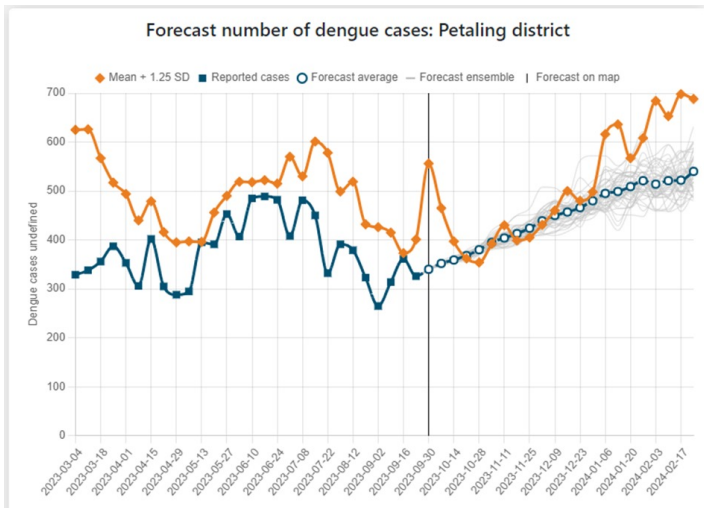




Hygiene Promotion activities by MRCS volunteers. (Photo: MRCS Selangor.)

Appeal: MDRM010	Country: Malaysia	Hazard: Epidemic	Type of DREF: Imminent
Crisis Category: Yellow	Event Onset: Slow	DREF Allocation: CHF 121,673	
Glide Number: EP-2023-000221-MYS	People Affected: 240,000 people	People Targeted: 48,000 people	
Operation Start Date: 2023-11-16	Operation Timeframe: 3 months	Operation End Date: 2024-02-29	DREF Published: 2023-11-17
Targeted Areas: Selangor			



Forecast Dengue cases - Petaling district, Selangor. Source: MoH Vector unit.



Gambarajah 2: Perbandingan kes dan kematian demam denggi sehingga Minggu Epidemiologi ke-43 tahun 2023 dan tempoh sama tahun 2022

Comparison dengue cases in the same week of 2022 vs 2023. Source: MoH

Why your National Society is acting now and what criteria is used to launch this operation.

MRCS has been monitoring Malaysia's dengue situation since early this year and regularly coordinating with the MoH. Dengue cases began rising in January 2023, yet the MoH continued to provide prevention support to communities. With the monsoon starting in late October, the increase in dengue cases and hotspot areas continues. The MoH recently informed MRCS of their concern that dengue cases might escalate in the coming months. Currently, they are stretched thin trying to cover numerous hotspot areas due to limited manpower. The MoH projects that cases could reach up to 500 daily in December 2023 and might continue rising in January 2024 if this outbreak isn't controlled.

The MoH expressed appreciation for MRCS's potential support in covering hotspots in the Petaling District, Selangor State, for prevention activities. They plan to train MRCS volunteers in prevention measures and provide materials and equipment for community fogging.

Several criteria are being considered to prepare a plan for this operation:

1. Analyzing the trends in dengue cases over the past two years on a national scale.
2. Referring to iDengue data, which indicates reported dengue cases in 13 out of 16 states in the country (https://idengue.mysa.gov.my/ide_v3/index.php).
3. MoH's indication for MRCS to support them in prevention activities in the main hotspot areas in Selangor, mentioned in meetings on 28 October and the latest discussion on 9 November 2023.
4. Projection analysis from MoH suggesting a high potential escalation of dengue cases between December 2023 and March 2024 due to the monsoon season. The projection figure was presented by the MoH Vector unit on 9 November 2023.

Drawing from MRCS previous experiences in responding to the COVID-19 pandemic, the organization has increased its capacity to respond to outbreaks or epidemics. MRCS has trained volunteers for RCCE/public awareness campaigns on health issues and has the ability to manage outbreak response activities. Recently, MRCS has strengthened its partnership momentum with the MoH in epidemic/pandemic preparedness activities. The MoH's confidence in MRCS has grown, leading to requests for support in dengue prevention activities.

Moreover, MRCS is an integral component of the national emergency ambulance service, responsible for providing critical medical services to accident victims and responding to diverse disasters in the designated "Greater Klang Valley Hot Spots." MRCS is expected to support the MoH in health screenings and the transfer of patients from the community to hospitals or health clinics using ambulance services.

Scope and Scale

Malaysia continues to grapple with a high burden of dengue fever cases. Reported cases have consistently risen over the years, marked by periodic outbreaks. Urban areas with high population densities bear the brunt of these outbreaks. Dengue outbreaks typically coincide with the rainy season, when mosquito breeding sites are more abundant. However, sporadic outbreaks occur throughout the year. The primary culprits for dengue transmission are the Aedes mosquitoes, notably the Aedes aegypti and Aedes albopictus species. Controlling their population and reducing breeding sites poses a significant challenge.

Presently, there are 73 dengue hotspot locations nationwide, with Selangor state housing the most hotspots (51), while other states have single-digit counts. The Petaling and Hulu Langat districts in Selangor report the highest number of cases. Among the sub-districts, the top three affected are all in Petaling, with substantial cumulative cases in Petaling (5,570), Damansara (4,930), and Sungai Buloh (4,160). The latest daily cases in Petaling, Selangor, stand at 157.

Outbreaks near migrant workers' residences have stemmed from haphazard waste disposal, resulting in clogged drainage systems due to accumulated plastics and discarded bottles. This emphasizes the significant role migrant workers' living conditions play in Dengue's prevalence. Health inspections confirmed that migrant workers contracted the disease within their residential quarters, with two individuals getting infected at construction sites. There's a crucial need for heightened environmental health awareness among the migrant population.

The ongoing dengue outbreak in Malaysia holds substantial humanitarian implications affecting individuals, communities, and the healthcare system. It strains healthcare resources, causing shortages in medical supplies, hospital beds, and medical personnel. This increases the risk of severe dengue patients receiving inadequate or delayed treatment, potentially leading to higher mortality rates. Families grappling with dengue infections often face substantial medical expenses and missed work due to hospitalizations, particularly affecting disadvantaged households' ability to provide basic necessities like food and education for their children. Moreover, epidemics disrupt children's education, leading to extended absences due to illness and decreased school attendance. Reduced worker productivity due to dengue also impacts the nation's economic output. Dengue-affected individuals and families undergo immense mental distress, fearing severe consequences, especially vulnerable groups like the elderly, pregnant women, and those with underlying medical conditions who are more prone to severe dengue.

The operation aims to target highly urban poor areas within the Petaling district of Selangor State, which have the highest dengue cases. These areas, characterized by high population densities, consist of B40 families (the lower-income group in Malaysia) and include migrant populations.

The operation's main focus will be supporting the MoH at the community level to enhance public awareness and early case detection through health promotion, Risk Communication and Community Engagement (RCCE), and empowering communities for collective village cleaning efforts (community "gotong royong"). The MoH projects that daily dengue cases in Petaling could hit 500 in mid-December, necessitating an escalated response in vector control and patient care activities. MRCS will closely coordinate with the MoH to provide necessary support as required.

Previous Operations

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

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

Lessons learned:

Based on the previous DREF emergency response experience and COVID-19 response experience:

1. Engagement and coordination with local authorities and the community would be crucial, to enable MRCS to implement the activities smoothly
2. Engagement and coordination with the relevant government agencies, in this case, will be with the MoH, and with the District of Health offices would be important. MRCS's effort in this operation will support the MoH effort to conduct dengue prevention and control.
3. Ensuring volunteer well-being will be given high attention by MRCS, by providing prevention equipment, insurance, and psychosocial support.
4. Coordination between MRCS National Head-quarter with MRCS Selangor Chapter will be prioritized to ensure the operations will be implemented smoothly.
5. Engagement with community before, during, and after the implementation of the response will be crucial, to ensure a smooth implementation in the targeted community.

Current National Society Actions

Migration	The migrant population has been considered in the planning process. IEC materials will also be considered to be translated into relevant languages
National Society Readiness	MRCS has been monitoring the dengue situation since March 2023, and has been coordinating closely with the MoH. MRCS National Headquarters closely coordinated with MRCS branches to monitor the dengue situation in its own areas, and reported the situation. MRCS volunteers on RCCE and WASH are on standby for the deployment. MRCS Selangor district is on standby mode for this dengue outbreak and for the potential flood.
Assessment	iDengeu data monitoring, collection of information from the district health office, and from the MoH Vector unit (https://idengue.mysa.gov.my/ide_v3/index.php)
Coordination	Coordination with MoH Vector unit, District of Health office, local authorities, and IFRC.
Resource Mobilization	MRCS is expecting to receive funds on a stockpile for epidemic/pandemic/outbreak preparedness project from ASEF/Japanese Government. Once the funding is available, MRCS will continue to work with MoH on dengue case outbreak preparedness. This will be on longer term project. This IFRC-DREF will be a good foundation to start on outbreak prevention activities.
Health	MRCS Selangor has been mobilizing volunteers to support the District of Health on dengue cases. Dengue awareness messages have been reviewed, coordinating with the MoH & WHO.
Water, Sanitation And Hygiene	MRCS WASH volunteers are ready to be deployed for the village cleaning activities (community gotong royong). The Selangor chapter volunteers have jointly collaborated with MOH to carry out volunteer training on fogging this week in Cheras, to support vector control efforts.
Protection, Gender And Inclusion	The PGI aspect is being considered in the planning process. RCCE initiatives are being targeted to the most vulnerable groups including children, pregnant women, the elderly population, People with Disability (PwD), migrant communities, and urban poor areas. IEC materials will also be translated into local languages as relevant.
Community Engagement And Accountability	Community engagement has been considered as the main focus intervention, through RCCE, and community messaging. MRCS has trained CEA volunteers ready for deployment.

IFRC Network Actions Related To The Current Event

Secretariat	<p>IFRC Country Team - Malaysia works closely with MRCS in monitoring the dengue situation including initiating meetings and coordinating with MOH and other stakeholders. This includes supporting MRCS in preparing a draft of an operation strategy for the DREF application.</p> <p>The IFRC Asia Pacific Regional Office (APRO) in Kuala Lumpur has a dedicated team located within the MRCS at the national headquarters. The IFRC Malaysia support team is working closely with the MRCS headquarters counterparts to monitor the situation and enhance readiness measures, besides supporting the MRCS on the</p>
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	<p>emergency operations, including the current COVID-19 and disaster emergency response. IFRC has been supporting the capacity enhancement of MRCS through implementing activities and Red Ready projects under different thematic areas funded by BHA USAID, including the Cash Transfer Programming.</p> <p>For this IFRC-DREF operation, the IFRC Malaysia support team provided technical assistance to MRCS in the implementation of needs assessments and the design of the activities. IFRC team will continue providing project management and technical assistance to MRCS in implementing the plan developed under this operation.</p>
Participating National Societies	N/A

ICRC Actions Related To The Current Event

N/A

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	MoH is monitoring and enhancing the capabilities of district health offices and state health offices in managing the outbreak. For all areas affected by the dengue outbreak, risk assessment activities related to the environment and entomology were conducted and action was taken based on the findings, including source reduction activities. MoH is also collaborating with relevant agencies to support dengue control and prevention activities.
UN or other actors	The Dengue Prevention Advocacy Malaysia (DPAM) group was launched on 22 June 2023. As an independent dengue prevention advocacy group, DPAM has brought together several professional bodies and societies interested in the prevention, management, and control of dengue to work synergistically with the MoH. Among DPAM's activities is to assist MoH in developing or revising dengue guidelines as well as advocating for adequate financial allocation for dengue-combating activities, such as for vector control and research

Needs (Gaps) Identified



The incidence of Dengue cases among migrant workers in the Klang region of Selangor has experienced a significant and concerning increase, with a surge of 400 per cent in reported cases. Migrant workers now represent a substantial portion of Klang's Dengue statistics. The Director of the Health and Environmental Department at the Klang Municipal Council (MPK) reported a 399 per cent surge in Dengue cases among migrant workers, totaling 504 cases as of April 30, compared to the corresponding period in the previous year, which recorded only 101 cases among migrant workers. This troubling trend has resulted in an average of 29 confirmed Dengue cases among migrant workers being reported weekly since the beginning of this year. In the first four months of the year, the Klang district documented a cumulative total of 3,562 Dengue cases, fortunately with no reported fatalities so far. It's noteworthy that in the previous year, 386 migrant workers required hospitalization due to this vector-borne disease, out of a total of 6,158 Dengue cases documented in the Klang area.

The primary cause of this outbreak lies in the haphazard disposal of waste, resulting in an accumulation of single-use plastics and

discarded bottles near the residences of migrant workers, ultimately leading to drainage system inundation. This emphasizes the significant role that the living conditions of migrant workers play in the increased prevalence of Dengue. Health inspectors affiliated with the council have confirmed that migrant workers primarily contract the disease within their residential quarters. Additionally, it's been noted that two individuals contracted Dengue from construction sites.

Given these findings, it's clear that there is a need for heightened awareness among the migrant population regarding environmental health. Through community engagement initiatives, MRCS can effectively disseminate information about the connection between waste disposal practices and Dengue transmission.



Community Engagement And Accountability

The importance of providing accurate information on dengue prevention and transmission methods to communities has been stressed. It is equally crucial to implement risk communication and community engagement initiatives to ensure that communities are well-informed about the disease.

MRCS has established a community feedback mechanism (hotline, email, etc.) to be utilized throughout the operation, and the CEA team will share this feedback with the operation team. Any received feedback or complaints will be handled in accordance with MRCS procedures, ensuring that the voices of the community are heard and respected. Furthermore, local MRCS volunteers will actively work to raise awareness and build critical trust within the community. All MRCS members and staff involved in this operation will undergo comprehensive training and will be adequately equipped to engage with dengue-affected communities and stakeholders.



Health

The sustained increase in cases is concerning and poses a significant risk to the overall population's health. The MoH has conveyed that they are currently overstretched in covering hotspot areas. They have indicated to MRCS the necessity for MRCS support in conducting public awareness campaigns, particularly focusing on Risk Communication and Community Engagement (RCCE) at the community level, specifically in Petaling district, Selangor state.

Selangor holds the highest number of dengue hotspots, accounting for 51 out of the 73 hotspots nationwide, while other states have single-digit counts. Within Selangor, the Petaling and Hulu Langat districts report the highest number of cases. Among the sub-districts, the top three affected areas are all within Petaling, with significant cumulative cases in Petaling (5,570), Damansara (4,930), and Sungai Buloh (4,160).

The targeted public awareness efforts should focus on the urban poor areas within the Petaling district, specifically addressing high-risk groups such as children, the elderly, pregnant and lactating women, migrant workers, and individuals residing in areas with poor sanitation. While the anticipation for increased Dengue cases remains high, the MoH has also highlighted the potential surge of other communicable diseases during the monsoon season, such as cholera and typhoid. Additionally, the looming threat of COVID-19 still persists.



Water, Sanitation And Hygiene

The frequency of Dengue fever in Selangor, Malaysia, correlates closely with issues concerning water, sanitation, and hygiene (WASH). In the hotspot areas of Petaling, characterized by densely populated urban and residential regions, stagnant water accumulation due to inadequate drainage systems and improper waste disposal creates ideal conditions for mosquito breeding. The rapid urbanization witnessed in Petaling, along with ongoing construction projects, creates spaces where water tends to stagnate, especially in incomplete construction sites, contributing significantly to the proliferation of mosquito breeding sites. Raising public awareness about the significance of maintaining a clean environment, practicing personal hygiene, and implementing preventive measures is crucial for effective Dengue control in Petaling. In such instances, community mobilization, public hygiene awareness campaigns, and adherence to environmental cleanliness practices are essential in Dengue hotspot areas to alleviate Dengue's impact.

Furthermore, organized cleaning campaigns are imperative in hotspot areas to curtail mosquito population growth. Simultaneously, strengthening household-level protection systems through the distribution of Information, Education, and Communication (IEC) materials and elevating awareness levels via campaigns are essential. Collaborating with the MOH/State Health Department team to impart educational knowledge within the community is also crucial.



Protection, Gender And Inclusion

Various hotspots have already been identified based on reported dengue cases. Additionally, reports from MRCS and MOH indicate that young people, specifically those aged 18 to 40, are the most affected by dengue compared to other demographic groups. Moreover, women show a higher susceptibility to severe dengue than men. The underlying cause of the elevated dengue infection rate among young individuals and women stems from several factors. These include a lack of awareness among residents in high-risk areas about preventive measures, inadequate healthcare facilities, densely populated regions with poor sanitation, among other issues. Consequently, women, youth, pregnant and lactating mothers, PWDs, and the elderly need to be recognized as high-risk groups and targeted for dengue prevention and control activities.

Operational Strategy

Overall objective of the operation

This operation aims to provide health and WASH awareness messages on dengue to the most vulnerable people, including the migrant population. This will be done through RCCE, community area cleaning (known as 'gotong royong' in Malaysia) campaigns, distribution of dengue kits, and the integration of PGI and CEA into interventions at selected strategic locations within the Petaling district, which holds the highest number of dengue cases in Malaysia, reaching an estimated 48,000 people. The implementation of this operation is scheduled for three months.

Operation strategy rationale

The plan primarily focuses on early/preventive actions aligned with the expectations from MRCS by the MoH. Recent meetings were held at the MoH office, where MRCS was asked to support public awareness and RCCE, mobilize volunteers for vector control activities like fogging and cleaning campaigns at the community level.

MRCS will conduct health public awareness campaigns (RCCE) within the targeted community, emphasizing dengue while incorporating messages about potential communicable diseases like cholera and COVID-19. The awareness efforts will include information on how to report cases within the community and a referral mechanism for dengue cases established by MoH. MRCS will provide household dengue prevention kits to vulnerable households, potentially containing mosquito repellent, aerosol water base, mosquito patches, and mosquito coils. The distribution will focus on households in urban poor housing areas and among migrant workers. The procurement of these kits will be a high priority for MRCS in the first month of operations, with immediate distribution upon procurement. MRCS will seek advice and support on procurement from the IFRC APRO Procurement unit.

MRCS will empower the community to conduct community cleaning campaigns ('gotong royong') and conduct hygiene promotion activities within targeted communities. Additionally, MRCS will empower community representatives to regularly monitor individual houses for cleanliness and ensure no stagnant water spaces for mosquito breeding.

Health public awareness campaigns (RCCE), community cleaning campaigns ('gotong royong'), hygiene promotion activities, and the distribution of household dengue prevention kits will occur during the first and second months of the operation. The aim is to prevent a surge in dengue cases within the targeted communities and control the vectors.

MRCS will collaborate closely with MOH and healthcare workers in health screening activities and provide emergency health services, including responding to dengue cases reported by the community. MRCS ambulances will be stationed in hotspot areas to transport patients if needed, as requested by government health clinics. Home visits to the elderly and bedridden patients will be a priority for MRCS ambulance mobile health clinic volunteers. MRCS emergency mobile health clinic services will be deployed, if necessary, as requested by government health clinics.

PGI aspects are being integrated into MRCS actions and engagement. MRCS volunteers conducting home-to-home campaigns

and disseminating awareness will use communication systems and leaflets to target various vulnerable groups or members of communities—children, adults (male and female), migrants, and the elderly. They'll also distribute health awareness messages in housing areas, schools, construction sites, and neighborhoods within hotspot areas in the Petaling district.

MRCS, in coordination with MOH, state health departments, local authorities, and community committees, will create dengue awareness among different target groups mentioned under the PGI section. Messages will be developed in local languages according to the respective races, facilitating a better understanding of dengue prevention at the grassroots level.

Regarding migration, MRCS will target migrant populations residing in the same hotspot areas and migrant workers at construction sites adjacent to the hotspots. Training and orientation for MRCS staff and volunteers on engaging with migrant communities will be provided.

Targeting Strategy

Who will be targeted through this operation?

The operation will target highly urban poor areas of Petaling district in Selangor State, which record the highest number of dengue cases. These urban poor areas with a high population density consist of B40 families (lower income group in Malaysia) and include a migrant population. This will be based on the hotspots of dengue in addition to the analysis of population risk residing in the particular areas through continued coordination with the district health office and monitoring the data. MRCS may target migrant workers who may live in the construction sites surrounding the hotspot areas.

Explain the selection criteria for the targeted population

The operation will focus on the urban settings of the selected district, with 20 per cent of the urban population taken as people at risk out of 240,000 people in Petaling Township (data source from dewan Selangor office). The operations will reach 48,000 people directly through household visits, awareness sessions in the community, sanitation campaigns, etc. A total of 35 volunteers will be mobilized for the operation period in the selected districts.

Total Targeted Population

Women	22,560	Rural	-
Girls (under 18)	-	Urban	100%
Men	25,440	People with disabilities (estimated)	5%
Boys (under 18)	-		
Total targeted population	48,000		

Risk and Security Considerations

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

Risk	Mitigation action
Cases and geographical locations can vary	MRCS will continue monitoring of the situation and flexible program modality
Massive outbreak can cause changes in the operation plan and strategy	MRCS will closely coordinate with MoH and to adjust its operation based on the changing situation

Unexpected major floods in Selangor can cause access challenges to the targeted area, and delivery of activities.

MRCS will closely monitor the flood events that currently have started with small flash floods. MRCS will adjust its operation strategy which may have to combine with the flood response of MRCS.

Please indicate any security and safety concerns for this operation

There are no major threats in Malaysia that may directly impact the implementation of operational activities. Some challenges may still arise such as increased health risks in the COVID-19 crisis, mosquito and waterborne diseases, and vehicle accidents.

However, adequate measures will be put in place to mitigate the security risks. There is already a field implementation guide for MRCS branches and volunteers considering the current COVID-19 context, followed for this IFRC-DREF implementation to minimize risk. MRCS will follow the existing government and Red Cross Red Crescent (RCRC) Movement guidance related to the COVID-19 crisis during this operation. The IFRC oriented MRCS on the COVID-19 safe programming pilot guide Asia Pacific 2020, referencing the mitigation risk.

The National Society's security framework will apply throughout the duration of the operation to their staff and volunteers. In case of need for deployment for personnel under IFRC security's responsibility, including surge support and integrated Participating National Societies (PNS), the existing IFRC country security framework will apply. All IFRC must, and RC/RC staff and volunteers are encouraged, to complete the IFRC Stay Safe 2.0 e-learning courses.

Planned Intervention



Community Engagement And Accountability

Budget: CHF 4,260

Targeted Persons: 48,000

Indicators

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

Priority Actions

1. Provide staff and volunteers with CEA orientation/training.
2. Share information with the communities about response operation at every stage of program cycle (Who we are, what we intend to do, how can communities provide their inputs, how can they provide feedback, a timeline of the operation).
3. Conduct orientation for volunteers on MRCS community feedback mechanism, and use community feedback data for informed decision-making.
4. Review, adjust, and print IEC materials for the awareness campaign (the budget is under CEA budget for IEC materials)
5. Disseminating tailored key messages in the communities as well as making the best use of social media platforms, door-to-door campaigns, etc.
6. Conduct media mobilization to disseminate sectorial messages (radio program)



National Society Strengthening

Budget: CHF 19,904

Targeted Persons: 35

Indicators

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

Priority Actions

1. Mobilization of volunteers.
2. Provision of insurance for volunteers & PPE
3. Provide complete briefings on volunteers' roles and the risks they face.
4. Conduct a lesson-learned workshop.



Secretariat Services

Budget: CHF 540

Targeted Persons: 2

Indicators

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

Priority Actions

1. Provide technical support including the management of this DREF by the IFRC Malaysia team; IFRC APRO Migration & Displacement Unit, PGI unit, Health & WASH unit.
2. Conduct monitoring visits to the targeted areas, as requested by MRCS, by the IFRC Malaysia team.
3. Provide support on MRCS financial reporting by the IFRC APRO Finance team.
4. Provide support on any procurement under this IFRC-DREF, as requested by MRCS, by the IFRC APRO Logistics team



Health

Budget: CHF 61,238

Targeted Persons: 48,000

Indicators

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

Priority Actions

1. Training and orientation to volunteers on ECV, RCCE on dengue and other communicable diseases
2. Conduct RCCE / awareness campaign at the community level which includes prevention messages, response messages such as how to report cases, a referral mechanism etc.
3. Procurement of HH dengue prevention kits. This will be a high priority in the first month of the operation.
4. Distribution of household dengue prevention kits (mosquito repellent, aerosol water base, mosquito patch, and mosquito coil)
5. Mobilize MRCS Ambulance hotspot services and MRCS mobile health clinic services to the hotspot areas as required, for patient transfer to clinic /hospital, and to conduct a health screening in the hotspot area and to provide emergency health services.
5. Conduct an assessment on mental health & psychosocial support.
6. Coordination and planning meetings with the district health office



Water, Sanitation And Hygiene

Budget: CHF 33,601

Targeted Persons: 48,000

Indicators

Title	Target
# of people reached by WASH assistance	48,000
# of people (and households) reached by hygiene promotion activities in the response period	48,000

Priority Actions

1. Training and orientation to volunteers on vector control activities (fogging, hygiene promotion).
2. Conduct hygiene promotion at the community level and at the household level; promoting safe and clean household water storage, including monitoring mosquito breeding as part of vector control activities in the household.
3. Conduct community cleaning campaign.
4. Coordination and planning meetings with the MoH and the district health office.



Protection, Gender And Inclusion

Budget: CHF 1,065

Targeted Persons: 35

Indicators

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

Priority Actions

1. Conduct a Child Safeguarding Risk Assessment.
2. Conduct orientation for volunteers and staff on PGI & Child Safeguarding Policy.
3. Collect sex-age and disability-disaggregated data (SADDD) from the operation, to ensure collection and analysis of the data

(see guidance in Minimum Standards).

4. Conduct a rapid PGI assessment/analysis to identify protection and gender and diversity issues/risks.
5. Based on the findings of the PGI analysis, support sectoral teams to include measures to address vulnerabilities specific to gender and diversity factors (including people with disabilities) during planning.



Migration

Budget: CHF 1,065

Targeted Persons: 35

Indicators

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

Priority Actions

1. Conduct orientation to volunteers and staff on the migrant approach of MRCS and the Movement.
2. Include the migrant population in the health and WASH intervention: health awareness, hygiene promotion, community cleaning, and distribution of dengue prevention kits.
3. Adjusting IEC materials for RCCE activities based on the needs of the migrant population, as required. This will include adjusting the IEC materials based on the different migrant community needs, translating IEC materials into different languages for migrant communities, etc.
4. Collect migrant minimum data from the operation to capture in the reporting, with consideration of data protection. The data will be collected is capturing the number of migrants supported, and segregated data of male, female, children, and elderly.
5. Considering to recruit volunteers from migrant communities into the activities.

About Support Services

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

The overall response will be coordinated from headquarters with the support of four to five staff members responsible for operations and support functions. This team will encompass a Health Manager, WASH Officer, Senior Migration & Displacement Officer overseeing the implementation of this IFRC-DREF, and providing technical guidance and assurance to the MRCS Selangor branch. Additionally, a PMER staff member will support in monitoring and ensuring the implementation's quality, while a Finance staff member will manage financial aspects. Lastly, a procurement/logistics staff member will handle procurement and logistical requirements for this IFRC-DREF operation.

The allocation for the Health, WASH, Senior Migration & Displacement Officer, and PMER staff will be an estimated 50 per cent each, while the allocation for Finance and Procurement/Logistics staff will be approximately 25 per cent each. MRCS HR employs an internal payroll mapping mechanism to track and assign salaries for their staff.

For this operation, an estimated total of 35 volunteers will be deployed for one operational rotation. Additional volunteer rotations may be necessary, potentially increasing the number of volunteers engaged in this operation.

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

All procurements, planned under this operation, will happen locally. As of the development of this DREF application, IFRC and MRCS teams do not see the need for any international procurements under this operation.

How will this operation be monitored?

Proper PMER activities will be implemented to ensure the quality of implementation throughout the operational management cycle. MRCS will oversee day-to-day monitoring at the branch/unit level. Teams from MRCS and IFRC, including volunteers, will regularly visit operation sites to assess progress and offer support for the successful execution of planned interventions. Post-activity, a Post Distribution Monitoring (PDM) survey will be conducted to gather information on the assistance's impact and receive feedback from relief recipients. An internal workshop focused on lessons learned is scheduled under this IFRC-DREF to assess the operation's achievements, challenges, and key learnings.

Adherence to PGI measures, the collection of Sex, Age, and Disability Disaggregated Data (SADD), and the application of Minimum Standards on PGI in Emergencies will be maintained across the project cycle, including during monitoring and reporting. Efforts will be made to ensure a balanced gender representation among staff and volunteers. Consideration will also be given to promoting the engagement of women, men, girls, and boys of diverse ages and backgrounds within the affected population, including people with disabilities.

Drawing from lessons learned in previous IFRC-DREF operations, MRCS aims to enhance communication between national headquarters and branches, initiate joint planning from the outset of IFRC-DREF operations, and sustain regular coordination meetings throughout the entire operations period. MRCS will provide orientation on current IFRC-DREF operations to all staff and volunteers and offer any necessary refresher training to the volunteers involved in this operation.

Please briefly explain the National Societies communication strategy for this operation

MRCS will use its social media platform and website to disseminate the MRCS activities on this operation. MRCS will capture pictures and short success stories of the beneficiaries benefited from the operation. IFRC Communication team will support MRCS to train the communication team of MRCS on the IFRC Communication standard procedures. IFRC will also use its social media platform to promote MRCS works on this operation.

Budget Overview



DREF OPERATION

MDRMY010 - Malaysian Red Crescent Society (MRCS) Malaysia Dengeu: Prevention and control

Operating Budget

Planned Operations	101,228
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	61,238
Water, Sanitation & Hygiene	33,601
Protection, Gender and Inclusion	1,065
Education	0
Migration	1,065
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	4,260
Environmental Sustainability	0
Enabling Approaches	20,445
Coordination and Partnerships	0
Secretariat Services	541
National Society Strengthening	19,904
TOTAL BUDGET	121,673

all amounts in Swiss Francs (CHF)

Contact Information

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

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