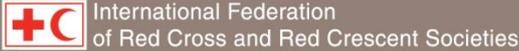




# Emergency Plan of Action Operation Update

## Maldives: Fire



<b>DREF n° MDRMV003</b>	<b>Glide n° <a href="#">FR-2019-000121-MDV</a></b>
<b>EPoA update n° 2; date of issue:</b> 10 February 2019	<b>Timeframe covered by this update:</b> 3 October 2019 to 31 January 2020
<b>Operation start date:</b> 3 October 2019	<b>Operation timeframe: 5 months and end date;</b> 29 February 2020 (extended date)
<b>Overall operation budget:</b> CHF 70,103	
<b>N° of people being assisted:</b> 786	
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> International Federation of Red Cross and Red Crescent Societies (IFRC)	
<b>Other partner organizations actively involved in the operation:</b> Ministry of Gender, Family and Social Services, Ministry of Youth and Community Empowerment and National Disaster Management Authority	

### **Key highlights of this operations update:**

*This operation update is mainly issued to inform on the extension of the operation's timeframe for an additional one month, from the original end date of 3 February to 29 February 2020, to ensure the lessons learned workshop can be completed accordingly.*

## **A. SITUATION ANALYSIS**

### **Description of the disaster**

A fire broke out on 20 September 2019 in a residential area of the Maldives capital, Male' city. Maldivian Red Crescent (MRC) worked with other first responders on the scene including Maldives National Defense Force (MNDF), MNDF Fire and Rescue Services (MNDF FRS) and Maldives Police Service (MPS). MRC assisted with guiding people to safety following evacuations, provided first aid to affected and transported the more seriously injured to the hospitals.

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 fire also displaced more than 300 people with one casualty, a 46-year-old woman. Additionally, varying degrees of damage were sustained to 24 surrounding buildings, of which 8 were declared uninhabitable and has been demolished.

### **Summary of current response**

#### **Overview of Host National Society**

MRC responded to the immediate needs of the emergency with the relevant authorities by supporting safe transport to temporary shelters once people were evacuated from the fire site, 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 NDMA's relief collection centre. Thereafter, a psychosocial support helpline was set up and run by MRC volunteers to help support people affected by the fire.

MRC current response for the DREF operation as summarized in the following table:

Response	Details	Status	Remarks
<b>Direct interventions - text messages, phone calls and house visits</b>	Text message sent to all 786 affected people. Additionally, further text message and phone calls made to all 366 refined and verified affected population. Out of this, 100 cases were in need of PFA and were provided PFA.	Completed	Twenty cases were recorded as requiring house visits and further referral. These cases were given referral support. Final calls were made over the last week of January 2020 and cases were closed with instructions of referrals if need be.
<b>Direct intervention - group sessions</b>	Five group sessions were held targeted at migrant populations only. Out of the 166 affected migrants, only 55 participated in group sessions.	Completed	Despite several attempts, a lot of migrant workers, especially those who are irregular, are not comfortable with or are not familiar with these kinds of interventions. There are also challenges for migrants in getting off time or off-days from work to seek PSS or attend sessions.
<b>PFA trainings for volunteers</b>	Completed trainings: 3 PFA trainings for volunteers, 4 PFA orientation sessions specifically for Emergency Responders. (56 volunteers) and one PFA ToT (21 trainers) following the initial trainings.	Ongoing	Additional training and ToT planned: 1 PFA training including PGI (6-8 February with 25 volunteers), 1 PFA TOT (13 February, with 15-20 volunteers).
<b>Disbursement of PFA Kits</b>	Five PFA Response Ready Kits developed and disbursed to key strategic branches of MRC.	Completed	-
<b>Development of PSS and PFA specific SOPs for MRC</b>	Standard Operating Procedure (SOP) developed on PSS and PFA deployment, volunteer recruitment and institutionalization of the PSS Center. A stakeholder consultation was held in January to share the final draft which is to be eventually endorsed by MRC Management.	Completed	MRC did have existing SOPs on Emergency Response and ERT deployment. Similarly, for PSS and PFA interventions there are unofficial protocols in place and being practiced by MRC. A combination of both, based on the case and situation, was utilized and in place following the fire as well. As a result, understanding the importance of a PFA/PSS specific SOP in the NS, this activity 'Development of SOPs' was included in the plan of action.
<b>Development of IEC materials on PFA and PSS</b>	Contracts signed with external consultant and work is ongoing.	Ongoing	-

### Overview of Red Cross Red Crescent Movement in country

MRC in its day-to-day programmes, services and other areas of work, is continually supported and guided by IFRC and ICRC. There is currently 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 for disasters and emergencies. MNDF together with the Fire and Rescue Services is the lead in providing 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 and scenario planning

### Needs analysis

The needs of the people directly affected by the fire, after addressing the immediate needs as identified by NDMA and MRC, 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 household 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 also conducted an assessment which an overall depiction of needs of the affected communities.

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

A number of children have been affected by the incident, and many of them have had their school and daily routines interrupted. Based on the information received through the assessment report of local authorities, MRC has plans to implement its psychosocial support (PSS) work for children around child-friendly spaces as part of the DREF.

With comprehensive PSS interventions set up and implementation, referral pathways is also established. Moreover, through targeted PSS groups and house visits, those affected can reach out for more help to address their concerns. PSS interventions are 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 identified the need for a PSS RDRT who arrived on 11 November 2019 and since his arrival has been supporting the current temporary operation centre for PSS activities in further developing and implementing the PSS programme. In addition, two PSS officers as well as an administrative officer have been hired to develop and implement the PSS activities outlined.

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 is being utilized for unmet psychosocial needs.

### **Targeting**

At the beginning of the DREF operation, MRC had not yet received a refined, verified number of the directly affected people, i.e. those with considerable damage to their household, disruption of basic needs and were displaced beyond two weeks. The DREF target of 786 people was the number of people who were registered in the temporary holding area at the night of the fire, as reported by the National Disaster Management Centre (NDMC). This refined data was later collected, by NDMA with the assistance of MRC volunteers, and the number of directly affected people was verified as – 366 people. Of this, 166 are migrants. However, all 786 people were also contacted initially via SMS, which offered a hotline for PSS support. Any individual who reached out for PSS related to the fire incident, despite being included in the later list or not, were offered psychosocial support.

### **Scenario planning**

The most likely scenario is that people impacted by the fire will return to accommodation within the city with similar hazards that led to the fire with only some of the needs addressed. The preferred scenario would be for those affected by the fire to be accommodated in residences where potential hazards to safety are removed, needs are addressed, financial burdens are eased, and rights are fully protected. This will also offer opportunities for more resilience. The worst-case scenario would be for the situation to remain the same and risk of a similar disaster happening again.

### **Operational risk assessment**

MRC will ensure that the volunteers and staff engaged in implementation of activities are protected 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 are prioritised. MRC has a referral mechanism which will be utilized for both volunteers and staff. Regular debriefings will be held with volunteers and those needing mental healthcare will be identified and addressed promptly by trained MRC volunteers and staff engaged in the operation.

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**

### **Proposed strategy**

This operation aims at assisting 786 people affected by the fire which includes 166 migrants and indirectly support at least 100,000 people in the city community through PSS, integrated social inclusion and mental health activities. Following timeframe extension, the operation will now be implemented over a period of nearly five months with primary focus 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.

MRC's response aims at enhancing overall well-being of the affected families through comprehensive PSS activities to provide assistance and protection, promote rights, dignity and resilience, help identify opportunities, and promote social inclusion. An additional focus of this response is to reach out to the most vulnerable groups affected by the fire, such as the migrant workers.

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 operation. MRC is working closely with other stakeholders to ensure no duplication of work and efforts.

Trained MRC volunteers together with trained staff have provided PSS for affected families. The operation centre for PSS activities is set up at the Social Center, where the affected people can easily visit and access services such as teleconsulting, referral support to mental health issues identified and follow-up with the people. This also facilitates the grieving process and strengthen the social support systems of the affected families, along with 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 has recruited 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, and one Admin officer have already been hired in order to sustain the operation.

A rapid needs assessment was conducted following the fire, through telephone as the primary mode of data collection. The interventions were two-fold. Firstly, a bulk SMS was sent to all affected people using the NDMA list. The SMS were sent in English, Dhivehi and Bangla requesting the affected people to reach out a need to, with a helpline number included. Secondly, calls were made individually to all affected by PSS volunteers, to affected families and migrants.

In both cases, those who reached out were given PSS, through phone or through home visits where needs were identified. Referral pathways were established and followed through after consultation with the Counseling Department of the Ministry of Youth and Community Empowerment and also through the Health Clinic of local NGO, SHE. Although MRC carried a rapid needs assessment (stated above), a detailed needs analysis was not carried out due to the challenges in obtaining necessary data such as Sex and Age Disaggregated Data (SADD) from state authorities. Since the NDMA and the Ministry of Gender had conducted their own needs assessments, an MRC needs assessment would be a considered a repetition and may not well received by the affected people. Therefore, it was agreed with all parties that MRC will use the government data for their PSS interventions.

Activities that have been implemented thus far include: three PFA trainings for volunteers, four PFA orientation sessions specifically for Emergency Responders, and one PFA ToT following the initial trainings.

A one-month extension was requested to allow the lessons learned workshop to be completed accordingly as well as to fulfill the operation's commitment and achieve the overall objective of this operation

## C. DETAILED OPERATIONAL PLAN

 <p><b>Health</b></p> <p>People reached: 786</p>		
<b>Outcome 1: The immediate risks to the health of affected populations are reduced.</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
% of affected population report reduction in immediate risks	90%	Will be updated in final report
<b>Output 1.1: Psychosocial support provided to the target population.</b>		

Indicators:	Target	Actual
# of volunteers and staff trained in PSS	75 volunteers, 5 staff	77 volunteers, 4 staff
% of people reached by PSS interventions	90%	100%

### Progress towards outcomes

#### Text messages, phone calls and house visits

Text messages were sent to all 786 affected people who were registered in the temporary holding area at the night of the fire. In addition, further text message and phone calls were also made to all 366 refined and verified affected population. Out of this, 100 cases were in need of PFA and were provided PFA. Effectively, 100 per cent of the affected population was reached with PSS support.

#### Group discussions

Five group sessions were held targeted at migrant populations only. Out of the 166 affected migrants, 55 participated in group sessions. Despite several attempts, a lot of migrant workers, especially those who are irregular, are not comfortable with or are not familiar with these kinds of interventions. There are also challenges for migrants in getting off-time or off-days from work to seek PSS or attend sessions.

#### Trainings

As of reporting period, these trainings were completed: 3 PFA trainings for volunteers, 4 PFA orientation sessions specifically for Emergency Responders (56 volunteers) and 1 PFA ToT (21 trainers) following the initial trainings. In addition, in the coming weeks, further trainings are planned: 1 PFA training including PGI (6-8 February with 25 volunteers), 1 PFA ToT (13 February), with 15-20 volunteers.

The PFA trainings/orientations for volunteers were a series of trainings to demystify PSS with the organization and increase capacity of volunteers in Maldives to respond to the psychosocial needs of affected populations in the future. The trainers used curriculum and training materials developed by the IFRC PS Center.



MRC volunteers in a ToT PSS training session (Photo: MRC)

(slides and handouts in English, verbal content in Dhivehi) using PowerPoint slides, role plays, discussions, and group exercises.

Initially the training was designed to cover three modules: (1) Basic PFA, (2) PFA for Children, and (3) PFA in Groups. However, during the training some topics and modules were left due to time constraints and lack of relevance identified as the training progressed. Most of the volunteers who participated in the training were new to the movement and psychological first aid.

PFA in groups is best suited for those managing volunteers such as team leaders and line managers. Therefore, PFA in groups was not covered in depth and only an introduction was given to participants. The duration of each training was five days (8 hours each day, except day 5 was a half day with 4 hours). It was conducted by Regional Disaster Response (RDRT) member deployed to Maldives on this operation, and the PSS consultant for the operation. The content was delivered in both English and Dhivehi

After conducting extensive PFA five days' trainings in the capital city Male', one of the northern and southern branches, Haa Dhaalu (HDh) Kulhudhuffushi and Gaafu Alifu (GA) Villingili respectively, a smaller group of participants were selected to join the first training of PFA Training of Trainers (ToT) in order to provide decentralized and standardized services of mental health and psychosocial support activities under the DREF project. The PFA ToT trained 21 participants from 28 to 30 December 2019. The participants and trainers went under a registry of PSS volunteers maintained by PSS Centre in Male' city. Participants were introduced to the new IFRC PSS Reference Centre modules for PFA and the first PFA kits, developed under the DREF project were officially handed by MRC's Secretary General to the northern and southern branches in HDh. Kulhudhuffushi and GA. Villingili.

In terms of disbursement of PFA Kits, five PFA Response Ready Kits developed and disbursed to key strategic branches of MRC.

As for development of PSS and PFA specific SOPs for MRC, SOP developed on PSS and PFA deployment, volunteer recruitment and institutionalization of the PS Center. A stakeholder consultation was held in January 2020 to share the final draft which is to be eventually endorsed by MRC Management.



PFA training for volunteers (Photo: MRC)



PFA Response Ready Kit for disbursement to key strategic branches of MRC (Photo: MRC)



## Protection, Gender and Inclusion

People reached: -

**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**

Indicators:	Target	Actual
<i>Needs of the most vulnerable, disadvantaged and marginalized are identified and addressed</i>	Yes	Yes
<b>Output 1.1: Emergency response operations prevent and respond to sexual- and gender-based violence and all forms of violence against children.</b>		
Indicators:	Target	Actual
<i># of staff and volunteers engaged in promotion of child protection activities</i>	75 Volunteers, 5 Staff	In progress
<i>% of community members in the target population reached through awareness and advocacy activities</i>	70%	In progress

### Progress towards outcomes

Activities on PGI orientation for volunteers: Sessions are planned for 7 to 8 February 2020 accompanied and advised by the PGI technical focal point in the National Society. This target will be achieved once all IEC materials are disseminated. More details on these activities will be available in the final report.

## Strengthen National Society

**Outcome 1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform.**

Indicators:	Target	Actual
NS capacity building objectives are set and met at the end of the operations	Yes	Will be updated in final report

<b>Output 1.1: National Societies have effective and motivated volunteers who are protected</b>		
Indicators:	Target	Actual
<i>% of volunteers engaged as first responders and in PSS who are provided with regular debriefing and PSS support</i>	100%	100%
<b>Output 1.2: National Societies have the necessary corporate infrastructure and systems in place</b>		
Indicators:	Target	Actual
<i>Necessary staff positions are filled in and maintained throughout the operation</i>	Yes	Yes
<b>Progress towards outcomes</b>		
<p>Necessary PFA trainings and orientations were conducted to ensure volunteers are sufficiently trained, oriented and equipped with the knowledge to carry out their responsibilities effectively. Operationally, a major challenge was the unprecedented delay in hiring staff for the PoA implementation. Recruitment took over several attempts over the course of a month, which delayed implementation substantially. To address these, MRC went into headhunting for potential individuals and have been able to hire three staff (1 Admin Officer and 2 PSS Officers). The full HR setup is currently in place and fully- functional</p>		

<b>International Disaster Response</b>		
<b>Outcome S1: Effective and coordinated international disaster response is ensured</b>		
Indicators:	Target	Actual
<i>% of operations in accordance to established guidelines</i>	100%	100%
<b>Output 1.1: Effective and respected surge capacity mechanism is maintained</b>		
Indicators:	Target	Actual
<i>% of compliance with IFRC HR procedures</i>	100%	100%
<b>Progress towards outcomes</b>		
<p>The operation is being implemented and managed accordingly following established guidelines and HR procedures of IFRC and MRC, including in the hiring of staff as mentioned earlier. One PSS RDRT has also been deployed to support this DREF operation.</p>		

<b>Influence others as leading strategic partner</b>		
<b>Outcome 1: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.</b>		
Indicators:	Target	Actual
<i>IFRC and MRC are considered as reliable and effective partners at the National Level</i>	Yes	Yes
<b>Output 1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues</b>		
Indicators:	Target	Actual
<i>% of positive interactions and responses to MRC's media engagement</i>	90%	At least 90%
<b>Output 1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.</b>		
Indicators:	Target	Actual
<i>All reporting requirements set and adhered to for the duration of the operation</i>	Yes	Yes
<b>Progress towards outcomes</b>		
<p>MRC communications staff and the IFRC regional communications team are working in close coordination to ensure that communications and media matters is being managed accordingly. Additionally, a lesson learned workshop</p>		

shall be conducted at the end of the operation and a final report will be issued within three months after operation ends.

## Effective, credible and accountable IFRC

### Outcome 1: The IFRC enhances its effectiveness, credibility and accountability

Indicators:	Target	Actual
% of operations in accordance to established guidelines	100%	100%

### Output 1.1: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders

Indicators:	Target	Actual
Compliance and efficiency of MRC's financial reporting to IFRC	Yes	Yes

### Progress towards outcomes

MRC is overseeing all operational, implementation, monitoring and reporting aspect. IFRC is providing technical support in programme management to ensure the operational objectives are met. IFRC will continue to provide necessary support to the operation and ensure financial compliance are in place.

## D. BUDGET

A total of CHF 70,103 has been allocated for MRC to respond to the needs of 786 people affected by the fire. Complete working advance has been transferred to the national society. The actual expenditures will be reflected once all transactions summary has been updated to the CCST finance. A financial report on the expenditures will be made available for the final report.

Reference documents



Click here for:

- [Previous updates](#)
- [Emergency Plan of Action \(EPoA\)](#)

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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**.