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Emergency Plan of Action (EPoA) Maldives: Fire

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation n° MDRMV003	Glide n° FR-2019-000121-MDV
Date of issue: 3 October 2019	Expected timeframe: 4 months Expected end of date: 3 February 2020
Category allocated to the of the disaster or crisis: Yellow	
DREF allocated: CHF 70,103	
Total number of people affected: 786	Number of people to be assisted: 786
Host National Society presence (n° of volunteers, staff, branches): Maldivian Red Crescent (MRC) has an estimated 2,000 active volunteers, over 2,000 members with 13 staff across its 10 branches throughout the country. At least 50 volunteers and about nine staff are actively supporting this operation which is being led by Malé branch of the National Society.	
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC)	
Other partner organizations actively involved in the operation: Ministry of Gender, Family and Social Services, Ministry of Youth and Community Empowerment and National Disaster Management Authority	

A. Situation analysis

Description of the disaster

On 20 September 2019, around 19:30, a fire broke out through a residential area of the Maldives capital, Malé city, displacing more than 300 people. The fire happened in the ward or area of Henveiru in Malé city, in Henveiru Thilafushige – a residential building which also housed a chemical storage on the ground floor.

According to the Maldives National Disaster Management Authority (NDMA), over 700 people (450 males and 336 females) were affected, including over 100 migrant workers. The NDMA also stated that varying degrees of damage were sustained to the surrounding buildings, which totals 24. Of the 24 buildings, eight are uninhabitable after the fire and will be completely demolished. Damage assessments are being carried out to determine the extent of loss in the area. Most of the buildings are residential buildings with multiple apartments, contributing to the large number of displaced people.

Click [here](#) for the map of the affected area in Malé city.

During the night of the emergency, evacuations in multiple buildings had to be made to get people to safety. One devastating death was declared after a 46-year-old woman was found after reported to be trapped. MRC worked with other first responders on the scene, including the Maldives National Defense Force (MNDF), MNDF Fire and Rescue Service (MNDF FRS) and



The fire broke out at a warehouse in Henveiru Thilafushige, engulfed parked motorcycles and spread to other buildings on the narrow road (Photo: Maldives Airport Rescue and Firefighting Service).

Maldives Police Service (MPS). MRC supported evacuations, provided first aid to the affected and transported the more seriously injured to the hospitals. About 50 people affected by smoke inhalation were treated at the ADK Hospital as of dawn on 21 September 2019. None suffered serious injuries. Indira Gandhi Memorial Hospital (IGMH) treated 25 people, one of whom was admitted. The government-run IGMH also set up a medical post at Kalaafaanu school, treated 25 people and provided prescription.

A relief centre set up in Kalaafaanu school hall facilitated registration of displaced people, provided first aid, psychosocial support (PSS) and relief aid distribution. Temporary accommodations were arranged for 302 people from 53 families while several people moved in with their extended families. Accommodation for displaced migrants were arranged by the government or by their employers.

Summary of the current response

Overview of Maldivian Red Crescent

MRC responded to the immediate needs of the emergency with the relevant authorities by supporting safe evacuations, providing first aid for 34 affected people, psychosocial support for 145 affected people and shelter management since MRC is legally mandated to provide humanitarian services, especially in emergencies. MRC also supported by distributing relief items such as clothes, toiletries and essential items to over 500 affected people in NMDA's relief collection centre. Thereafter, a psychosocial support helpline was set up to create better access to help everyone affected by the emergency, run by MRC volunteers, including migrant volunteers and volunteers from local NGOs.

Since MRC's inception, first aid has been an essential service for which the organization is recognized, while PSS has steadily grown to become another service that is identified with MRC, given MRC's increasingly important role in facilitating PSS interventions during emergency response when required. In 2016, MRC's Malé branch established a PSS "centre" with the aim to acquire knowledge, capacity and develop resources to provide sustainable PSS to the greater Malé region. This centre functions by establishing standards and guidelines to provide PSS, design and deliver programmes following the established guidelines, and develop relevant partnerships with stakeholders to be better able to deliver psychosocial support services to a wider group of people. These are done with the support of PSS facilitators, counsellors and health professionals as well as volunteers who have been trained in psychological first aid. They have been actively involved in providing PSS support to those affected by recent disaster events and emergencies.

The extensive experience mentioned above and the National Emergency Operations Plan gives MRC the lead in coordinating PSS functions in emergencies. As such, MRC was requested by the government to take a lead role on PSS services for this emergency at a national level. Malé branch has made the existing PSS "centre" function as a temporary operation centre for PSS activities as one of the current MRC emergency responses. MRC's PSS volunteers have been providing services at the temporary centre to the affected people as well as operating a telephone hotline, initially for 24 hours, so that they can link those who need the support to the appropriate service or information.

MRC deployed volunteers to the scene of the relief centre set up in Kalaafaanu school and was represented in the national level emergency operations centre as well. To ensure the continuation of the response, volunteers will continue to be engaged through the established emergency response teams, supported by staff wherever necessary.

Overview of Red Cross Red Crescent Movement in country

MRC in its day-to-day programmes, services and other areas of work, is supported and guided by IFRC and ICRC, as it has always been so. There is no IFRC presence in-country. However, the MRC is closely guided by the IFRC Country Cluster Support Team (CCST) in Delhi and ICRC Regional Delegation in New Delhi, India and the IFRC Asia Pacific Regional Office (APRO) in Kuala Lumpur, Malaysia.

Overview of non-Red Cross Red Crescent actors in country

MRC is working together with the National Disaster Management Authority (NDMA), Maldives National Defence Force (MNDF), Maldives National Defence Force Fire and Rescue Services (MNDF FRS), and Maldives Police Service (MPS). NDMA is the lead coordination authority on all matters related to disasters and emergencies. MNDF with the Fire and Rescue Services takes lead as the first responders along with MPS and MRC. Some other organizations including the Maldives Cadet Corps, Girl Guides Association and Scouts Association has operated as secondary support groups under the lead of the above.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

The current needs of the people directly affected by the fire, after addressing the immediate needs, are more around medium to long-term needs, such as relocating to more permanent living spaces, for both locals and migrants alike. In addition to this, some of the more severely affected are in need of non-food items and facilitation of day-to-day routines

such as clothes, doing laundry, toiletries, kitchenware, utensils, etc. The initial assessment was done by NDMA and did not collect disaggregated data. Ministry of Gender, Family and Social Services are conducting an assessment, but MRC has not gotten the report at the time of this reporting.

The concerns around protecting the rights of migrants, especially those in irregular situations during emergencies, is heightened. MRC work with public authorities to ensure that they can work within its humanitarian space to provide aid and services impartially, and to lobby and advocate for the protection of the rights of immigrant workers.

There are also a number of children who were affected by the incident, and many of them have had their school and daily routines interrupted by this emergency. Based on the information received through the assessment report of local authorities, MRC intends to implement its PSS work for children around child-friendly spaces that can be set up as part of the work that is to be done through the recovery.

With comprehensive PSS interventions set up and on the way of being implemented, referral pathways will also be established. Moreover, through targeted PSS groups and house visits, those affected can reach out for more help to address their concerns. PSS interventions will be made as inclusive as possible with migrant volunteers who can act as interpreters when speaking to migrants who have been affected by the emergency.

For the above reasons and due to request from the government to support on PSS, MRC identifies the need for a PSS RDRT who could bring value by supporting the current temporary operation centre for PSS activities in further developing and implementing the PSS programme. In addition, hiring a PSS officer from the migrant community is essential for delivering the PSS activities since the majority of migrants have difficulties in communicating in Dhivehi (Maldivian language).

With regards to livelihood interventions such as multi-purpose cash grants, MRC has already been providing cash assistance to the affected people through funds raised by MRC nationally, and the support through this DREF operation will be utilized for unmet needs.

Targeting

This operation's target population currently considers all those who were affected by the fire, which totals 786 affected people (450 males and 336 females), of which 66 are children and 150 are migrant workers (19 per cent of total affected population).

Scenario planning

The urgency and the need for quick and impactful interventions remains as it is unlikely that the displaced people will find permanent homes soon.

The most likely scenario is having people relocate to more permanent residences, within the city and its existing hazards, with some of their needs fulfilled. The best-case scenario would be having people relocate to more permanent residences, with the existing hazards removed, with financial burdens lightened, all their diverse needs fully met in an inclusive manner, their rights fully protected and coming out of it more resilient. The worst-case scenario would be around remaining as things are or having factors that would exacerbate the conditions they are already living in.

Operational risk assessment

MRC will ensure that the volunteers and staff engaged in implementation of activities are insured by taking into account any necessary measures to ensure their safety, by working with and abiding by the regulations that are set out by relevant authorities, especially if the work requires going to the scene of the fire.

Volunteers and staff who interact with the affected will be briefed and sensitized on conduct and interaction to ensure that the needs and dignity of those affected come first and foremost. MRC has a referral mechanism which will be utilized for volunteers and staff as well. Regular debriefings will be held with volunteers and those needing mental healthcare will be identified and addressed promptly.

An operational risk could be the limited human resources due to volunteer unavailability. To mitigate this, as is the current practice and as a motivational measure, is to continue writing to government agencies with the relevant capacities to seek their support in releasing their staff (sometimes MRC volunteers).

It is also anticipated that there could be a reluctance to seek PSS, especially within migrant communities. To mitigate this, outreach efforts will be increased. Related to this, language barriers that exist can be mitigated by training migrant volunteers to provide PSS directly to their communities.

B. Operational strategy

Overall operational objective

This operation aims at assisting all 786 people affected by the fire. It will also indirectly support at least 100,000 people in the city community through PSS, integrated social inclusion and mental health activities. The operation will be implemented over a period of four months. The primary focus of this work will be on providing psychological first aid and psychosocial support to the people who were directly affected by the fire.

Through broader activities after the DREF operation, MRC also intends to create more public awareness around the prevention of and preparedness for emergencies and disasters, and the PSS needs that arise during this fire event, through campaigns, advocacy and communications work, to impact positive behavioural change for the future.

Proposed strategy

MRC's response aims at enhancing overall well-being of the affected families through comprehensive psychosocial support (PSS) activities to provide assistance and protection, promote rights, dignity and resilience, help identify opportunities, and promote social inclusion.

At present, MRC is leading PSS services for this emergency at a national level. The operation centre for PSS activities of MRC's Malé branch is the main capacity and knowledge hub for the programme during the four months' operation. MRC will work closely with other stakeholders to ensure no duplication of work and efforts.

Trained MRC volunteers together with trained staff will provide PSS for affected families. The temporary operation centre for PSS activities will be housed in a practical location, where the affected people can easily visit and services such as teleconsulting, referral support to mental health issues identified and follow-up with the people, can all be done. In order to facilitate the grieving process and strengthen the social support systems of the affected families, MRC will look at establishing or supporting self-help groups and peer support networks.

To ensure the implementation for the above, MRC has developed the operational strategies in active collaboration with technical personnel from [IFRC's Psychosocial Centre](#). In order to implement the strategies, MRC will recruit technical staff who will ensure quality programming as for now, there is very limited capacity to support this type of operation. To this end, two PSS officers, one from Maldivian community and the other from migrant community, and one Admin officer will need to be placed in order to sustain the operation.

The PSS officers' main tasks are as follows:

- Plan and strategize action plan
- Technical support in ensuring all activities are results-oriented and follows best practices
- Volunteer guidance and mentoring
- Documenting, monitoring and evaluating PSS interventions
- Conduct PSS interventions themselves
- Develop guidelines and SOPs
-

The Admin officer's main tasks are as follows:

- 1) Support administrative tasks
 - Organize an efficient administrative system of the day-to-day running of the operation centre for PSS activities
 - Maintain a central filing system, database and incoming and outgoing files
 - Provide administrative support for matters relating to the management of volunteers and personnel engaged in the operation centre for PSS activities
- 2) Support coordination tasks
 - As per the plans for the PSS operations, coordinate all necessary implementation procedures which includes, planning, logistics, human resources, procurement, arranging meetings, coordinating with relevant focal points and stakeholders, etc.
 - Ensure regular maintenance of logs and data, weekly reportings to the technical working group, conducting and documenting debriefs, etc.

Assistance provided via DREF funding will be linked to longer-term programming in alignment with the strategic priority areas of MRC, a key component of which is PSS via health, well-being and social inclusion. Longer-term mental health and psychosocial interventions will focus on enhancing overall well-being through the establishment of sense of place and by this, MRC will ensure that affected people will not be left behind after the DREF operation is completed.

Strategies for implementation

Human resources

At branch level, two PSS officers (to ensure full coverage of the affected populations including migrants) and one Admin officer will be needed for the months of this operation in order to sustain the operation considering the situation that Malé branch only has one staff member while MRC headquarters has one staff who takes care of all health and inclusion related programs nationally. On top of that, the branch staff does not have technical PSS background and relies completely on volunteers for technical input and programmatic interventions. PSS capacities have been identified among volunteers who can potentially fill in these staff positions and deliver concrete outputs. MRC will also seek to deploy one PSS RDRT, with possible experience on migration issues, to provide support to this DREF operation.

Logistics and supply chain

The supply chain strategy for this operation will be sourcing required items locally or internationally following MRC and/or IFRC procedures, ensuring efficient and timely delivery of these items for the success of the operation. MRC headquarters is providing logistics technical support to the branch to ensure transparency and accountability in the procurement process.

Information technologies (IT)

High-speed Wi-Fi internet connectivity is available for the MRC branch and headquarters staff members. Support of corporate telecom partners are sought towards procuring and expediting telecom needs. MRC will prepare the essential materials and systems, such as SIM cards and its phone line to the telephone devices donated by one of the cooperate partners of MRC, which can be utilized to implement the PSS hotline service.

Communications

MRC communications staff are working in close coordination with the IFRC regional communications team to ensure that the evolving humanitarian needs and MRC's response are well profiled and disseminated across social media platforms and in national and international media.

Security

MRC and IFRC security focal points will continue to monitor the situation. Any security concerns will be handled with local authorities as per existing security framework. All volunteers and staff involved in this operation will be briefed accordingly and insured before attending any activities.

Planning, monitoring, evaluation, & reporting (PMER)

MRC will oversee all operational, implementation, monitoring and evaluation, and reporting aspects of the operation in the targeted areas through the Malé branch. In addition to the responsibility for day-to-day monitoring of the operation, MRC will conduct a lesson learned workshop towards the end of the operation.

C. Detailed Operational Plan



Health

People targeted: 786

Male: 450

Female: 336

Requirements (CHF): 36,524

Needs analysis: There is an urgent and anticipated long-term need to provide psychological first aid and psychosocial support to the people who were affected by the fire. Families, children and vulnerable individuals who experienced the fire first-hand and were rescued require PSS. Moreover, the additional trauma of being displaced and losing the sense of home and community will exacerbate the effects. 19 per cent of the affected population are migrant workers, who will require targeted interventions given the heightened vulnerabilities and due to gaps in existing PSS mechanisms. In addition to PSS, there is also an identified need to reach the wider community for social cohesion and inclusion, given the disparities and socioeconomic divide between the labour migrant community and the rest of the country.

Population to be assisted:

- 786 affected people (66 children and 150 migrant workers)
- Eye witnesses of the traumatic event
- First responders

Programme standards/benchmarks: IFRC psychosocial support policies and standards

P&B Output Code	Health Outcome 1: The immediate risks to the health of affected populations are reduced.	Immediate risks to the health of affected population are reduced (Target: Yes)																
		% of affected population report reduction in immediate risks (Target: At least 90%)																
		# of volunteers and staff trained in PSS (Target: 75 volunteers, 5 staff)																
Health Output 1.5: Psychosocial support provided to the target population.		% of people reached by PSS interventions through pre-test and post-test with indicative questions (Target: At least 90%)																
Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP023	Overall support for preparing temporary space for PSS activities	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
AP023	Provide PSS materials kit replenishment	x	x	x	x													
AP023	Develop PSS training materials	x	x	x	x	x	x	x	x									
AP023	Develop PSS handbook (printing and dissemination)	x	x	x	x	x	x	x	x									
AP023	Organize PSS workshop for volunteers	x				x				x				x				

AP023	Provide PSS IEC materials	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
AP023	Conduct PSS home visits	x	x	x	x	x	x		x		x						x	
AP023	Provide SIM card and connectivity to maintain the PSS hotline service	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
AP023	Ensure efficient human resource capacity in place to implement the plan of action	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x



Protection, Gender and Inclusion¹

People targeted: 786

Male: 450

Female: 336

Requirements (CHF): 1,800

Needs analysis: With a number of people displaced and/or from vulnerable population among the affected, the diverse needs of such groups will be addressed through better integration of overall PGI approaches in the interventions and PGI-specific interventions. A large population of migrant workers, some of whom could possibly be in irregular situations, would need access to information around health services and information or local referral systems. Children who attend school have had their regular routines interrupted and targeted activities towards them would help support them through the recovery period.

Population to be assisted:

- 786 affected people (66 children and 150 migrant workers)
- First responders

Programme standards/benchmarks: Minimum standards for protection, gender and inclusion in emergencies

P&B Output Code	Inclusion and Protection Outcome 1: Communities identify the needs of the most vulnerable and particularly disadvantaged and marginalised groups, as a result of inequality, discrimination and other non-respect of their human rights and address their distinct needs	<i>Needs of the most vulnerable, disadvantaged and marginalized are identified and addressed (Target: Yes)</i>																
	Inclusion and Protection Output 1.2: Emergency response operations prevent and respond to sexual- and gender-based violence and all forms of violence against children.	<i># of staff and volunteers engaged in promotion of child protection activities (Target: 75 Volunteers, 5 Staff)</i>																
	Activities planned	<i>% of community members in the target population reached through awareness and advocacy activities (Target: At least 70%)</i>																
	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	

¹ This area of focus is a merge of what previously was Social Inclusion and Culture of Non-violence and peace. It is under development, so for now it represents the physical merge of three existing relevant outputs.

D. Budget

DREF OPERATION

MDRMV003 Maldives: Fire

Budget Group		DREF Budget CHF
550	Teaching Materials	4,500
560	Ustensils & Tools	2,000
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES		6,500
580	Land & Buildings	5,000
582	Computer & Telecom Equipment	1,500
Total LAND, VEHICLES AND EQUIPMENT		6,500
593	Transport & Vehicle Costs	2,400
Total LOGISTICS, TRANSPORT AND STORAGE		2,400
600	International Staff	12,000
662	National Society Staff	9,624
Total PERSONNEL		21,624
680	Workshops & Training	18,800
Total WORKSHOP & TRAINING		18,800
740	Communications	10,000
Total GENERAL EXPENDITURES		10,000
599	Programme and Services Support Recovery	4,279
Total INDIRECT COSTS		4,279
TOTAL BUDGET		70,103
NET EMERGENCY APPEAL NEEDS		70,103

Reference documents



Click here for:

- [Information bulletin](#)
- [Previous Appeals and updates](#)

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How we work

All IFRC assistance seeks to adhere to the [Code of Conduct](#) for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the [Humanitarian Charter and Minimum Standards in Humanitarian Response \(Sphere\)](#) in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



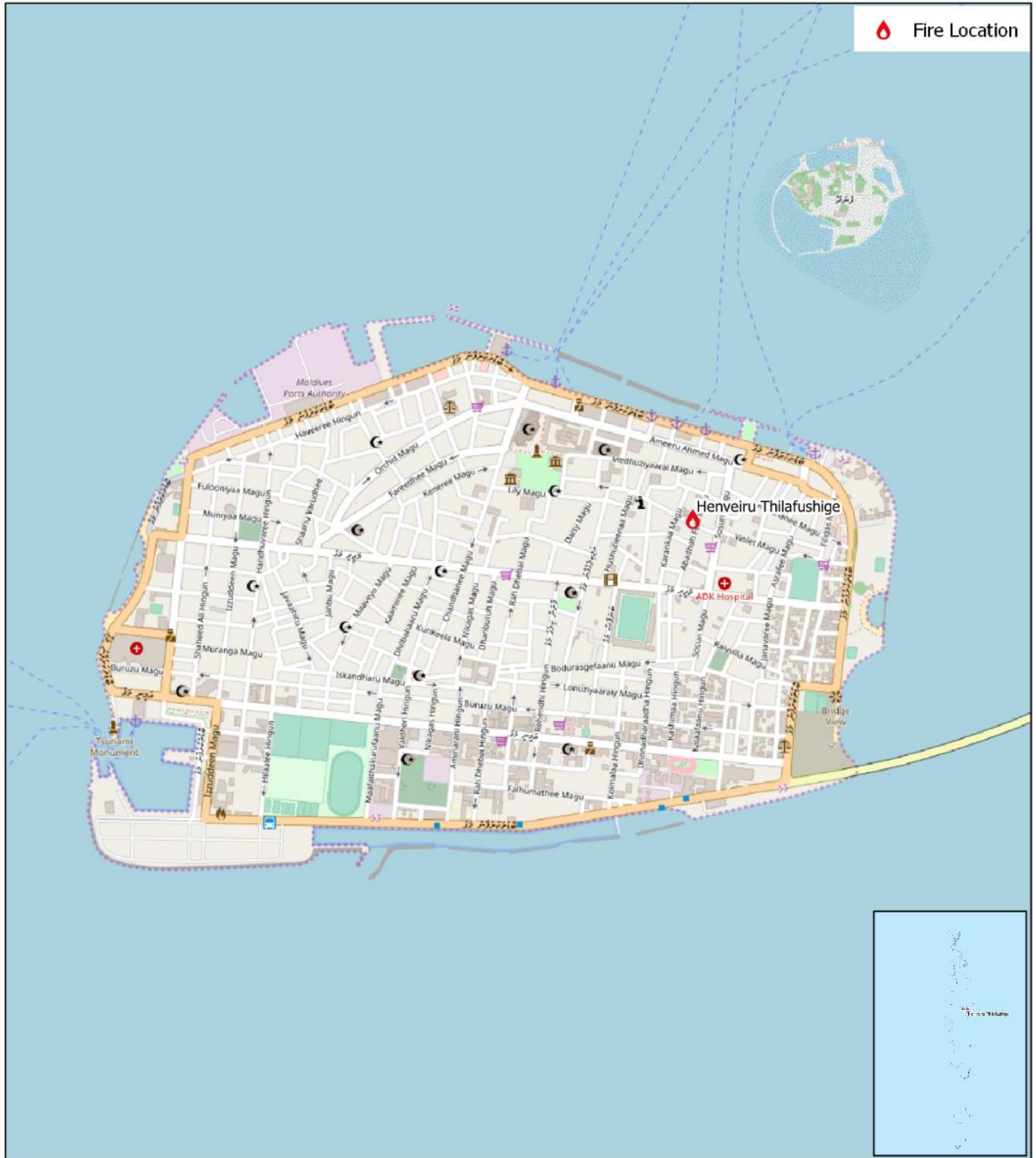
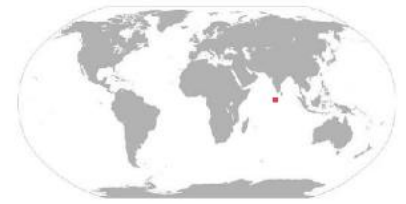
Enable **healthy**
and **safe** living.



Promote social inclusion
and a culture of
non-violence and **peace**.

Maldives, Fire:

27 September 2019



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of territory or its authorities. Map data sources: OSM Contributors, GDACS, ICRC, IFRC

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