these items due to the timing of the year as vendors are out of office due to the holiday period around the new year. The MOH and HPA also report that they are working with the WHO, to develop a screening strategy to establish the scale of the spread at this situation. Once the current limitation around screening kits is addressed, the immediate plan for the MOH is to work with local health authorities to scale up health screening for Lymphatic Filariasis amongst both local and migrants, though the primary target group for the screening has been identified towards migrant communities. MRC has been requested to provide technical assistance in particular around risk communication and community engagement as well as mobilisation of communities in coordination with local councils, authorities and civil society organisations to scale up risk communication, as well as lead nationwide vector control initiatives.

Given this disease was eradicated in the Maldives in 2016 and due to the low public awareness around the disease, the scale up of risk communication and community engagement for prevention control and vector control initiatives through community mobilization has been identified as a priority. Given MRC's strong presence and rapport with migrant communities, and the challenges around reaching vulnerable groups such as hard to reach migrant communities across the Maldives, MRC has been requested to closely work with authorities to facilitate and mediate engagement. The majority of the migrant population residing in the Maldives are skilled/unskilled laborers.

The findings from the Maldives National Migration & Displacement Assessment conducted by MRC reports that that majority of migrants in the Maldives are male and are from other South Asian countries. According to Maldives Census 2022, there are 132,000+ migrants residing in the country as well as unconfirmed reported 35,000+ undocumented migrants. Undocumented migrants are extremely vulnerable groups who have limited to no access to basic health care services including health screening and medication within the existing systems established within the country and requires focused interventions. They are often dependent on daily wages and exposed to harsh working environments and their exposure to the diseases and its impact can severely impact their health and livelihood with limited avenues for treatment and other areas of support. Additionally, communication challenges are prevalent when engaging with these groups due to low literacy and limited access to risk communication and prevention information disseminated in communities. MRC has constantly worked closely with authorities to ensure that these groups are included and regularly engaged in health interventions ensuring access to health services and screening efforts in the past, in particular during the COVID-19 response.

MRC has been requested to support engagement with these communities for screening efforts and scale up awareness efforts around the disease. Currently, three administrative bases of MRC in the North, Central and South regions are supporting health authorities in screening efforts, Risk Communication and Community Engagement including translation and communication support with migrants and for community mobilisation for vector control initiatives through the engagement with local council.

The key areas of interventions proposed by MRC aim to support the following initiatives for the Health Authorities of the Maldives:

1. Support the scaling up of health screening and testing through the procurement of health screening tests and medication required for Lymphatic Filariasis.
2. Scale up Community Outreach and Risk Communication nationwide, with an emphasis on vulnerable groups such as hard-to-reach migrant communities.
3. Support local authorities in vector control initiatives and community mobilization.

The scope of the proposed interventions by the MRC aims to support the following initiatives for the Health Authorities of the Maldives:

1. Procure health screening tests and medication required for Lymphatic Filariasis.
2. Scale up Community Outreach and Risk Communication nationwide, focusing on vulnerable groups such as hard-to-reach migrant communities.
3. Support local authorities in vector control initiatives and community mobilization.



Previous Operations

| | |
|--|-----------|
| Has a similar event affected the same area(s) in the last 3 years? | No |
| Did it affect the same population group? | - |
| Did the National Society respond? | - |
| Did the National Society request funding form DREF for that event(s) | - |
| If yes, please specify which operation | - |

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

-

Current National Society Actions

Start date of National Society actions

2023-12-23

| | |
|---|---|
| Health | On 24 December 2023, MRC received request from the MOH and HPA for the purchase of health screening kits and medication for Lymphatic Filariasis due to limited availability of stock. Furthermore, MRC has been requested to support efforts with hard-to-reach migrant groups who have limited information and access to health services. MRC will utilize its strong migrant community networks and partnership to engage with migrant communities through community outreach initiatives as part of the response. The MOH and HPA work closely with WHO Maldives and are currently formulating a screening strategy nationwide to establish the scale of spread. The MOH and HPA are also seeking support in other areas of interventions, such as medical equipment's/items and equipment. MRC aims to support these efforts through the procurement of required items to support the interventions. |
| Water, Sanitation And Hygiene | MRC is working with the MOH and HPA in purchasing prevention kits for mass distribution to migrant communities. This includes mosquito repellent and basic hygiene materials for affected individuals. In addition, MRC aims to coordinate nationwide vector control initiatives given the increase identified cases in communities. Vector borne related health issues often spikes up annually in the Maldives, during the rainy season. Monsoonal variations due to climate change as well as increase of construction and urban development, vector breeding areas has significantly increase in the Maldives in the past years. The MOH and HPA has requested MRC for support in the purchase of items needed for vector control initiatives (i.e. fog machine and BTI chemicals). MRC seeks to support these efforts through the purchase of basic items required for such initiatives but aims to primarily support community mobilisations efforts for vector control activities and scaling up community awareness on prevention control through vector control initiatives. |
| Protection, Gender And Inclusion | One of the most vulnerable groups identified in this response are hard to reach migrant communities including documented and undocumented migrants. MRC aims to utilize its existing network of migrant volunteers, and civil society organisations to ensure that all necessary information required are made accessible to this community. |
| Migration And Displacement | One of the most vulnerable groups identified in this response are hard to reach migrant communities which includes documented and undocumented migrants. MRC aims to utilize its existing network of migrant volunteers, and civil society organisations to |



| | |
|--|---|
| | ensure that all necessary information required are made accessible to this community. All community outreach, prevention and control initiatives will be based around engagement with migrant communities. |
| Community Engagement And Accountability | MRC will be supporting the scale up of risk communication and community engagement efforts nationwide by working alongside the MOH, HPA and regional health authorities and local councils. MRC aims to develop Information Education Materials in multiple languages to cater to the different migrant communities residing in the Maldives, through different mediums such as print media, videos and digital platforms. The IEC materials developed will be in coordination with the MOH and HPA Communications Team to ensure that the key messages are streamlined and supports the overall response efforts. In addition, through community outreach initiatives, MRC aims to gather feedback on the efficacy of the information provided and usefulness to community to measure effectiveness of RCCE efforts and areas for improvement. |
| Coordination | MRC is working towards establishing an Emergency Operations Centre in coordination with the MOH and HPA. Furthermore, MRC will be engaging with local council offices during the week to provide resources and guidance for community mobilization to scale up community outreach and prevention control messaging in communities. MRC is also engaging with civil society organisations, namely the migrant groups to expand its risk communication messaging through their support. |

IFRC Network Actions Related To The Current Event

| | |
|---|---|
| Secretariat | There is no in-country IFRC team in Maldives. However, the IFRC Country Cluster Delegation (CCD) Delhi Office have supported MRC in preparing this IFRC-DREF application and planning the response. Furthermore, the IFRC CCD regularly shares in-country situation updates and developments with IFRC APRO. IFRC is providing technical support to MRC for the operation. The IFRC CCD in Delhi and Asia Pacific Regional Office (APRO) provided further coordination support for information sharing and resources. |
| Participating National Societies | There is no Participating National Societies (PNS) presence in the country. In additions, there are no support from PNS particularly for the increase Lymphatic Filariasis case. |

ICRC Actions Related To The Current Event

There is no in country presence of ICRC in Maldives.

Other Actors Actions Related To The Current Event

| | |
|--|--|
| Government has requested international assistance | No |
| National authorities | The MOH and HPA of Maldives are carrying out widescale health screening efforts in city-level islands across the Maldives. In addition, Medication for individuals testing positive for the disease are being provided medication upon confirmation of results. Further discussions on nationwide vector control initiatives as well as community engagement and awareness efforts are underway in partnership with relevant stakeholders including MRC. |
| Are there major coordination mechanism in place? | Establishment of an Emergency Operations Centre (EOC) is underway between MRC, MOH and HPA to coordinate response efforts. |



Needs (Gaps) Identified



Health

Lymphatic Filariasis is caused by a chronic mosquito-borne parasitic infection, which can lead to swelling of the extremities, hydroceles, and testicular masses. The disease is usually caused by *Culex pipiens*, a type of mosquito found in congested or dirty water. Maldives was the first in the Region to be certified as having eliminated the disease as a public health problem in 2016.

Based on the initial findings, the MOH and HPA expect a nationwide spread and requirement for immediate interventions. Amid the emergence of the Lymphatic Filariasis in communities, in particular vulnerable migrant groups, one of the key challenges and gaps identified by the Health Authorities is the limitation of capacity and equipment to carry out health screening tests for Filariasis and availability of medication. Furthermore, given Lymphatic Filariasis was previously eradicated in the country, a focused effort on public awareness on the disease, its impact and prevention control information are an urgent priority. MRC currently has six active Units and is present in Haa Dhaalu Kulhudhuffushi City, Noonu Velidhoo, Male' City, Meemu Kolhufushi, Gdh Gadhdhoo and Seenu Hithadhoo. MRC aims to fill the gap of community mobilization across other local islands through the engagement with local governance authorities to increase public health awareness on the situation and prevention control.



Water, Sanitation And Hygiene

Lymphatic Filariasis is caused by a chronic mosquito-borne parasitic infection, which can lead to swelling of the extremities, hydroceles, and testicular masses. The disease is usually caused by *Culex pipiens*, a type of mosquito found in congested or dirty water. Maldives often face spikes of mosquito-borne disease namely dengue, chikungunya during the rainy monsoons on an annual basis. Due to the increase in construction and development efforts across the country, communities across the country are exposed to mosquito breeding sites with limited regular vector control initiatives. Often construction sites/migrant housing blocks house large number of migrant communities in confined spaces often exposed to mosquito breeding grounds, in island communities as well as tourist resort development sites. Increasing awareness and community action on preventive measures with urgent and immediate vector control initiatives are required across the country.



Protection, Gender And Inclusion

One of the most vulnerable groups identified in this response are hard to reach migrant communities which includes documented and undocumented migrants. These groups face communication challenges are prevalent due to low literacy and limited access to risk communication and prevention information disseminated in the community. Migrant groups, in particular undocumented migrants are extremely vulnerable as they have limited to no access to basic health care services including health screening and medication within the existing systems established within the country and requires focused interventions. They are often dependent on daily wages and exposed to harsh working environments and their exposure to the diseases and its impact can severely impact their health and livelihood with limited avenues for treatment and other areas of support. With the current situation of positive cases only identified within migrant communities, based on past incidents, migrant individuals are likely to be the target of stigmatization due to limited public awareness and misinformation on the diseases.

Engagement with the MOH, HPA, and other local authorities to ensure that access to health care services for all, as well as communities both local and migrants are needed to address misinformation, stigmatization of at-risk and affected groups.



Migration And Displacement

One of the most vulnerable groups identified in this response are hard to reach migrant communities which includes documented and undocumented migrants. As per the latest Census Report 2022 for the Maldives, there are over 132,000 documented migrants and an additional (unconfirmed) 35,000 undocumented migrants residing in the country. The primary target group for the interventions required are hard to reach vulnerable groups such as migrant communities across the Maldives. The undocumented migrants have limited to no access to basic health care services including health screening and medication through the existing systems established within the country and requires focused interventions.

Additionally, these groups face communication challenges are prevalent due to low literacy and limited access to risk communication and



prevention information disseminated in the community. MRC aims to utilize its existing network of migrant volunteers, and civil society organisations to ensure that all necessary information required are made accessible to this community. All Community outreach, prevention and control initiatives will be based around engagement with migrant communities.



Community Engagement And Accountability

While Lymphatic Filariasis was previously eradicated in the country, a focused effort on public awareness on the disease, its impact and prevention control information are an urgent priority. Given the current situation of positive cases only identified within migrant communities, stigmatization of affected individuals in past have been prevalent in the Maldives. This is often due to the limited information available, around transmission of a disease. Immediate engagement with communities both local and migrants are needed to address misinformation, stigmatization of at-risk and affected groups.

MRC currently has six active Units and is present in Haa Dhaalu Kulhudhuffushi City, Noonu Velidhoo, Male' City, Meemu Kolhufushi, Gdh Gadhdhoo and Seenu Hithadhoo. However, given the limited presence in other island communities, MRC aims to fill the gap through engagement of local governance and civil society organizations for community mobilization in these islands to increase public health awareness on Lymphatic Filariasis and prevention control. Additionally, given one of the target communities are hard to reach migrant communities, different communication mediums and distribution is required as there are no data or information available to measure the effectiveness of disseminated information and mediums used.

Operational Strategy

Overall objective of the operation

Overall objective of MRC is to support the nationwide response efforts led by the MOH and HPA in scaling up health screening testing for Lymphatic Filariasis, providing medication for affected individuals as well as scaling up nationwide vector control, community outreach and risk communication efforts on Lymphatic Filariasis

Operation strategy rationale

Maldives was the first in the Region to be certified as having eliminated the disease as a public health problem in 2016. To do so it sustained a mass drug administration campaign that provided at-risk communities several rounds of preventive drugs annually. This occurred alongside mosquito control efforts, as well as a greater emphasis on case identification and treatment. A robust surveillance system, meanwhile, monitored progress and provided authorities the information to better target their interventions. The HPA has identified these cases as originating from "endemic" countries where Lymphatic filariasis is prevalent.

The response strategy for this response by MRC is based around fulfilling its role as an auxiliary to the government to provide the immediate support required and identified by the MOH to address the immediate interventions. Furthermore, the Health Protection currently reports that the source of the disease is from migrant individuals who have travelled to the Maldives from regions where the disease is endemic, namely Bahar, Uttar Pradesh, Gopalganj and Tamil Nadu India as well as Comilla, Bangladesh.

Given the increase of identified cases are within the migrant community, MRC aims to ensure that hard to reach vulnerable groups such as migrants are able to access necessary information and access required around the diseases allowing for case identification and treatment.

The majority of the migrant population residing in the Maldives are skilled/unskilled laborers. High number of these demographic come from the South Asia region and have low literacy often leading to challenges with communication. In addition, a number of migrants are in conflict with the law/undocumented which often leads avoidance in engaging with local authorities. Given MRC strong presence within migrant communities, MRC is able to better engage and have access to these communities. In addition, MRC also has migrant volunteers who are able to support communication and engagement with these communities.

Targeting Strategy

Who will be targeted through this operation?

The primary focus of the intervention is on hard-to-reach migrant communities nationwide, supplemented by outreach efforts and risk communication targeting local communities. As per the latest Census Report 2022 for the Maldives, there are over 132,000 documented



migrants and an additional (unconfirmed) 35,000 undocumented migrants residing in the country.

The secondary emphasis of the intervention is on the local population, with a specific focus on community outreach and preventive measures, which include initiatives for vector control.

Explain the selection criteria for the targeted population

The MOH in the Maldives has recognized the need for assistance in engaging with vulnerable groups that are challenging to reach, including migrant communities across the country. Over the years, the MRC has successfully built a strong rapport and trust within this target community through targeted interventions. This ensures the provision of essential needs and necessary support to meet the requirements of this community.

The HPA currently reports that the source of the disease is from migrant individuals who have travelled to the Maldives from regions where the disease is endemic, namely Bahar, Uttar Pradesh, Gopalganj and Tamil Nadu India as well as Comilla, Bangladesh

Total Targeted Population

| | | | |
|---------------------------|---------|--------------------------------------|---|
| Women | 50,000 | Rural | - |
| Girls (under 18) | - | Urban | - |
| Men | 150,000 | People with disabilities (estimated) | - |
| Boys (under 18) | - | | |
| Total targeted population | 200,000 | | |

Risk and Security Considerations

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

| Risk | Mitigation action |
|---|---|
| Parliamentary Election Cycle in Q1 of 2024 | Avoid mass political gathering event dates when planning interventions by working with local governance and civil society organizations in island communities. |
| Limited engagement from communities for community outreach activities | Ensure that community outreach activities are planned alongside local governance & civil society organizations within island communities |
| stigma amongst migrants | regular communication with the migrants through all available channels, especially utilizing MRC's migrant volunteers to ensure trust and understanding of the mandate of MRC |

Please indicate any security and safety concerns for this operation

Safety of MRC personnel travelling to island communities due to severe weather, exposure of MRC personnel island communities with high risk of exposure to Lymphatic Filariasis



Planned Intervention



DREF Allocation: CHF 299,987

Budget: CHF 214,250

Targeted Persons: 110,000

Indicators

| Title | Target |
|---|--------|
| # of people reached through the provision of health screening - Lymphatic Filariasis kits | 30,000 |
| # of people reached through the provision of Lymphatic Filariasis medication | 30,000 |
| # of people reached through community outreach activities (eg Health screening interventions, RCCE interventions etc) | 50,000 |

Priority Actions

1. Procurement of medical equipment and kits required for health screening and treatment for Lymphatic Filariasis.
2. Immediate community engagement and outreach activities for public health awareness.



Water, Sanitation And Hygiene

DREF Allocation: CHF 299,987

Budget: CHF 53,450

Targeted Persons: 151,000

Indicators

| Title | Target |
|--|---------|
| # of people provided with hygiene & prevention Kits | 2,500 |
| # of people supported with vector control initiatives nationwide (in-direct beneficiary numbers would be more) | 100,000 |
| # of people provided with Vector Control Items | 50,000 |

Priority Actions

1. Provision of prevention control kits for migrant communities to minimize infection consist of handwash items and mosquito repellent items (all of the items will be procured locally).
2. Community mobilization for vector control initiatives nationwide.
3. Conduct environment cleanup activities along with RCCE message dissemination as prevention measure and vector control initiatives



Protection, Gender And Inclusion

DREF Allocation: CHF 299,987



Budget: CHF 0

Targeted Persons: 30,000

Indicators

| Title | Target |
|--|--------|
| # of people reached through printed IEC materials in multiple languages | 10,000 |
| # of people reached through digital video IEC materials in multiple languages | 10,000 |
| # of people reached through risk communication and prevention messages via audio messaging | 10,000 |

Priority Actions

1. Development of IEC Materials targeted towards migrant communities in multiple languages and mediums for wider access of public health information and prevention control messages.
2. Collect Sex and Age Disaggregated Data to identify the most vulnerable community member



Migration And Displacement

DREF Allocation: CHF 299,987

Budget: CHF 0

Targeted Persons: 20,000

Indicators

| Title | Target |
|--|--------|
| # of people reached through printed IEC materials in multiple languages | 5,000 |
| # of people reached through digital video IEC materials in multiple languages | 5,000 |
| # of people reached through risk communication and prevention messages via audio messaging | 10,000 |

Priority Actions

1. Development of IEC Materials targeted towards migrant communities in multiple languages and mediums for wider access of public health information and prevention control messages



Community Engagement And Accountability

DREF Allocation: CHF 299,987

Budget: CHF 26,429

Targeted Persons: 200,000

Indicators

| Title | Target |
|--|---------|
| # of people reached through dissemination of printed IEC Materials to Island | 100,000 |



| | |
|---|---------|
| communities | |
| # of people reached through dissemination of IEC Materials in multiple community platforms (public LED Screens), social media (Social Media boosting) and MRC website | 100,000 |
| # of feedback collected from communities through risk communication and engagement activities | 500 |

Priority Actions

1. Production of IEC Materials in multiple languages.
2. Dissemination of produced IEC materials (printed materials to be shared with island communities, public LED screens to be used for visibility and mass reach, social media promotions to maximize reach via social media.
3. Development of feedback form to measure efficacy of IEC Materials produced.



National Society Strengthening

DREF Allocation: CHF 299,987

Budget: CHF 5,858

Targeted Persons: -

Indicators

| Title | Target |
|---------------------------------------|--------|
| # of lesson learnt workshop conducted | 1 |

Priority Actions

1. Develop contextualized Epidemic Control for Volunteers Training including Training Manuals.
2. Organize Lymphatic Filariasis sensitization trainings in coordination with Health Protection Agency and organize trainings targeted for MRC Personnel.
3. Conduct lesson learnt workshop and response report development and dissemination.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

The MRC currently has 18 staff members. Administrative offices strategically located in three regions (North, Central, and South) to support Programmes & Service as well as coordination. MRC has over 2,500 registered volunteers, out of which over 500 volunteers are trained in emergency response and coordination. As one of the lead agencies operating in disasters and emergencies including health related emergencies the MRC is well-equipped and experienced to support as an auxiliary to the Maldivian Government and Health Authorities to contribute to the response in various capacities. Having served as a leading agency during the COVID-19 pandemic, collaborating closely with government authorities, MRC is able to bring valuable experience to the table. Their involvement in epidemic control and prevention activities, conducted in coordination with health authorities, showcases their proficiency in emergency operations.

In the current response, MRC staff and volunteers will primarily focus on community outreach, prevention, and control activities, working together with government and health authorities in the Maldives. This includes engagement with hard-to-reach vulnerable groups such as migrant communities to ensure that necessary information, prevention control messages are timely received to this population. MRC will also extend its support for nationwide community mobilization, a crucial component of the response strategy, facilitated with the support and collaboration of government authorities. The MRC's extensive network and experience position them as valuable partners in effectively addressing the challenges at hand.



If there is procurement, will it be done by National Society or IFRC?

The MRC has been requested by the Maldivian Government and Ministry of Health to support the procurement of health screening kits and medication required for the Lymphatic Filariasis. The government is facing challenges in procurement of required kits and medication due to the on-going holiday period and requires immediate support in this avenue. MRC requested support from IFRC in procuring these immediate items requested by the Ministry of Health of Maldives.

For items that can be procure locally, MRC will proceed with procurement accordingly as per internal policies and regulations.

How will this operation be monitored?

The overall operation will be executed in accordance with the National Society Emergency plan of Action (EPOA).

The operation will be coordination by MRC's Headquarters Programmes & Services in coordination with MRC City Offices based in three regions of the Maldives. To support the overall implementation of key activities and interventions in the response, HQ based consultant will support overall coordination, monitoring & evaluation in accordance with the indicators identified in the IFRC-DREF Application. Through the established partnership with Ministry of Health and Health Protection Agency, MRC will coordinate and monitor the consumption of the Health Service Kits & Medication

Please briefly explain the National Societies communication strategy for this operation

Maldivian Red Crescent communication strategy will be based around utilizing the existing strong digital presence of the NS on social media platforms. In addition, Maldivian Red Crescent will create a dedicated webpage on its website to showcase the on-going efforts, share resources for the public to access. In addition, a response specific monthly bulletin will be produced to provide an overview of the overall response efforts from the IFRC-DREF in addition to the reporting requirements by IFRC.



Budget Overview



DREF OPERATION

MDRCCxxx - Maldivian Red Crescent (Maldives) Maldives: Filaria Response 2023

Operating Budget

| | |
|---|-----------------|
| Planned Operations | 2,94,129 |
| Shelter and Basic Household Items | 0 |
| Livelihoods | 0 |
| Multi-purpose Cash | 0 |
| Health | 2,14,250 |
| Water, Sanitation & Hygiene | 53,450 |
| Protection, Gender and Inclusion | 0 |
| Education | 0 |
| Migration | 0 |
| Risk Reduction, Climate Adaptation and Recovery | 0 |
| Community Engagement and Accountability | 26,429 |
| Environmental Sustainability | 0 |
| Enabling Approaches | 5,858 |
| Coordination and Partnerships | 5,858 |
| Secretariat Services | 0 |
| National Society Strengthening | 0 |
| TOTAL BUDGET | 2,99,986 |

all amounts in Swiss Francs (CHF)

Internal

30-12-2023

#V2022.01

[Click here to download the budget file](#)



Contact Information

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

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[Click here for the reference](#)

