Maldivian Red Crescent

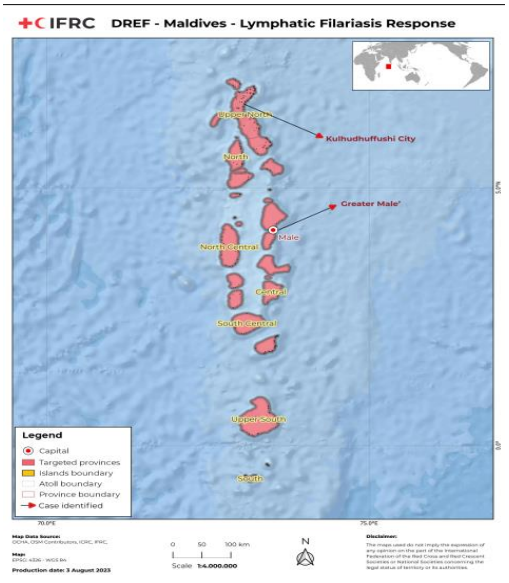
Lessons Learnt Workshop

25th December 2025

DREF - Lymphatic Filariasis

1.Background

1.1 Disaster Context



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, during 01st – 02nd December 2023, 25 positive cases of Lymphatic Filariasis were identified. Following the identification in Kulhudhuffushi City, health screening activities carried out in Greater Male' Area resulted in the identification of additional 07 cases

During the initial screening total 683 Screening of Individuals (155 Maldivians in Kulhdhuffushi City and 528 migrants from Kulhudhuffushi City and Greater Male' Area) were carried out. Out of the 683 screenings,

594 cases were from Kulhudhuffushi City and 89 from Greater Male' Area. All positive cases were identified within migrants with no local positive cases.

Health Protection Agency (HPA) reported 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.

The Ministry of Health and Health Protection Agency began work with WHO in formulating a screening strategy to better understand the extent of the spread, working with the assumption that all positive cases are imported case from LF endemic countries, with no local cases identified.

The Maldivian Red Crescent was requested by the Government to assist in expanding health screening initiatives to assess the extent of diseases across the country. The Ministry of Health confirms that the immediate approach is to carry out mass drug administration (MDA) for the at-risk population.

1.2 Response Strategy:

The response strategy for this response was based around fulfilling its role as an auxiliary to the government to provide the immediate support required and identified by the Ministry of Health to address the immediate interventions.

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

1.3 Key Activities implemented During the Operation:

Support scale up of health screening and testing through the procurement of health screening test kits and medication required for Lymphatic Filariasis.

- Procurement of Medication & Testing Kits to support national response

Scaling up Community Outreach and Risk Communication nationwide with an emphasis on vulnerable groups such as hard to reach migrant communities.

- Support in national screening process & engagement with vulnerable groups
- Development of IEC in multiple languages and different mediums
- Dissemination of IEC via digital mediums and Printed Materials
- Dissemination of IEC materials to all health centres across the country

Supporting local authorities in vector control initiatives and community mobilization.

- Coordinate with local authorities on Vector Control initiatives across the country.
- Coordinate community mobilization for vector control initiatives
- Procure & provide vector control & prevention materials to vulnerable groups & authorities
- Awareness on vector control

2. Workshop Objectives

The primary goal of the Lessons Learned workshop for the Lymphatic Filariasis DREF Operation was to document key insights and share the knowledge gained from experience to:

- Highlight areas of quality programming to ensure the recurrence of desirable outcomes.
- Analyse risks and identify measures to mitigate them in the future.
- Build consensus on future directions for a systematic emergency response, integrating cash-based interventions and quality programming.

3. Workshop Participants:

The participants included the Maldivian Red Crescent Secretary General, staff and volunteers from the NS who were involved in the DREF implementation, IFRC Regional Procurement coordinator, IFRC finance focal and Programme Manager from CCD Office. (List attached as Annex A)

4. Workshop Methodology

A participatory approach was employed to evaluate the program's positive aspects, challenges, constraints, and areas for improvement. This analysis aimed to assess progress on key actions and programmatic reviews. The workshop lasted one day. (Agenda attached as Annex B)

To categorize opinions and perspectives, the following framework was used throughout the workshop:

1. What worked well in the project?
2. What did not go well in the project?
3. What could and should be done differently next time?

The Lessons Learned exercise aimed to capture both positive experiences (good ideas that enhance project efficiency and effectiveness) and negative experiences. As a best practice, lessons learned and comments regarding project assessment are documented and will be shared with the stakeholders through this report to help improve future projects and similar initiatives by MRC.

Workshop Outcome:

Participants were split into two working groups, ensuring balanced representation based on their backgrounds and roles. Guided by three key questions from the methodology, they focused on both the quality of programming and the timeliness of the operation.

The groups identified good practices, challenges, and recommendations for follow-up actions on various quality programming aspects of the DREF operation. The key highlights of the group findings are:

What worked well in the project

- Successfully covered all targeted areas for screenings and interventions.
- Collaboration with private companies and organizations enabled comprehensive screenings beyond public sessions.
- Mobilized a significant number of volunteers, including new and migrant volunteers who provided crucial support in translation and conducting screenings.
- Ensured at least one translator at every screening site to enhance communication with migrants.
- Received support from WHO in acquiring medication, which was pivotal to the project’s success.
- Use of IEC materials and fact sheets during field visits improved communication and effectiveness in spreading awareness.

- Addressed concerns of undocumented migrants by using beneficiary cards, granting them access to screenings without fear.
- Facilitated a two-way exchange during screenings, gaining insights into migrants' knowledge of the disease while understanding their needs.
- Played a critical auxiliary role to the government, providing manpower and funds that HPA lacked to implement the project.
- Tackled disease-related stigma by creating long-term messaging for vector-borne diseases, which helped shift public perception.

- Strengthened relationships between the South and North regional offices and other stakeholders, enhancing mutual understanding of roles and responsibilities.
- Built rapport with the new government during its transition period, leading to stronger policy-level collaboration.
- Helped mitigate public hysteria and discriminatory sentiments against migrants in December and January through collective efforts and inclusive messaging.

What did not go well in the project?

- Technical Gaps:
  - Lack of awareness at HPA about proper testing methods and medication protocols.
  - Sensitization issues as many migrants mistook screening teams for law enforcement.
  - Need for awareness and sensitivity training for both HPA staff and MRC volunteers.
- Psychosocial Support (PSS):
  - Absence of PSS for individuals testing positive, as data on these individuals was unavailable and no clear communication was established for follow-up.
- Migrant Hesitation:
  - Migrants believed prior testing eliminated the need for screenings.
- Coordination Issues:
  - Misaligned expectations between HPA and MRC regarding roles and responsibilities.
  - Delays and unpreparedness from HPA caused logistical disruptions, such as late arrivals and incomplete provision of materials.
  - Lack of communication between councils, hospitals, and HPA created inefficiencies.
- Data and Communication Gaps:
  - Limited data sharing hindered monitoring and evaluation.
  - Frequent revisions to approved communication materials delayed content dissemination.
- Procurement and Budgeting:
  - Misunderstanding of local procurement limitations resulted in delays and reliance on international procurement.
  - Budget recommendations from HPA were insufficient for essential items like medications.
- Operational Complexity:
  - Lack of trained capacity for epidemic control response led to operational inefficiencies.
  - Misalignment between government priorities and public messaging affected the urgency and focus of activities.
- Female Migrant Outreach:
  - Screenings primarily reached male migrants in workplaces, leaving domestic female workers underserved.

Improvements for Future

1. Leadership and Coordination:
    - Position MRC as the lead agency to support the similar operations with clearly defined roles and responsibilities.
    - Improve communication and coordination between HPA, MRC, and other stakeholders.
2. Cultural Sensitivity:
    - Conduct sensitivity and cultural awareness training for staff and volunteers.
3. Preparedness and Resources:
    - Develop and pre-position vector control kits for distribution during future mapping and awareness activities.
    - Update and enhance the beneficiary management system purpose use.
    - Build epidemic control as a priority focus for the National Society.
4. Planning and Training:
    - Sensitize MRC staff and volunteers on DREF operations and complexities.
    - Initiate regular coordination meetings with APRO, IFRC CC, and MRC teams.
    - Define clear roles and responsibilities for all personnel in field operations.
5. Operational Priorities:
    - Focus on streamlining data management systems.
    - Strengthen response structures at all organizational levels.
    - Prioritize epidemic control in future activity planning and capacity building.
6. Budget and Procurement Processes:
    - Conduct pre-application stakeholder meetings to agree on needs, specifications, quantity and realistic cost estimates to align with budgetary requirements.
    - Plan procurement strategy – local and/or international and decide on timeframe considering the complexities, items availability and importation requirements.
    - Develop epidemic control preparedness plans and protocols in line with National Program and in coordination with stakeholders.

4. Conclusion:

Followed by the session with the staff and volunteer, the post lunch session was kept for a discussion with the representatives from the Health Protection Agency. The discussion began with sharing of the highlights of the DREF implementation, strengths and the challenges during the Implementation.

Some of the key discussions and recommendation comments are as follows:

- Establish comprehensive epidemic control preparedness plans and protocols.
- Conduct pre-application stakeholder meetings to ensure alignment on resource requirements (e.g., medication sourcing timelines and testing kits).
- Improve internal processes for policy-level coordination with government stakeholders to ensure smoother execution in future emergencies.

The Lessons Learnt session was successfully conducted for the DREF operation and it was consensually agreed and acknowledged in conclusion that despite complexities, challenges, delays the support provided to the beneficiaries has been very useful. The session was interactive and participatory as participants were fully engaged in identifying concrete points on the best practices, the challenges and the key recommendations.

Annex A (participant List)

Lesson Learnt Workshop - Lymphatic Filariasis DREF				
Date: 25th December 2024 | Location: Maagiri Hotel, Male' City				
No.	**Name**	**Designation**	**MRC Unit / Department**	**Status**
1	Fathimath Himya	Secretary General	MRC HQ	Attended
2	Aminath Sheena Adam	Coordinator, Finance & Admin	MRC HQ	Attended
3	Ibrahim Shameel	Manager, Programmes & Services	MRC HQ	Attended
4	Naufal Amjad	Manager, Partnership & Engagements	MRC HQ	Attended
5	Mohamed Adeel	Manager, Central Regional Office	MRC Central Regional Office	Attended
6	Aishath Reesham Rameez	Programme Officer - First Aid / Former Volunteer	MRC Male' City Unit	Attended
7	Eiesha Zayn Shahym	Project Consultant - DREF - Male' City / Former	MRC Male' City Unit	Attended
8	Mohamed Zayaan Ismail	Programme Officer - ERCP / Former Volunteer	MRC HQ / Male' City Unit	Attended
9	Nashyan Waseem	Finance & Logistics Officer	MRC HQ	Attended
10	Ibrahim Mohamed	Manager, North Regional Officer	MRC North Regional Office	Attended - Virtual
11	Shafna Ahmed Didi	Manager, South Regional Office	MRC South Regional Office	Attended - Virtual
12	Mariyam Yaasa Shareef	Senior Programme Officer - Migrant Support	MRC HQ	Attended
13	Aminath Suma Ahmed	Programme Officer - Health & Inclusion	MRC HQ	Attended
14	Hawwa Sham' aa Hassan	Senior Public Health Officer	Health Protection Agency	Attended - Afternoon
15	Ryan Rasheed,	Senior Public Health Officer	Health Protection Agency	Attended - Afternoon
16	Aishath Suha,	Consultant (tentative)	Health Protection Agency	Did not Attend
17	Nand Lal Sharma	Regional Procurement Coordinator	IFRC, APRO	Attended
18	Divyanshu Kumar	Finance Assistant	IFRC CCD	Attended
19	Meenu Bali	Programme Manager	IFRC CCD	Attended

Annexure B (Agenda)

Lessons Learnt Workshop for DREF operations

Maldives DREF_Lymphatic Filariasis

25th December 2024

Agenda

Time	Activity
09:00 – 09:30	**1. Introduction** - Welcome notes & presentation of objectives - Introduction of participants and their expectations
09:30 – 10:00	**2. Overview of Operations** [*Presentations*]
10:00 – 11:00	**3-A. Key Achievements and Main Issues** [*Group discussion*] - Strengths and successes: What went well? - Challenges and difficulties: What did not go well? - Improved for future operation: What would you do differently? - Recommended action points and prioritization: What will we do to achieve success?
11:00 – 11:30	Tea break
11:30 – 12:00	**3-B. Key Achievements and Main Issues** [*Plenary session*] - Each group to present back findings to everyone
12:00 – 13:00	**4. Prioritization of issues and Recommendations** [*Open discussion*] - Priority challenges, issues and solutions to be discussed in order to reach consensus on recommendations to bring to management
13:00 – 14:00	Lunch
14:00 – 14.15	**Welcome address for the External Partners**
14.15 - 15.30	**Presentation on the overall Implementation to the external members**
15:30 – 16:00	Tea break
16:00 – 17:00	Feedback and recommendations by external partners and stakeholders
17.00 – 17.45	**Q & A**
17:45 – 18.00	**6. Closing Remarks**