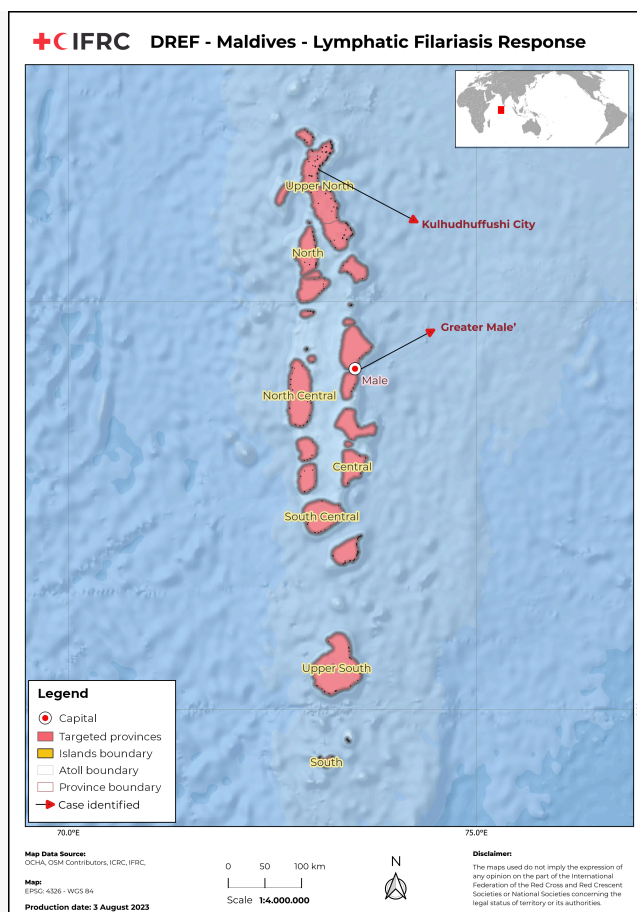




In response to Filariasis, the Maldivian Red Crescent (MRC) has implemented a comprehensive community surveillance programme to monitor and control the spread of the disease (Photo: MRC)

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	
Event Onset: Sudden	Operation Start Date: 01-01-2024	New Operational End Date: 31-12-2024	Total Operating Timeframe: 12 months
Reporting Timeframe Start Date: 01-01-2024	Reporting Timeframe End Date: 31-05-2024		
Additional Allocation Requested: 0	Targeted Areas: South Province, Upper South Province, South Central Province, Central Province, North Central Province, North Province, Upper North Province		

Description of the Event



Maldives - Lymphatic 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 of 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 1-2 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 Male' Area, the capital, resulting in the identification of an additional seven cases. All positive cases identified so far are among migrants. The Health Protection Agency (HPA) reports that the source of the disease is likely from individuals who have 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 Greater Male' Area) have been screened by health authorities. Out of the 683 screenings, 594 individuals were from Kulhudhuffushi City and 89 from the Greater Male' Area. So far, the disease has only been identified among migrants, with no local positive cases. The Ministry of Health (MOH) and the HPA are working with the WHO to formulate a screening strategy to better understand the extent of the spread. They are currently operating under the assumption that all positive cases identified thus far are imported from regions where Lymphatic Filariasis is endemic, with no local cases identified.

The MOH and the HPA have 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. 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 Ministry of Health and the HPA are scaling up health screening for Lymphatic Filariasis in wider cities across the Maldives, with a particular focus on migrant communities. MRC has been 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. MRC is also requested to provide immediate support in the procurement of screening kits and medication required for infected individuals. As part of the interventions, the government aims to target city-level islands, ongoing construction sites across the country, and migrant accommodation blocks, as the current assumption is that the outbreak is within the migrant communities.

Update as of 20 May 2024:

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, HPA reports that mandatory testing for Lymphatic Filariasis in the visa medical examinations for foreign workers in the country detected over 80 positive cases. Furthermore, HPA reports that the agency only has medication for about 100 patients (IDA, DA is available for more, but ivermectin is less) on hand and is 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 conducting a cleaning drive in targeted areas (Photo: MRC)

Scope and Scale

On 24 December 2023, the MRC was requested to urgently support the 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 limitation of screening kits. MOH highlighted key challenges, including the limited availability of screening kits and medication, and procurement challenges due to the holiday period around the new year. MOH and HPA are working with the WHO to develop a screening strategy to establish the scale of the spread. Once the current limitation around screening kits is addressed, the MOH plans to work with local health authorities to scale up health screening for Lymphatic Filariasis among both locals and migrants, primarily targeting migrant communities. MRC has been 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 the low public awareness around the disease, scaling up



risk communication and community engagement for prevention 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, the MRC has been requested to closely work with authorities to facilitate and mediate engagement. Undocumented migrants are particularly vulnerable, with limited to no access to basic health care services, including health screening and medication, within the existing systems in the country. They often rely on daily wages and work in harsh environments, which can severely impact their health and livelihoods, with limited avenues for treatment and support.

Communication challenges are prevalent when engaging with these groups due to low literacy and limited access to risk communication and prevention information. MRC has consistently worked closely with authorities to ensure these groups are included and regularly engaged in health interventions, particularly during the COVID-19 response. The MRC has been requested to support engagement with these communities for screening efforts and to scale up awareness efforts around the disease. Currently, three administrative bases of the 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 community mobilization for vector control initiatives through engagement with local councils. The key areas of intervention proposed by the MRC aim to support the following interventions to assist the health authorities of the Maldives:

1. Support the scale-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.

Update as of 20 May 2024:

MRC continues to be a key stakeholder in efforts towards controlling and preventing 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 Maldivian RC's strong presence and rapport with migrant communities have supported authorities in reaching 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, which aim to support the health authorities of the Maldives, are 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 products for risk communication and community outreach.
3. Support the HPA and health centers in the MDA, providing communication and coordination support for efficient and effective rollout.

Summary of Changes

Are you changing the timeframe of the operation	Yes
Are you changing the operational strategy	Yes
Are you changing the target population of the operation	Yes
Are you changing the geographical location	No
Are you making changes to the budget	Yes
Is this a request for a second allocation	No
Has the forecasted event materialize?	No

Please explain the summary of changes and justification:

A major part of the IFRC-DREF operation involved procuring medicines and handing them over to the government for administration to the affected migrant population. However, procurement faced several challenges at the country level, such as delays in obtaining medicine specifications from the Health Protection Agency (HPA) and acquiring import permissions.

Due to budget constraints, the quantities for test kits were reduced to 10,000, Albendazole to 30,000, and Ivermectin to 30,000. The procurement of DEC medicine was removed from the planned activities as HPA managed to source it through WHO.



Given the immediate need for medication for Mass Drug Administration (MDA) and increased Lymphatic Filariasis testing, HPA has re-emphasized the need to procure three items: Filariasis testing kits, Albendazole, and Ivermectin. HPA has requested MRC to procure these medicines and assured that they will be administered with MRC's support. They stressed the need to start the procurement process immediately, with an extension of the operational timeframe until the end of December to ensure procurement, delivery, and administration of the medicines.

The overall population to be reached has been reduced to 100,000 based on the current situation. There are no changes to the overall budget, and no additional funding is requested.

Current National Society Actions

Start date of National Society actions

23-12-2023

<p>Health</p>	<p>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.</p>
<p>Water, Sanitation And Hygiene</p>	<p>MRC is working with the MOH and the HPA to purchase prevention kits for mass distribution to migrant communities. This includes mosquito repellent as an immediate intervention for migrant communities, especially those in island communities. Furthermore, MRC has approached multiple island councils across the country and plans to carry out direct interventions on vector control activities, given the increased number of identified cases in communities since April 2024. The MOH and the HPA have requested the MRC's support in purchasing items needed for vector control initiatives (e.g., fog machines and BTI chemicals). MRC seeks to support these efforts through the purchase of basic items required for such initiatives but primarily aims to support community mobilization efforts for vector control activities and scale up community awareness on prevention and control through vector control initiatives.</p>
<p>Protection, Gender And Inclusion</p>	<p>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 organizations to ensure that all necessary information required are made accessible to this community.</p>
<p>Migration And Displacement</p>	<p>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 organizations 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. MRC has prioritized development of IEC materials in multiple to ensure maximum outreach.</p>
<p>Community Engagement And Accountability</p>	<p>MRC will be supporting the scale up of risk communication and community engagement efforts nationwide by working alongside MOH, HPA and regional health authorities and local councils. MRC has now developed IEC materials in coordination with the HPA, targeted towards prevention and control of vector borne diseases for public dissemination. MRC aims to package these IEC Materials and disseminate them to all 188 island communities across the Maldives via health centers at island communities. All</p>



materials developed are translated into multiple languages including video & audio messages to maximize outreach. MRC is currently working with local media to disseminate Control & preventive messages through national media and local media agencies (TV, Radio, and local news media) for wider reach. MRC is planning targeted interventions in coordination with the HPA to increase risk communication for island communities with large migrant population and hard to reach migrants (migrants working in agricultural, construction sites). Identification of these island communities is currently in progress with the support of health protection agencies. MRC is aiming to scale up dissemination of products developed via social media platforms in multiple languages, as well as public locations via the led screen displays in city level island communities. Furthermore, door to door awareness efforts is currently underway in Greater Male' Area.

Coordination
MRC is positioned to engage with migrant communities across the Maldives to scale up risk communication and community outreach for this group. MRC has played an engagement role with Ministry of Health, HPA and local governance authorities such as Island Councils in the operationalization of risk communication, preventive messages and would continue work with them on the MDA roll out.

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. The 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 the HPA expect a nationwide spread and requirement for immediate interventions. Amid the emergence of Lymphatic Filariasis in communities, particularly among 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 the availability of medication. Furthermore, given that Lymphatic Filariasis was previously eradicated in the country, a focused effort on public awareness about the disease, its impact, and prevention control information is an urgent priority.

MRC currently has six active units and is present in Haa Dhaalu Kulhudhuffushi City, Noonu Velidhoo, Malé City, Meemu Kolhufushi, Gdh Gadhdhoo, and Seenu Hithadhoo. MRC aims to fill the gap of community mobilization across other local islands through 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 MDA 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 the 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 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. 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.

Update as of 20 May 2024:

MRC continues to be a key stakeholder in the efforts towards overall control and preventive action towards the disease in particular to address the low public awareness around the disease, through scale up of risk communication and community engagement for prevention control and vector control initiatives in the community. MRC strong presence and rapport with migrant communities supported the authorities around reaching vulnerable groups, including hard to reach undocumented migrant communities in the Maldives which facilitated in reaching over 8,000 migrants through the national filariasis screening programme.

Following the national screening effort took place from February – April 2024 led by the HPA of the Maldives, 375 individuals all migrants in the community tested positive for filariasis. In addition, HPA reports 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. As HPA reports that the agency only has medication for about 100 patients (IDA, DA is available for more, and ivermectin is less) at hand and are dependent on MRC's support for the immediate need of procurement to implement the MDA targeted to migrants from endemic countries residing in the Maldives.



The key response strategy from MRC aims to support the Health authorities in MDA across the country and enhancing risk communication and outreach to migrant communities on the MDA, risks around exposure and preventive measures.

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.

Update as of 20 May 2024:

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 reports 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. As HPA reports that the agency only has medication for about 100 patients (IDA, DA is available for more, and ivermectin is less) at hand and are dependent on MRC's support for the immediate need of procurement to implement the MDA targeted to migrants from endemic countries residing in the Maldives. Given the high exposure of migrants during the national screening efforts, the primary focus still remains to target migrant communities across the country. MRC aims to continue to support health authorities to maximize outreach in coordination with local level island stakeholders.

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
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
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.

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



Budget: CHF 225,043

Targeted Persons: 45,000

Indicators

Title	Target	Actual
# of people reached through the provision of health screening - Lymphatic Filariasis kits	10,000	0
# of people reached through the provision of Lymphatic Filariasis medication	30,000	0
# of people reached through community outreach activities (eg Health screening interventions, RCCE interventions etc)	50,000	10,000

Progress Towards Outcome

Planned 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.

Progress:

As of reporting period, the community engagement and outreach activities for public health awareness are still ongoing. As for the procurement of medical equipment and kits, as highlighted earlier (summary of changes), the procurement could not be initiated as planned as it faced delays due to challenges like obtaining medicine specifications from the HPA and securing import permissions. Based on available budget, the quantity of items was also revised: test kits reduced to 10,000, Albendazole to 30,000, and Ivermectin to 30,000. Additionally, DEC medicine procurement was removed as the HPA sourced it through WHO. Given the immediate need for medication (excluding DEC) and increased Lymphatic Filariasis testing, HPA has emphasized the need to procure three items: Filariasis testing kits, Albendazole, and Ivermectin. HPA has assured MRC that the medicines will be administered with their support and stressed the need to start the procurement process immediately. Accordingly, the extension of the operational timeframe until the end of December will enable the timely completion of these activities.

More details will be provided in the subsequent final report.





Water, Sanitation And Hygiene

Budget: CHF 27,530

Targeted Persons: 50,000

Indicators

Title	Target	Actual
# of people provided with hygiene & prevention Kits	2,500	0
# of people supported with vector control initiatives nationwide (in-direct beneficiary numbers would be more)	50,000	8,000
# of people provided with Vector Control Items	1,000	0

Progress Towards Outcome

Planned 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

Progress:

As of reporting period, community mobilization activities are ongoing. MRC volunteers are conducting environment clean-up activities along with the RCCE message dissemination, as well as disseminating messages in six different languages.

More details will be provided in the subsequent final report.



Protection, Gender And Inclusion

Budget: CHF 0

Targeted Persons: 100,000

Indicators

Title	Target	Actual
# of people reached through printed IEC materials in multiple languages	1,000	800
# 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	5,000

Progress Towards Outcome

Planned 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 (SADD) to identify the most vulnerable community member

Progress:

As of reporting period, the IEC material has been developed in six different languages to maximize outreach. The dissemination of these materials is currently ongoing towards targeted migrant communities. More details will be provided on these outreach activities once they are completed in the subsequent final report.



Migration And Displacement

Budget: CHF 0

Targeted Persons: 100,000

Indicators

Title	Target	Actual
# of people reached through printed IEC materials in multiple languages	10,000	800
# 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	5,000

Progress Towards Outcome

Planned 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.

Progress:

As of reporting period, the IEC material has been developed in six different languages to maximize outreach. The dissemination of these materials is currently ongoing towards targeted migrant communities. More details will be provided on these outreach activities once they are completed in the subsequent final report.



Community Engagement And Accountability

Budget: CHF 38,103

Targeted Persons: 100,000

Indicators

Title	Target	Actual
# of people reached through dissemination of printed IEC Materials to Island communities	100,000	800



# 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	10,000
# of feedback collected from communities through risk communication and engagement activities	500	99

Progress Towards Outcome

Planned 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.

Progress:

As of reporting period, the related IEC materials have been developed and dissemination of these materials is still ongoing. Furthermore, feedback forms are being collected as a way to measure the efficacy of this intervention.

More details will be provided in the subsequent final report.



Budget: CHF 9,311

Targeted Persons: 80

Indicators

Title	Target	Actual
# of lesson learnt workshop conducted	1	0

Progress Towards Outcome

Planned Actions:

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

Progress:

As of reporting period, the sensitization training of volunteers on epidemic and vector control has been completed. Similarly, the Lymphatic Filariasis sensitization trainings have been organized in coordination with HPA, as well as targeted trainings for MRC Personnel.

More details will be provided in the subsequent final report.



About Support Services

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

MRC currently has 18 staff members and administrative offices strategically located in three regions (North, Central, and South) to support programmes and services as well as coordination. MRC has over 2,500 registered volunteers, with more than 500 trained in emergency response and coordination. As one of the lead agencies in disaster and health-related emergency operations, MRC is well-equipped and experienced to support the Maldivian Government and Health Authorities.

Having served as a leading agency during the COVID-19 pandemic in close collaboration with government authorities, MRC brings valuable experience to epidemic control and prevention activities.

In the current response, MRC staff and volunteers will focus on community outreach, prevention, and control activities, working with government and health authorities. This includes engaging with vulnerable groups, such as migrant communities, to ensure they receive necessary information and prevention messages. MRC will also support nationwide community mobilization, a crucial part of the response strategy, with the collaboration of government authorities. MRC's extensive network and experience make them valuable partners in effectively addressing the challenges at hand.

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

MRC has been requested by the Maldivian Government and the MOH 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 MOH 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 MOH and HPA, MRC will coordinate and monitor the consumption of the Health Service Kits & Medication

Please briefly explain the National Societies communication strategy for this operation

The MRC communication strategy will be based around utilizing the existing strong digital presence of the National Societ on social media platforms. In addition, the MRC 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

MDRMV004 - Maldivian Red Crescent (Maldives) Maldives: Filaria Response 2023

Operating Budget

Planned Operations	290,676
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	225,043
Water, Sanitation & Hygiene	27,530
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	38,103
Environmental Sustainability	0
Enabling Approaches	9,311
Coordination and Partnerships	5,858
Secretariat Services	3,454
National Society Strengthening	0
TOTAL BUDGET	299,987

all amounts in Swiss Francs (CHF)



Contact Information

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

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IFRC Project Manager: Meenu Bali, Programme Manager, meenu.bali@ifrc.org, +919971641414

IFRC focal point for the emergency: Naimatullah Akbari, Operations Coordinator, naimatullah.akbari@ifrc.org

[Click here for the reference](#)

