DREF Final Report

Maldives - Lymphatic Filariasis Response

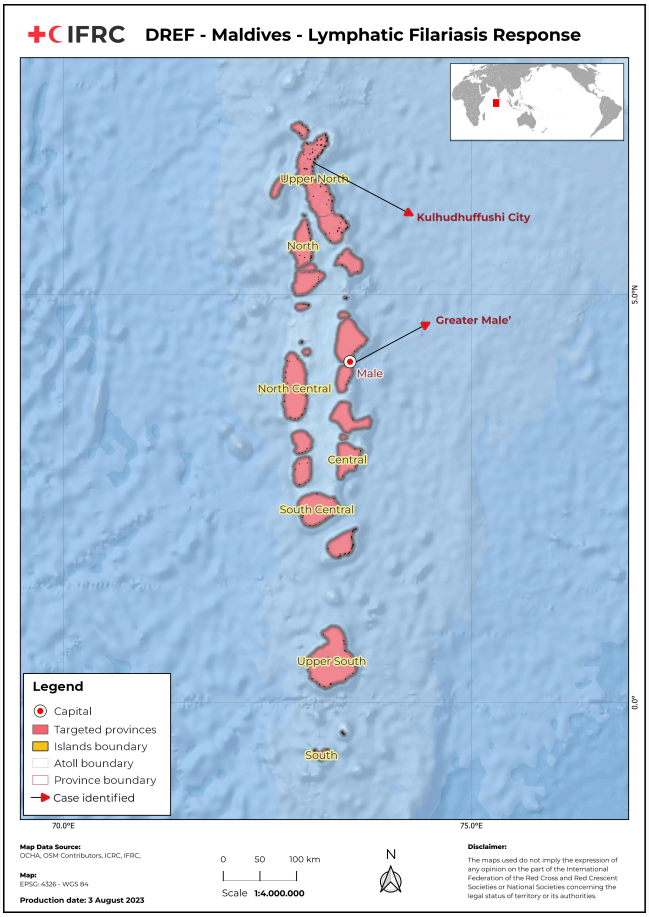
Maldivian Red Crescent volunteers actively working to clean the environment (Photo: Maldivian Red Crescent)

Appeal: **MDRMV004**	Total DREF Allocation: **CHF 299,987**	Crisis Category: **Yellow**	Hazard: **Other**
Glide Number: **OT-2023-000255-MDV**	People Affected: **455 people**	People Targeted: **100,000 people**	People Assisted: **136,746 people**
Event Onset: **Sudden**	Operation Start Date: **01-01-2024**	Operational End Date: **31-12-2024**	Total Operating Timeframe: **12 months**

Targeted Areas:
South Province, Upper South Province, South Central Province, Central Province, North Central Province, North Province, Upper North Province

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 thank all for their generous contributions.

Description of the Event



Maldives - Lymphathic Filariasis Response Map

Date of event

02-12-2023

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 transmitted by Culex pipiens, a type of mosquito found in congested or dirty water. In 2016, the Maldives became the first country in the region to be certified as having eliminated the disease as a public health problem. However, the Maldives frequently faces spikes in mosquito-borne diseases, such as dengue and chikungunya, during the annual rainy monsoons.

During a health screening event for migrants held in Kulhudhuffushi City, a northern province of the Maldives, from 1 to 2 December 2023, a total of 25 positive cases of Lymphatic Filariasis were identified. Following this, health screening activities were also carried out in the Greater Malé Area, the capital, resulting in the identification of an additional seven cases. All positive cases identified were among migrants. The Health Protection Agency (HPA) reported that the source of the disease was likely individuals who had traveled to the Maldives from regions where the disease is endemic, specifically identifying Bahar, Uttar Pradesh, Gopalganj, and Tamil Nadu in India, as well as Comilla in Bangladesh, as the likely sources.

In total, 683 individuals (155 Maldivians in Kulhudhuffushi City and 528 migrants from Kulhudhuffushi City and the Greater Malé Area) were screened by health authorities. Of the 683 screenings, 594 individuals were from Kulhudhuffushi City and 89 from the Greater Malé Area. The disease was only identified among migrants, with no local positive cases. The Ministry of Health (MOH) and the HPA worked with the WHO to formulate a screening strategy to better understand the extent of the spread. They operated under the assumption that all positive cases identified were imported from regions where Lymphatic Filariasis is endemic, with no local cases reported.

The MOH and the HPA requested support from the Maldivian Red Crescent (MRC) to assist in scaling up health screening efforts to establish the scale of the disease across the country. The MOH confirmed that the immediate approach was to carry out mass drug administration (MDA) for the at-risk population. Based on the initial findings, the MOH and the HPA scaled up health screenings for

Lymphatic Filariasis in wider cities across the Maldives, with a particular focus on migrant communities. The MRC was requested to support prevention and community engagement efforts, especially with vulnerable groups such as migrant communities. According to the 2022 Census Report, there are 132,493 expatriate workers living in the Maldives, with an estimated (unconfirmed) 35,000+ undocumented migrants. The MRC was also requested to provide immediate support in procuring screening kits and medication required for infected individuals. As part of the interventions, the government aimed to target city-level islands, ongoing construction sites across the country, and migrant accommodation blocks, as the current assumption was that the outbreak was within migrant communities.

A national screening effort led by the HPA of the Maldives took place from February to April 2024. During this effort, 375 migrants in the community tested positive for Lymphatic Filariasis. Additionally, the HPA reported that mandatory testing for Lymphatic Filariasis in visa medical examinations for foreign workers in the country detected over 80 positive cases. Furthermore, the HPA reported that the agency only had medication for about 100 patients (IDA was available for more, but ivermectin was in limited supply) and was dependent on the MRC's support for the immediate procurement needed to implement the mass drug administration (MDA) targeted at migrants from endemic countries residing in the Maldives.

MRC staff and volunteers involved in the mass drug administration (Photo: MRC)

Scope and Scale

On 24 December 2023, the MRC was requested to urgently support efforts in scaling up health screening and testing executed by the MOH and HPA, alongside local hospitals and health centers across the Maldives, due to the limited availability of screening kits. The MOH highlighted key challenges, including the shortage of screening kits and medication, as well as procurement difficulties due to the holiday period around the new year. The MOH and HPA were working with the WHO to develop a screening strategy to establish the scale of the spread. Once the limitation around screening kits was addressed, the MOH planned to collaborate with local health authorities to expand health screening for Lymphatic Filariasis among both locals and migrants, with a primary focus on migrant communities. The MRC was requested to provide technical assistance in risk communication, community engagement, and the mobilization of communities in coordination with local councils, authorities, and civil society organizations to scale up risk communication and lead nationwide vector control initiatives.

Given that Lymphatic Filariasis was eradicated in the Maldives in 2016 and due to low public awareness about the disease, scaling up risk communication and community engagement for prevention and vector control initiatives through community mobilization was identified as a priority. Given the MRC's strong presence and rapport with migrant communities, as well as the challenges in reaching vulnerable

groups such as hard-to-reach migrant communities across the Maldives, the MRC was requested to work closely with authorities to facilitate and mediate engagement. Undocumented migrants were particularly vulnerable, with limited or no access to basic health care services, including health screening and medication, within the existing systems in the country. Many relied on daily wages and worked in harsh environments, which could severely impact their health and livelihoods, with limited avenues for treatment and support.

Communication challenges were prevalent when engaging with these groups due to low literacy and limited access to risk communication and prevention information. The MRC consistently worked closely with authorities to ensure these groups were included and regularly engaged in health interventions, particularly during the COVID-19 response. The MRC was requested to support engagement with these communities for screening efforts and to scale up awareness initiatives about the disease. The administrative bases of the MRC in the North, Central, and South regions supported health authorities in screening efforts, risk communication, and community engagement, including translation and communication support for migrants, as well as community mobilization for vector control initiatives through engagement with local councils.

The MRC continued to be a key stakeholder in efforts to control and prevent the spread of the disease, particularly by addressing low public awareness through the scale-up of risk communication and community engagement for prevention and vector control initiatives. The MRC's strong presence and rapport with migrant communities enabled authorities to reach vulnerable groups, including hard-to-reach undocumented migrant communities in the Maldives. This facilitated the national Filariasis screening programme, which reached over 8,000 migrants. The key areas of intervention proposed by the MRC to support the health authorities of the Maldives were as follows:

1. Support the MDA programme and further testing efforts for Filariasis through the procurement of health screening tests and medication.

2. Scale up the dissemination of information, education, and communication materials for risk communication and community outreach.

3. Support the HPA and health centers in the MDA, providing communication and coordination support for an efficient and effective rollout.

Following the national screening effort that took place from February to April 2024, led by the HPA of the Maldives, 375 individuals (all migrants) in the community tested positive for Filariasis. In addition, the HPA reported that mandatory testing for Lymphatic Filariasis in visa medical examinations for foreign workers in the country detected over 80 positive cases. Since the HPA reported that the agency only had medication for about 100 patients (IDA was available for more, but ivermectin was in limited supply), they were dependent on the MRC's support for the immediate procurement needed to implement the MDA targeted at migrants from endemic countries residing in the Maldives. The key response strategy from the MRC aimed to support the health authorities in MDA efforts across the country by enhancing risk communication and outreach to migrant communities.

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	There is no in-country IFRC team in the Maldives. However, the IFRC Country Cluster Delegation (CCD) Delhi Office supported MRC in preparing the IFRC-DREF application and planning the response. Furthermore, the IFRC CCD regularly shared in-country situation updates and developments with IFRC APRO. IFRC provided 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 were 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 carried out widescale health screening efforts in city-level islands across the Maldives. In addition, medication for individuals testing positive for the disease was provided upon confirmation of results. Further discussions on nationwide vector control initiatives, as well as community engagement and awareness efforts, were conducted in partnership with relevant stakeholders, including MRC.

Are there major coordination mechanism in place?

The Emergency Operations Centre (EOC) was established to coordinate response efforts by the MRC, the Ministry of Health, and the Health Protection Agency.

Needs (Gaps) Identified

Health

Lymphatic Filariasis is a chronic mosquito-borne parasitic infection that can lead to swelling of the extremities, hydroceles, and testicular masses. The disease is primarily transmitted by Culex pipiens, a mosquito species commonly found in congested or polluted water. In 2016, the Maldives became the first country in the region to be certified as having eliminated the disease as a public health problem.

Based on initial findings, the MOH and HPA anticipated a potential nationwide spread and required immediate interventions. With the reemergence of Lymphatic Filariasis in communities, particularly among vulnerable migrant groups, health authorities identified key challenges, including limited capacity and equipment for conducting screening tests and shortages in medication. Furthermore, since Lymphatic Filariasis had been previously eradicated in the country, raising public awareness about the disease, its impact, and prevention measures was an urgent priority.

The MRC has six active units located in Haa Dhaalu Kulhudhuffushi City, Noonu Velidhoo, Malé City, Meemu Kolhufushi, Gaafu Dhaalu Gadhdhoo, and Seenu Hithadhoo. To address gaps in community mobilization across other island communities, the MRC collaborated with local governance authorities to enhance public health awareness and strengthen prevention efforts.

Water, Sanitation And Hygiene

The Maldives frequently experiences spikes in mosquito-borne diseases, namely dengue and chikungunya, during the annual monsoon season. Due to the increase in construction and development efforts across the country, communities are increasingly exposed to mosquito breeding sites, with limited regular vector control initiatives. Construction sites and migrant housing blocks often accommodate large numbers of migrant workers in confined spaces, which are frequently exposed to mosquito breeding grounds in island communities as well as tourist resort development sites. In this response, increasing awareness and community action on preventive measures, along with urgent and immediate vector control initiatives, were required across the country.

Protection, Gender And Inclusion

One of the most vulnerable groups identified in this response was hard-to-reach migrant communities, including both documented and undocumented migrants. These groups faced communication challenges due to low literacy and limited access to risk communication and

prevention information disseminated within their communities. Migrant populations, particularly undocumented migrants, were extremely vulnerable as they had little to no access to basic health care services, including health screening and medication, within the existing systems in the country, necessitating focused interventions. Many relied on daily wages and worked in harsh environments, which could severely impact their health and livelihoods, with limited avenues for treatment and other forms of support.

Since positive cases were only identified within migrant communities, past incidents indicated that migrant individuals were likely to face stigmatization due to limited public awareness and misinformation about the disease.

Engagement with the MOH, HPA, and other local authorities was essential to ensuring access to health care services for all and addressing misinformation and stigmatization of at-risk and affected groups within both local and migrant communities.

Migration And Displacement

One of the most vulnerable groups identified in this response was hard-to-reach migrant communities, which included both documented and undocumented migrants. According to the Census Report 2022 for the Maldives, there were over 132,000 documented migrants and an additional (unconfirmed) 35,000 undocumented migrants residing in the country. The primary target group for the interventions was hard-to-reach vulnerable communities, particularly migrant populations across the Maldives. Undocumented migrants had little to no access to basic health care services, including health screening and medication, through the existing systems in the country and required focused interventions.

Additionally, these groups faced communication challenges due to low literacy and limited access to risk communication and prevention information disseminated within communities. The MRC aimed to leverage its existing network of migrant volunteers and civil society organizations to ensure that all necessary information was accessible to this population. All community outreach, prevention, and control initiatives were designed around engagement with migrant communities.

Community Engagement And Accountability

While Lymphatic Filariasis was previously eradicated in the country, a focused effort on public awareness regarding the disease, its impact, and prevention measures was an urgent priority. Given that positive cases were only identified within migrant communities, stigmatization of affected individuals had been prevalent in the Maldives in the past. This was due to the limited information available about disease transmission. Immediate engagement with both local and migrant communities was needed to address misinformation and reduce stigmatization of at-risk and affected groups.

The MRC, with its six active units, has a presence in Haa Dhaalu Kulhudhuffushi City, Noonu Velidhoo, Malé City, Meemu Kolhufushi, Gaafu Dhaalu Gadhdhoo, and Seenu Hithadhoo. However, due to its limited presence in other island communities, the MRC aimed to bridge this gap by engaging local governance structures and civil society organizations to support community mobilization. This approach aimed to increase public health awareness about Lymphatic Filariasis and its prevention. Additionally, since one of the key target groups was hard-to-reach migrant communities, different communication mediums and distribution strategies were required. There was also no available data or information to measure the effectiveness of disseminated messages and the communication channels used.

Operational Strategy

Overall objective of the operation

The overall objective of the operation was to support nationwide response efforts led by the MOH and HPA in scaling up health screening and testing for Lymphatic Filariasis, providing medication for affected individuals, and expanding nationwide vector control, community outreach, and risk communication efforts.

The programme was initially planned for six months but was later extended to 12 months due to various challenges and the need to support the HPA in mass drug administration. Through this operation, 136,746 individuals were supported.

Operation strategy rationale

The Maldives was the first country in the region to be certified as having eliminated Lymphatic Filariasis as a public health problem in 2016. This achievement was sustained through a mass drug administration (MDA) campaign that provided at-risk communities with

several rounds of preventive medication annually. These efforts were complemented by mosquito control initiatives, increased focus on case identification and treatment, and a robust surveillance system that monitored progress and helped authorities better target their interventions. The HPA has identified the recent cases as originating from "endemic" countries where Lymphatic Filariasis remains prevalent.

The MRC's response strategy was centered on fulfilling its auxiliary role to the government by providing immediate support as identified by the MOH to address urgent interventions. The HPA reported that the source of the disease was migrant individuals who had traveled to the Maldives from regions where Lymphatic Filariasis is endemic, specifically Bahar, Uttar Pradesh, Gopalganj, and Tamil Nadu in India, as well as Comilla in Bangladesh. Given the rising number of cases identified within migrant communities, the MRC aimed to ensure that hard-to-reach vulnerable groups, such as migrants, had access to essential information about the disease, enabling case identification and treatment.

Based on the evolving situation, the operational strategy was revised. The MRC remained a key stakeholder in efforts to control and prevent the spread of the disease, particularly by addressing low public awareness. This was achieved by scaling up risk communication, community engagement, and vector control initiatives. The MRC's strong presence and established rapport with migrant communities enabled authorities to reach vulnerable groups, including hard-to-reach undocumented migrants. This support was instrumental in facilitating the national filariasis screening programme, which reached over 8,000 migrants.

MRC's Response Strategy and Implementation:

Prioritizing Sensitivity and Accessibility

Recognizing migrants, including undocumented migrants, as the primary target group, the MRC placed strong emphasis on sensitivity to stigma and effective communication when engaging with these communities. All risk communication materials were developed in multiple languages to ensure accessibility, and continuous advocacy with stakeholders was conducted to guarantee equal access to information and health services for all affected individuals.

Operational Coordination and Regional Approach

The MRC's management structure operates on a regional model, with three key regional offices in Kulhudhuffushi City (North), Malé City (Central), and Addu City (South) supporting MRC units on the ground. These regional offices played a critical role in coordinating primary interventions across the country, ensuring efficient response efforts. Ground-level interventions across regional islands were managed by the regional offices with support from MRC Headquarters (HQ). Logistics and communications efforts were also coordinated centrally through the HQ team, with strong support from MRC units and regional offices.

For Planning, Monitoring, Evaluation, and Reporting (PMER), the MRC developed an activity-specific reporting mechanism to streamline internal processes. This was overseen by a Project Consultant based at HQ, who supported data collection, reporting, and evaluation of the response efforts.

Strengthening Epidemic Preparedness

The outbreak highlighted the need for the MRC to strengthen its epidemic control preparedness plans and protocols to ensure a more coordinated and effective response in the future. Moving forward, these plans will be shared with government agencies to improve alignment, manage expectations, and enhance policy-level coordination for epidemic response efforts.

Targeting Strategy

Who was targeted by this operation?

The primary focus of the intervention was hard-to-reach migrant communities nationwide, supplemented by outreach efforts and risk communication targeting local communities. As per the Census Report 2022 for the Maldives, there were over 132,000 documented migrants and an additional (unconfirmed) 35,000 undocumented migrants residing in the country.

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

Explain the selection criteria for the targeted population

The MOH in the Maldives recognized the need for assistance in engaging with vulnerable groups that were 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 ensured the provision of essential needs and necessary support to meet the requirements of this community.

The HPA reported that the source of the disease was 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.

Following the national screening effort took place from February – April 2024 led by the Health Protection Agency of the Maldives, 375 individuals all migrants in the community tested positive for filariasis. In addition, HPA reported that following the mandatory testing for LF in the visa medical examinations for travelling foreign workers in the country, they have detected 80 plus positive cases.

Total Targeted Population

Women	50,000	Rural	-
Girls (under 18)	-	Urban	-
Men	50,000	People with disabilities (estimated)	-
Boys (under 18)	-		
Total targeted population	100,000		

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

Has the child safeguarding risk analysis assessment been completed?
Yes

Implementation

Health

Budget: CHF 225,043
Targeted Persons: 45,000
Assisted Persons: 90,327

Indicators

Title	Target	Actual
# of people reached through the provision of health screening - Lymphatic Filariasis kits	10,000	15,716
# of people reached through the provision of Lymphatic Filariasis medication	30,000	8,901
# of people reached through community outreach activities (eg Health screening interventions, RCCE interventions etc)	50,000	65,710

Narrative description of achievements

MRC, in response to a government request, successfully expanded health screening and testing for Lymphatic Filariasis (LF) and facilitated MDA despite procurement challenges. Additionally, MRC's outreach efforts ensured that vulnerable groups, particularly migrants, received essential health information and support. These interventions reached over 90,000 people.

Nationwide Scale-up of Health Screening and Testing

One of the key requests from the Government of the Maldives to MRC was to support the nationwide scale-up of health screening and testing for LF and to provide essential medication for MDA to curb the disease's spread. Despite procurement challenges, MRC, with the support of the IFRC team, successfully delivered on this request, significantly contributing to the health sector's response efforts. This achievement not only reinforced MRC's auxiliary role but also enhanced its recognition among newly appointed government officials as a key humanitarian responder in public health emergencies.

Risk Communication and Community Outreach on LF

During the nationwide screening campaign, MRC provided critical risk communication and community outreach on LF, ensuring that communities—especially migrant populations—were well-informed about the disease, its symptoms, and preventive measures. MRC also mobilized volunteers to facilitate health screenings and MDA distribution, improving access for vulnerable groups and enhancing communication to ensure individuals fully understood the process. These efforts contributed to increased awareness, improved health service accessibility, and strengthened public health preparedness in the Maldives.

Lessons Learnt

- Conducting an extensive and consultative review is essential for response operations that require medical procurement to ensure efficiency, compliance, and effectiveness.

- The MRC should strengthen its epidemic preparedness capacity to position itself as a lead agency for future operations. This includes coordinating with HPA and other stakeholders while advocating for clearly defined roles and responsibilities in emergency response.

Challenges

- Differences in expectations between the Health Protection Agency (HPA) and the MRC regarding roles and responsibilities in community engagement and outreach activities led to coordination challenges. This misalignment impacted the efficiency of implementation and required additional efforts to clarify responsibilities.

• Misunderstandings regarding MRC's local procurement limitations, combined with delays in receiving necessary information from HPA, resulted in setbacks in international procurement. Additionally, the initial medicine purchase recommendations from HPA were insufficient, requiring further analysis and adjustments based on available funding, which led to further delays.

• MRC faced difficulties accessing timely and comprehensive data from HPA regarding the administration and distribution of medicines as part of the Mass Drug Administration. This limitation affected monitoring efforts and operational planning.

Water, Sanitation And Hygiene

Budget: CHF 27,530
Targeted Persons: 50,000
Assisted Persons: 27,300

Indicators

Title	Target	Actual
# of people supported with vector control initiatives nationwide (in-direct beneficiary numbers would be more)	50,000	25,000
# of people provided with Vector Control Items	1,000	2,300

Narrative description of achievements

MRC's initiatives to prevent and control Lymphatic Filariasis (LF) expanded nationwide, with a strong emphasis on engaging migrant communities and enhancing intervention coverage across regions. The provision of prevention kits and vector control measures directly reduced infection risks while fostering community participation in public health efforts. Despite challenges, MRC successfully conducted interventions on 10 islands, raising awareness, encouraging preventive actions, and strengthening public involvement in vector control, reaching over 27,000 people.

Provision of Prevention Kits

MRC's key initiatives in the prevention and control of Lymphatic Filariasis (LF) significantly expanded intervention reach across the Maldives, with a strong focus on migrant communities and nationwide engagement. These efforts scaled up LF-related interventions while ensuring vulnerable populations had access to necessary preventive measures.

The provision of prevention kits enabled direct intervention to minimize infection risks and served as an entry point for MRC to engage with migrant communities living in high-exposure environments prone to mosquito breeding. The kits included essential vector control items—Mosquito Coils (300), Mosquito Nets (300), Mosquito Repellents (300), and Temaphos (1,400 sachets of 50g)—along with IEC materials distributed to individuals and communal areas in key economic hubs: Kulhudhuffushi City, Malé City, and Addu City. Additionally, MRC applied Temaphos in various island communities to reduce mosquito breeding sites.

MRC initially aimed to support 20–25 islands but was able to implement interventions on 10 islands due to limited community engagement during Ramadan and public holidays linked to Eid, as well as declining public and political interest in LF. Despite these challenges, MRC leveraged vector control initiatives to mobilize communities, conduct environmental cleanups, and disseminate IEC messages to a broader audience. Through these efforts, MRC collectively promoted awareness, encouraged preventive actions, and strengthened public participation in vector control across the Maldives.

Lessons Learnt

• Strengthening MRC's role as a community mobilization organization for community-focused interventions would enhance the reach and impact of response efforts nationwide. MRC's established trust across diverse demographics creates an inclusive environment that supports effective community engagement.

• Migrant communities living in poor conditions face a heightened risk of exposure to vector-borne diseases, emphasizing the need for targeted interventions.

• Direct engagement activities, such as vector control and environmental cleanups, provide valuable opportunities to amplify IEC/RCCE messaging, ensuring broader community awareness and participation

Challenges

• The availability of preventive kits for mass distribution was insufficient to adequately address the high exposure risk faced by migrant communities. This limitation affected the scale and effectiveness of preventive interventions.

• Engagement with island communities across the nation was constrained by political timing, the Ramadan period, and other public holidays. These factors affected participation levels and the ability to conduct outreach activities effectively.

• MRC faced storage capacity limitations at both headquarters and regional offices, restricting its ability to stockpile vector control items. This impacted the organization's ability to ensure a continuous and immediate supply of materials when needed.

Protection, Gender And Inclusion

Budget: CHF 0
Targeted Persons: 100,000
Assisted Persons: 62,625

Indicators

Title	Target	Actual
# of people reached through printed IEC materials in multiple languages	1,000	5,125
# of people reached through digital video IEC materials in multiple languages	10,000	50,000
# of people reached through risk communication and prevention messages via audio messaging	10,000	7,500

Narrative description of achievements

In collaboration with the Health Protection Agency, MRC developed and disseminated IEC materials in various languages to enhance awareness of LF prevention and control. By utilizing multiple communication channels, the MRC significantly improved outreach, particularly among migrant communities, reaching over 62,000 people through these interventions.

IEC Materials

In partnership with the Health Protection Agency, MRC developed IEC materials in seven languages, providing essential information on Lymphatic Filariasis (LF), vector control, and preventive measures. These materials detailed LF symptoms, the National Screening Initiative, and the Mass Drug Administration Program, aiming to maximize reach and accessibility. A key lesson learned was the importance of using diverse communication platforms to enhance outreach and engagement with target populations.

Dissemination Strategy

To ensure broad dissemination, MRC leveraged public digital screens, local television channels, digital billboards, and community notice boards, enabling critical health information to reach a wider audience—particularly migrant communities with limited media access. Videos were broadcast on LED screens in public areas across Greater Malé, displayed on public transport buses, and aired on Public Service Media TV (PSM). Additionally, MRC utilized sound trucks to deliver recorded messages in Hindi, Sinhala, Bangla, Nepali, Tamil, Dhivehi, and English, ensuring accessibility for diverse linguistic groups.

Despite challenges such as limited follow-up interventions due to Ramadan, public holidays, and reduced public concern regarding LF, continuous advocacy and stakeholder engagement remained crucial in maintaining the effectiveness of health communication efforts.

Through these collaborative initiatives, MRC successfully enhanced awareness, strengthened community participation in vector control, and positively impacted the health and well-being of migrant communities in the Maldives.

Lessons Learnt

• Utilizing multiple communication channels is essential for maximizing outreach and engagement with target demographics. By leveraging publicly available screens and local media—such as television channels, digital billboards, and community notice boards—response efforts ensured that crucial information reached a wider audience, particularly migrant communities with limited access to diverse communication platforms.

• Local TV channels played a vital role in disseminating key messages on Lymphatic Filariasis, especially since public media coverage declined after the initial surge in cases.

• Public screens in high-traffic areas effectively amplified awareness and preparedness messaging for both local and migrant communities.

Challenges

• Coordination with the Health Protection Agency (HPA) and the Ministry of Health was affected by frequent last-minute changes to developed content. These revisions required multiple updates to translations, design files, and finalized materials, leading to delays in message dissemination.

• Challenges arose in gathering disaggregated data on people reached and assisted, limiting the ability to conduct detailed impact assessments and ensure targeted support for vulnerable groups.

Migration And Displacement

Budget: CHF 0
Targeted Persons: 100,000
Assisted Persons: 62,625

Indicators

Title	Target	Actual
# of people reached through printed IEC materials in multiple languages	10,000	5,125
# of people reached through digital video IEC materials in multiple languages	100,000	50,000
# of people reached through risk communication and prevention messages via audio messaging	10,000	7,500

Narrative description of achievements

In collaboration with the Health Protection Agency, MRC developed and disseminated IEC materials in various languages to enhance awareness of LF prevention and control. By utilizing multiple communication channels, MRC significantly improved outreach, particularly among migrant communities, reaching over 62,000 people.

IEC materials Dissemination

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Lessons Learnt

• Effective communication requires utilizing multiple channels to maximize outreach and engagement with the target demographic. By leveraging publicly available screens and local media—such as television channels, digital billboards, and community notice boards—response efforts ensured that critical information reached a broader audience. This approach was particularly beneficial for migrant communities with limited access to diverse communication platforms.

Challenges

• Streamlining Messages with Health Protection Agency and Ministry of Health - coordination challenges arose due to frequent changes in the content developed and translated. Last-minute modifications required multiple revisions of translated documents, design files, and content, leading to delays and additional workload. This affected the efficiency of message dissemination and resource allocation.

Community Engagement And Accountability

Budget: CHF 38,103
Targeted Persons: 100,000
Assisted Persons: 101,349

Indicators

Title	Target	Actual
# of people reached through dissemination of printed IEC Materials to Island communities	100,000	51,250
# 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	50,000
# of feedback collected from communities through risk communication and engagement activities	500	99

Narrative description of achievements

In collaboration with the Health Protection Agency, MRC developed IEC materials in seven languages, providing essential information on LF, vector control, and preventive measures. These materials detailed LF symptoms, the National Screening Initiative, and the Mass Drug Administration Programme, aiming to maximize reach and accessibility.

To ensure widespread dissemination, MRC distributed both digital and printed IEC materials to every atoll in the Maldives, coordinating efforts with regional hospitals in the southern, central, and northern regions. Printed materials were displayed in public health centers, allowing visitors easy access to critical health information. Each printed IEC material was expected to reach approximately 10 people, ensuring that both migrant populations and local communities benefit from the awareness campaign.

Lessons Learnt

• Utilizing multiple communication channels is crucial for maximizing outreach and engagement with target demographics. By leveraging publicly available screens and local media—such as television channels, digital billboards, and community notice boards—response efforts effectively ensured that critical information reached a wider audience, particularly migrant communities with limited access to diverse communication platforms.

• MRC should strengthen its relationships with regional and tertiary hospitals nationwide to improve the dissemination of IEC materials for similar situations in the future, ensuring broader access to critical health information.

Challenges

• Engaging with regional and tertiary hospitals proved challenging due to difficulties in identifying and accessing relevant focal points. This hindered the timely and effective dissemination of key messages and materials.

• MRC faced challenges in collecting feedback from target personnel due to limited resources for conducting in-person surveys. Additionally, low literacy levels within the target group made it difficult to obtain comprehensive responses, affecting the overall assessment of impact and effectiveness.

National Society Strengthening

Budget: CHF 9,311
Targeted Persons: 0
Assisted Persons: 0

Indicators

Title	Target	Actual
# of lesson learnt workshop conducted	1	1
# MRC participants participated in Lymphatic Filariasis sensitization trainings	35	25
# participants in lesson learnt workshop	30	19

Narrative description of achievements

MRC, in collaboration with the Health Protection Agency, conducted LF sensitization training for staff and volunteers, improving response efforts and communication with migrant beneficiaries. A Lessons Learned workshop in December 2024 brought together key stakeholders to assess the DREF operation, identify best practices, and recommend improvements for future emergency responses.

Lymphatic Filariasis Sensitization Training

At the initial stage of the response, MRC, in partnership with the Health Protection Agency, facilitated LF sensitization training for staff and volunteers. This training improved their understanding of the disease, enhancing response efforts and strengthening communication with target beneficiaries, particularly with translation support for migrant communities.

Lessons Learned workshop

In the last week of December, MRC organized a Lessons Learned workshop to review the LF DREF Operation. Participants included the Maldivian Red Crescent Secretary General, staff and volunteers involved in the DREF implementation, the IFRC Regional Procurement Coordinator, the IFRC Finance Focal Point, and the Programme Manager from the CCD Office. The workshop aimed to document key insights, highlight quality programming practices, analyze risks, and identify mitigation measures for future responses. It also sought to build consensus on integrating cash-based interventions and strengthening systematic emergency response.

The session was highly interactive and participatory, with attendees actively engaging in discussions on best practices, challenges, and key

recommendations. Despite complexities, delays, and operational challenges, participants unanimously agreed that the support provided to beneficiaries was highly effective. The workshop provided a valuable platform to refine future emergency response strategies and ensure improved implementation of similar operations.

Lessons Learnt

• The Lessons Learned Workshop highlighted the need for MRC to prioritize the development of comprehensive epidemic control preparedness plans and protocols. Strengthening these frameworks will help address the challenges encountered during this response and enhance future emergency preparedness.

• Effective collaboration with government agencies requires a clear understanding of their expectations regarding MRC's communication services. Aligning with these expectations will facilitate better policy-level coordination and ensure smoother execution of emergency response efforts.

Challenges

• MRC faced capacity constraints in epidemic control, which affected the ability to conduct an Epidemic Control for Volunteers (ECV) training within the National Society (NS). The timeline of the DREF operation did not allow for adequate planning and execution of such training.

• Sensitization training was primarily conducted during the initial phase of the response. However, MRC's limited capacity in ECV restricted the NS's ability to independently organize follow-up sessions, resulting in continued reliance on the Health Protection Agency for such initiatives.

• Bringing together key focal points from the Ministry of Health and the Health Protection Agency proved difficult, as the operational period coincided with the December 2024 holiday season, when many officials were unavailable. This affected coordination efforts and delayed key decision-making processes

Financial Report

Selected Parameters			
Reporting Timeframe	2024/1-2025/2	Operation	MDRMV004
Budget Timeframe	2024/1-12	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 27/Mar/2025

All figures are in Swiss Francs (CHF)

MDRMV004 - Maldives - Filariasis

Operating Timeframe: 01 Jan 2024 to 31 Dec 2024

I. Summary

Opening Balance	**0**
Funds & Other Income	**299,987**
DREF Response Pillar	299,987
Expenditure	**-262,139**
Closing Balance	**37,848**

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	214,251	364,112	**-149,861**
PO05 - Water, Sanitation & Hygiene	53,450		**53,450**
PO06 - Protection, Gender and Inclusion			**0**
PO07 - Education			**0**
PO08 - Migration			**0**
PO09 - Risk Reduction, Climate Adaptation and Recovery		-104,720	**104,720**
PO10 - Community Engagement and Accountability	26,429		**26,429**
PO11 - Environmental Sustainability			**0**
Planned Operations Total	**294,129**	**259,393**	**34,737**
EA01 - Coordination and Partnerships	5,858	2,747	**3,111**
EA02 - Secretariat Services			**0**
EA03 - National Society Strengthening			**0**
Enabling Approaches Total	**5,858**	**2,747**	**3,111**
Grand Total	**299,987**	**262,139**	**37,848**

IFRC

[Click here for the complete financial report]

Please explain variances (if any)

The total DREF allocation was CHF 299,987, out of which CHF 262,139 was utilized for the implementation of planned activities, resulting in a utilization rate of 87.38 per cent. The unspent balance of CHF 37,848 will be returned to the DREF pot. The variance was due to a change in strategy and the aspirational budgeting initially set for community-level activities and local procurements within the country.

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

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Click here for reference