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## Final Report Maldives: Fire

 International Federation  
of Red Cross and Red Crescent Societies

|  |   |
|--|---|
| <b>DREF operation</b>  | <b>Operation n° MDRMV003</b>                            |
| <b>Date of Issue:</b> 14 July 2020   | <b>Glide number:</b> <a href="#">FR-2019-000121-MDV</a> |
| <b>Operation start date:</b> 3 October 2019  | <b>Operation end date:</b> 29 February 2020             |
| <b>Host National Society:</b> Maldivian Red Crescent (MRC)   | <b>Operation budget:</b> CHF 70,103                     |
| <b>Number of people affected:</b> 786  | <b>Number of people 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> National Disaster Management Authority (NDMA); Ministry of Gender, Family and Social Services; Ministry of Youth and Community Empowerment; Maldives National Defence Force (MNDF); Maldives National Defence Force Fire and Rescue Services (MNDF FRS); and Maldives Police Service (MPS). |   |

## A. SITUATION ANALYSIS

### Description of the disaster

On 20 September 2019 at around 5:25 PM local time, a fire broke out at a three-storey chemical storage facility at 'Thilafushi' house that was constructed from metal roofing sheets, near Off Road clothing store in Henvairu ward of the Maldivian capital, Malé city. Multiple explosions were heard as the fire broke out and spread within the narrow 'Abadhahfehi Magu', engulfing the area with smog and burning embers started setting fire to houses along the street. According to the Maldives Airport Rescue and Firefighting Service, the joint effort between their firefighting teams and those from the MNDF FRS (including 12 firetrucks from the military and a fire response vehicle from the international airport) worked more than 10 hours non-stop to provide support to crews, to control the fire, and to rescue civilians. During this time, power was temporarily disconnected in Henvairu. Lines of civilian volunteers formed human chains to remove gas cylinders from residential houses, placing them away from the fires. As the operations stretched into the night, a light drizzle that gradually turned into a heavy downpour helped in the fire containment efforts.

In total, seven residential buildings caught fire on the Abadhah Fehi Magu, a narrow road with a pavement on one side and rows of parked motorbikes and cars. Five other buildings were also damaged. Two buildings, the Nigaaran and neighbors houses, were razed to the ground, and military engineers dismantled a metal structure that was on the verge



The fire broke out at a chemical storage warehouse in Henvairu Thilafushige, spreading to other buildings on the narrow road. Plumes of smoke rose high into the night sky as the fire intensified and spread to residential houses. **(Photo: Maldives Independent)**

of collapse. After engineering assessments were completed, a total of nine<sup>1</sup> buildings were torn down for public safety.

According to the Maldives National Disaster Management Authority (NDMA), over 700 people (450 males and 336 females) sought relief aid. This tally included 636 Maldivians, 104 Bangladeshis, 19 Indians, 16 Nepalis, six Filipinos, four Sri Lankans and an Egyptian. More than 400 people were displaced.

During the emergency, 26 buildings in the neighborhood with 87 households or apartments were evacuated on the night of the fire. Unfortunately, a 46-year-old woman who was reported missing was found to have succumbed to the fire after being trapped in her residence. MRC worked with other first responders on the scene including the 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 persons, and transported the more seriously injured to the hospitals – more than 50 people were rushed to the nearby ADK hospital, with one admitted and nine treated for smoke inhalation, and 15 people treated at the Indira Gandhi Memorial Hospital.

A relief center set up in Kalaafaanu school hall facilitated registration of displaced people, where MRC took the lead with NDMA in providing first aid, engaging in relief aid distribution, registration of Internally Displaced Persons (IDP), and identification of further needs for psychosocial support (PSS). 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. A total of 443 people was brought into Kalaafaanu School, Imaduddine School and Majeedhiyya School which were designated as relief centres for families affected by the fire.

## Summary of response

### Overview of Maldivian Red Crescent

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 in the first 24 hours, and shelter management. MRC is legally mandated to provide humanitarian services, especially in emergencies. MRC also supported in the distribution of relief items such as clothes, toiletries and essential items to over 500 affected people in NDMA's relief collection center. Thereafter, a psychosocial support helpline was set up and run by MRC volunteers to help support people affected by the fire.

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 "center" with the aim to acquire knowledge, capacity and develop resources to provide sustainable PSS to the greater Malé region. This center 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.



A member of the Maldivian Red Crescent at the site of the fire. (Photo: Maldives Airport Rescue and Firefighting Service)

The extensive experience mentioned, 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. MRC deployed volunteers to the scene of the relief center set up in Kalaafaanu school and was represented in the national-level emergency operations center.

MRC PSS Center had been continuously engaged through the established emergency response teams and through the set-up of a PSS Operation Team specifically for this operation, supported by staff wherever necessary. Key means of engagement had evolved from operating a telephone hotline which started as a 24hr service for the first week following

<sup>1</sup> The nine buildings that were torn down are: Ivaau; Radhuvaniya; Iranuge; Kalhuhuraa Garden; Kalhuhuraa; Alpha; Adhoo; Nishan Plaza; Keel; Emotion; and Gaswa. These were reported by the Maldives Independent [here](#).

the fire, to moving on to a more stable and structured plan of targeted PSS interventions, including towards directly affected people, migrant-targeted activities, trainings and development of guiding documentation related to PSS with the support of this DREF.

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

MRC in its day-to-day programmes, services and other areas of work, has been continually supported and guided by IFRC and the International Committee of the Red Cross (ICRC). While there is currently no IFRC presence in-country, MRC is closely guided by the IFRC Country Cluster Support Team (CCST) and the ICRC Regional Delegation in New Delhi, India, and the IFRC Asia Pacific Regional Office (APRO) in Kuala Lumpur, Malaysia.

As part of the regional response for the DREF operation, a Regional Disaster Response Team (RDRT) member was deployed to Maldives to support the PSS operations and to build up the capacity for these interventions.

### Overview of non-Red Cross Red Crescent actors in country

MRC had been 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 have operated as secondary support groups under the lead of the above agencies.

The NDMA designated kalaafaanu school as a relief center for families affected by the fire. With the news of the fire, large numbers of civilian volunteers were mobilized and actively helped out at the respective relief center through the weekend, with independent local businesses and individuals contributing relief items like food, clothing, bedding and other essentials. Arrangements were made by NDMA to transfer people from temporary shelters to guesthouses, and to check in on the living conditions for evacuees who chose to seek temporary accommodation at extended family members' residences.



The firefighting operation was a joint effort between the Maldives National Defence Force, Maldives Police Service, Maldivian Red Crescent, and the National Disaster Management Authority. *(Photo: Maldives Airport Rescue and Firefighting Service)*

In addition, the Maldivian Ministry of Education provided uniforms and booklists to 50 school children, and telethons were run by Raaje TV and Channel 13, collecting MVR 216,474 and MVR 146,539.65 respectively. A 12-hour music show with more than 200 artistes was also organized as part of the fundraising efforts towards the NDMA fund. In all, MRC received a total of MVR 659,793.41 to its Emergency Response Fund.

## Needs analysis and scenario planning

### Needs analysis

During the initial stages of response, both the NDMA and the Ministry of Gender, Family and Social Services conducted assessments of the affected communities. To prevent assessment fatigue, collaboration was made to share data amongst the various agencies for assessment purposes. However, information gathered through the agencies did not yield actionable information to support the planning of PSS interventions and proved to be a challenge.

Working within its humanitarian space, MRC paid particular attention to the migrant community as MRC assessed that there were concerns on protecting the rights of migrants, reluctance to seek help due to various issues, and language issues hampered communication efforts from the affected migrants to humanitarian workers or service providers. To ensure that this hurdle could be overcome, MRC planned to seek and train migrant volunteers, harnessing their interpretation skills and deploying alongside them in outreaches, targeted PSS groups and house visits. However, this remains as a challenge. The team tried alternative means such as outreach via social media platforms frequently used by migrants, informing migrants who were beneficiaries, reaching embassies etc. But it remained a challenge and MRC has been unable to conduct trainings for migrant volunteers. A main reason could be that while Maldives does have a large migrant community, majority of migrants are those working as unskilled labour and are irregular migrants. For professional migrants, there is a challenge in volunteering as many of them are working long hours and have families.

As the situation evolved, the need for dedicated PSS support led to the deployment of an RDRT delegate who helped to build up the capacity of MRC in providing PSS interventions. With other basic necessities and livelihoods needs met by other agencies and funds, the focus remained on the continued provision of PSS.

### Risk analysis

As humanitarian responders, one of the risks in operations includes the need for staff and volunteers to receive psychosocial support or counselling. Through a referral mechanism, MRS is able to intervene in such instances, and regular debriefings were held with volunteers and those who required mental healthcare.

While training and retaining migrant volunteers remains a challenge, due to the transient nature of migrant communities, an additional expected outcome would be that migrant volunteers who have been trained in specific skill sets may emigrate eventually, leaving gaps in human resources. As such, some of the mitigating measures initiated by MRC include increasing its pool of ready volunteers and enablers equipped with the necessary knowledge – an initiative that continues to be developed to this day through the Psychological First Aid Facilitation in Emergencies training rolled out in collaboration with the Ministry of Education for the COVID-19 outbreak.

## B. OPERATIONAL STRATEGY

### Overall operational objective

This operation was aimed at assisting all 786 people affected by the fire, with the provision of indirect support to at least 100,000 people in the city community through PSS, integrated social inclusion and mental health activities. The primary focus of this DREF operation was to provide psychological first aid and psychosocial support to the people who were directly affected by the fire, and the secondary focus was to create more public awareness around the prevention of and preparedness for emergencies and disasters, and the PSS needs that arise. These were planned to be achieved through campaigns, advocacy and communications work to catalyze positive behavioral change for the future.

### Proposed strategy

MRC's response aimed 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. An additional focus of this DREF operation was to reach out to the most vulnerable groups affected by the fire, such as the migrant workers who comprise 19 per cent of the total affected population.

MRC has remained as the leading PSS service provider at a national level. The operation center for PSS activities of MRC's Malé branch is the main capacity and knowledge hub for the programme during the four months' operation. MRC has worked closely with other stakeholders to ensure no duplication of work and efforts.

Trained MRC volunteers together with trained staff have been providing PSS for affected families. The operation center 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. To facilitate the grieving processes, social support systems were strengthened for the affected families, along with establishing or supporting self-help groups and peer support networks.

To ensure the implementation for the above, MRC developed the operational strategies in active collaboration with technical personnel from [IFRC's Psychosocial Centre](#), from the Asia Pacific Regional Office, and from an RDRT deployed from the Malaysian Red Crescent Society. To implement the strategies, MRC recruited technical staff who ensured quality programming. To this end, two PSS officers and one Admin officer were hired for the operation.

The PSS officers' main tasks were as follows:

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

The Administrative Officer's main tasks were as follows:

1) Support administrative tasks:

- Organize an efficient administrative system of the day-to-day running of the operation center 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 center for PSS activities.

## 2) Support coordination tasks:

- As per the plans for the PSS operations, coordinate all necessary implementation procedures which includes the following: planning, logistics, human resources, procurement, arranging meetings and coordinating with relevant focal points and stakeholders, etc.
- Ensure regular maintenance of logs and data, weekly reporting to the technical working group, conducting and documenting debriefs, etc.

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

## Operational Support Services

### Human resources

At the branch level, two PSS Officers (to ensure full coverage of the affected populations including migrants) and one Administrative Officer were recruited 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 had also sought support from a PSS RDRT deployed to support this DREF operation.

### Logistics and supply chain

MRC headquarters provided logistics technical support to the branch to ensure transparency and accountability in the procurement process. There was no international sourcing required in the implementation of this DREF operation.

### Information technologies (IT)

High-speed Wi-Fi internet connectivity is available for the MRC branch and headquarters staff members. Support of corporate telecom partners were sought towards procuring and expediting telecom needs.

### Communications

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

### Security

No security concerns were encountered by MRC and IFRC security focal points during the implementation of the DREF operation. All volunteers and staff involved in the operation were briefed accordingly and insured before attending or carrying out any activities.

### Planning, monitoring, evaluation, & reporting (PMER)

MRC oversaw 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 also conducted a lesson learned workshop towards the end of the operation. PMER support specifically for the Final Report has also been provided by a PMER Consultant deployed at the Country Cluster Support Team (CCST) in New Delhi, India.

## C. DETAILED OPERATIONAL PLAN

|   |  |        |
|---|--|--------|
|              | <p><b>Health</b></p> <p><b>People reached: 786</b></p> <p>Male: 450</p> <p>Female: 336</p> |        |
| <p><b>Outcome 1: The immediate risks to the health of affected populations are reduced.</b></p> |  |        |
| Indicators:   | Target   | Actual |
| % of affected population report reduction in immediate risks                                    | 90%  | 100%   |

**Output 1.1: Psychosocial support provided to the target population.**

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

**Narrative description of achievements**

A rapid needs assessment was conducted through telephone as the primary mode of data collection. The interventions were carried out in two phases by MRC Volunteers working at the MRC Male' Branch PSS Center. First, a bulk message was sent out to all individuals affected, using the database received from NDMA. The SMS-es were sent in English, Dhivehi and Bangla, and asked affected people to reach out should there be a need to, along with a number they can call. While MRC was reaching out to the 786 individuals who initially were identified as the affected population, NDMA provided a refined list of verified affected population, numbering 100 individuals (48 males; 50 females; 2 unreported). Calls were made individually by PSS volunteers to all affected families and migrants through these 100 individuals.

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 discussions and establishing a clear understanding between the Counseling Department of the Ministry of Youth and Community Empowerment and also through the Health Clinic of local non-governmental organization (NGO), Society for Health Education (SHE).

Noting that the provision of PSS/PFA was part of the mandate of the MRC and noting that it had limited capacities in this intervention, a PFA Training of Trainers course was conducted.



Graduates of the MRC PFA Training of Trainers (ToT) Course. (Source: MRC)

A total of three PFA trainings for volunteers, four PFA orientation sessions specifically for Emergency Responders, and one PFA Training of Trainers (ToT) course were conducted. The PFA trainings, totaling 56 volunteer participants (17 male; 38 female), were a series of trainings developed to 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 Reference Centre for Psychosocial Support ([PS Center](#)). 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). As the module on "PFA in groups" is best suited for those managing volunteers such as team leaders and line managers, the module was not covered in depth and only an introduction was given to participants. The duration of each training was five days (eight hours each day, except on day five was held half-day over four hours). It was conducted by Regional Disaster Response (RDRT) member deployed to Maldives on this operation, Mr. Lai Wai Keat and the Psychosocial Support Consultant for the operation, Ms. Afaa Mohamed. The content was delivered in both English

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

After conducting the intensive five days PFA trainings in the capital city Malé, out of one of the northern and southern branches (Haa Dhaalu (HDh) Kulhudhuffushi and Gaafu Alifu (GA) Villingili respectively), a smaller group of participants was selected to join the first run of the PFA Training of Trainers (ToT) in order to provide decentralized and standardized services of mental health and PSS activities as part of the DREF operation.

The PFA ToT trained 21 participants (10 male; 11 female) from 28 to 30 December 2019. The participants and the trainers went under a registry of PSS volunteers maintained by PSS Centre in Malé city. Participants were introduced to the new IFRC PSS Reference Centre modules for PFA and the PFA kits developed as part of the DREF operation, when MRC's Secretary General officiated them at the northern and southern branches in HDh. Kulhudhuffushi and GA. Villingili.

| Activity Name  | Achievements  | Comments  |
|--|---|---|
| Direct interventions (phone calls and house visits) <sup>2</sup> | Text message sent to all 786 affected people. Text message and phone calls made to all 366 verified affected population. Of this, 100 cases were in need of PFA and were provided PFA.  | 23 cases were recorded as requiring house visits and were given referral support. Final calls were made over the last week of January 2020 and cases were closed with instructions of referrals when needed.  |
| Direct intervention (Group sessions)                             | Six group sessions were held between 6 January and 5 February 2020 for the migrant populations. Of the 166 affected migrants, a total of 55 migrants 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.        |
| PFA trainings for volunteers                                     | 5 PFA Trainings for Volunteers were carried out (3 trainings in December 2019, January and February 2020, total 99 Volunteers were trained including Emergency Response Volunteers) 2 PFA ToTs (December 2019 and February 2020, total 32 participants) were carried out as part of the DREF Operations.  | -   |
| Disbursement of PFA Kits <sup>3</sup>                            | 5 PFA Response Ready Kits developed and disbursed to key strategic branches of MRC.   | -   |
| 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 to share the final draft which is to be eventually endorsed by MRC Management.   | 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. |
| Development of IEC materials on PFA and PSS.                     | The IFRC PFA Guide was translated into the local language. For the development of videos, brochures and infographics for content identified and translated from PFA guidebook, MRC is currently working with the contracted party to complete the development of the videos and brochures mentioned funded separately by MRC. Due to production issues, no materials were completed or distributed. | -   |

<sup>2</sup> These were initially conducted from 20 September till 13 October 2019. Follow-up sessions took place from late December 2019 till early February 2020.

<sup>3</sup> The purpose of the toolkit is to support individuals, especially children, through play in crisis situations at a safe place, and can also be used to build rapport and socialize with affected children and families. The kit consists of the following: block-sets; inflatable balls; stress balls; extension cords; pencils and colouring stationary; notebooks; clip files; permanent markers; masking tape; tissue packets; chargers; a 25ft x 25 ft tarpaulin; a 20ft x 20ft Snake & Ladder mat; and a die.

## Challenges

Although MRC carried a rapid needs assessment (stated above), a detailed needs analysis was not carried out due to the challenges in obtaining access to timely up-to-date and disaggregated information from the state authorities. Additionally, since the NDMA and the Ministry of Gender had conducted their own needs assessments, it was seen as an added burden on the affected families to do one again by MRC. Therefore, it was discussed and agreed by both state authorities that the analysis will be shared with MRC to be utilized for the PSS interventions.

Some of the key challenges faced in the implementation phase (especially during follow up interviews) include the lack of available volunteers who can speak different languages, gaps between initial contact and follow up calls, and the use of unregistered mobile numbers was a difficulty. Documentation during the initial phase of the operations was inconsistent, and there was limited networking among stakeholders and a lack of a referral system in place.

Challenges faced during the capacity building and trainings include limited time to plan and organize trainings and limited availability of PFA trainers. Language barriers were identified as some of the resources are in English and not in the local language.

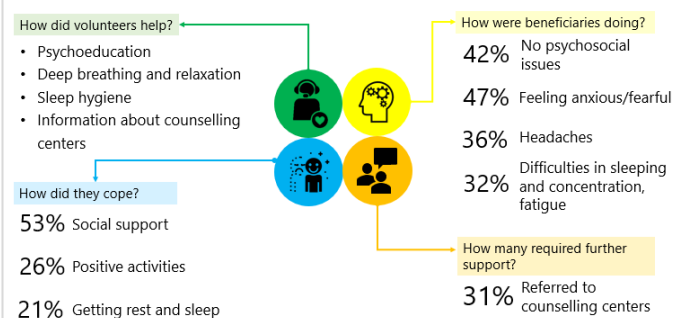
## Lessons Learned

Coordination among stakeholders is important to prevent duplication or fragmentation of efforts in conducting assessments and developing interventions or programs, especially in the early phases of response and early recovery. Programming efforts need to be informed by relevant and appropriate needs assessments that adopt a participatory and collaborative approach with the affected communities and individuals.

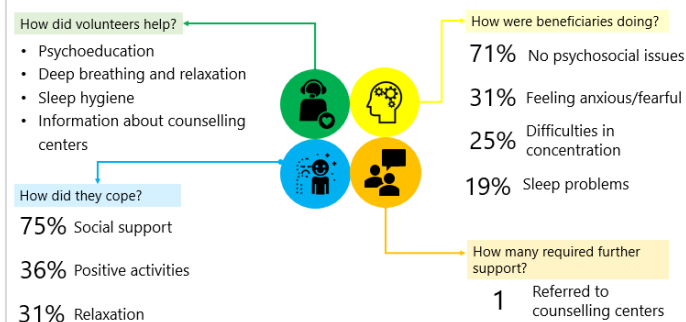
During the course of interventions, while phone calls were the primary modality of interviews, the migrant community was also reached with six group meetings. Data collected from these interviews and sessions indicated similarities in coping mechanisms but possible differences in resiliency. While it was observed that between 25% and 32% of all interviewees had difficulties in concentration and in sleeping well, only one from the migrant group required referral to counselling centres as compared to 31% of Maldivians. Continued interactions with the migrant communities are essential to understanding the various social mechanics, and to identify factors that may have led to the development of the observed reactions or the suppression of behavior due to social stigma or cultural values.



### Follow up interviews: Outcomes [Maldivians]



### Follow up interviews: Outcomes [Migrant workers]



It is recommended to improve systems within MRC in the delivery of PSS, to further work on networking with other stakeholders and establish referral pathways, to further engage and build pool of migrant volunteers. In future operations, it must be ensured that all phone numbers used by MRC are registered numbers. More efforts are needed to improve PSS program planning and monitoring within the organization to increase community's awareness regarding PSS services by MRC.

To strengthen future operations and capacity building efforts, it is essential to set criteria for PFA providers and progression pathways - this could help retain more trainers. Further SOPs are required especially for the deployment of PSS volunteers. Further to the current trainings, it is also recommended to supplement trainings with refreshers and skill building workshops. It was also recommended to further incorporate basic PFA into Emergency Response Team (ERT) trainings as well. These would also need to be augmented by human resources and capacity-building for staff in the areas of MHPSS programming and Monitoring and Evaluation (M&E), especially if MHPSS is to be a major area of focus for MRC. This also includes the need to enhance information and knowledge management processes to ensure data is captured in its entirety and properly stored and managed for future references when needed.



### Protection Gender and Inclusion

**People reached: 12**

Male: Nil

Female: 12

**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,<br>5 Staff | 12 Volunteers |
| <i>% of community members in the target population reached through awareness and advocacy activities</i>  | 70%                       | Nil           |

#### **Narrative description of achievements**

The National Society held its first ever PGI sensitization training as part of the DREF on 21 February 2020 for a total of 12 participants, targeted at volunteers from the Malé Branch.

The session was conducted as a Level 1 training, as a component of the “7 Moves training” in PGI in Emergencies. It introduced participants to the various understandings and perceptions around the core concepts of protection, gender, and inclusion issues, and how these can affect and influence decisions and actions. It also defined and delved into the core concepts around gender, diversity, disability, and protection (including SGBV and child protection, and inclusions). It also covered briefly, the ways in which the IFRC works to integrate PGI into response work, and the kinds of interventions that are initiated. The two-hour long session consisted of various activities that allowed for interaction and engagement, creating space for participants to further understand the contexts, and to share experiences.

The mainstreaming of PGI modules into emergency response trainings is work that will be undertaken to strengthen the emergency response protocols and procedures in the MRC, ensuring that volunteers who get deployed for response work are sensitized and aware of the various crosscutting issues that must be considered. This knowledge can guide a more inclusive and well-informed response that looks into the intersections of the community being served, and to prepare to support other relevant PGI interventions when needed.

| <b>Challenges</b>   |
|---|
| MRC has previously not organized a PGI session and there was only one PGI-oriented staff who was able to conduct the session. Due to the limited resources, the PGI session could only be held in February 2020 – more than five months since the fire. As such, the focus changed from reaching community members in target population through awareness and advocacy activities, to one of capacity-building for future responses. However, given the support from the regional office, the session was conducted smoothly and was well-received by the participants. |
| <b>Lessons Learned</b>  |
| It is recommended to carry out further PGI sessions and increase MRC's training capacity in this area. It was identified that to increase community awareness, further outreach activities are required, especially by developing more IEC resources for dignity, access, participation and safety (DAPS). MRC hopes to continue working on PGI and to produce more material and resources that can be used for community awareness and advocacy in future programmes.  |

| <b>Strengthen National Society</b>  |               |               |
|---|---------------|---------------|
| <b>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.</b>   |               |               |
| <b>Indicators:</b>  | <b>Target</b> | <b>Actual</b> |
| NS capacity building objectives are set and met at the end of the operations  | Yes           | Yes           |
| <b>Output 1.1: National Societies have effective and motivated volunteers who are protected</b>   |               |               |
| <b>Indicators:</b>  | <b>Target</b> | <b>Actual</b> |
| % of volunteers engaged as first responders and in PSS who are provided with regular debriefing and PSS support   | 100%          | 100%          |
| <b>Output 1.1: National Societies have the necessary corporate infrastructure and systems in place</b>  |               |               |
| <b>Indicators:</b>  | <b>Target</b> | <b>Actual</b> |
| Necessary staff positions are filled in and maintained throughout the operation   | Yes           | Yes           |
| <b>Narrative description of achievements</b>  |               |               |
| 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.  |               |               |
| <b>Challenges</b>   |               |               |
| 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 was able to hire three staff (one Administrative Officer and two PSS Officers).   |               |               |
| <b>Lessons Learned</b>  |               |               |
| Staffing requirements need to be identified early and knowledge management processes be enhanced to ensure continuity in the event of major changes in the organizational structure or staff arrangements. MRC is continually increasing its scope of operations and capabilities and will continue working with partners, the various branches of the Government of Maldives, and the IFRC to facilitate the delivery of services in a sustainable manner. |               |               |

| <b>International Disaster Response</b>  |               |               |
|---|---------------|---------------|
| <b>Outcome S1: Effective and coordinated international disaster response is ensured</b> |               |               |
| <b>Indicators:</b>  | <b>Target</b> | <b>Actual</b> |

|   |               |               |
|---|---------------|---------------|
| % of operations in accordance to established guidelines   | 100%          | 100%          |
| <b>Output 1.1: Effective and respected surge capacity mechanism is maintained</b>   |               |               |
| <b>Indicators:</b>  | <b>Target</b> | <b>Actual</b> |
| % of compliance with IFRC HR procedures   | 100%          | 100%          |
| <b>Narrative description of achievements</b>  |               |               |
| <p>The operation has been implemented and managed accordingly following established guidelines and HR procedures of IFRC and MRC, including in the hiring of staff and the deployment of the PSS RDRT for the DREF operation.</p>   |               |               |
| <b>Challenges</b>   |               |               |
| <p>In view of the current travel restrictions due to COVID-19 pandemic, there were challenges in surge mechanisms. As such, MRC is continuing to look into building up its local capacity. With technical guidance provided from the Regional Office and the CCST, and with reference material from the PS Reference Centre, a Psychological First Aid Facilitation in Emergencies training was conducted in late June 2020.</p>  |               |               |
| <b>Lessons Learned</b>  |               |               |
| <p>Continue exploring the modality of remote technical assistance for building up capacities, and continue filling up positions with local staff in compliance with IFRC HR procedures to build up the technical expertise and ensure business continuity in anticipation of a worsening of the COVID-19 pandemic. Explorations will also be made to consider equipping local response forces with the necessary skills and know-how for a coordinated humanitarian response – a recent collaboration with the Ministry of Education for the training of teachers in PFA awareness has been found to be beneficial for advocacy efforts, and may pave the way for future interventions.</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>   |               |               |
| <b>Indicators:</b>   | <b>Target</b> | <b>Actual</b> |
| IFRC and MRC are considered as reliable and effective partners at the National Level   | Yes           | Yes           |
| <b>Output 1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues</b>   |               |               |
| <b>Indicators:</b>   | <b>Target</b> | <b>Actual</b> |
| % of positive interactions and responses to MRC's media engagement   | 90%           | 90%           |
| <b>Output 1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.</b>  |               |               |
| <b>Indicators:</b>   | <b>Target</b> | <b>Actual</b> |
| All reporting requirements set and adhered to for the duration of the operation  | Yes           | Yes           |
| <b>Narrative description of achievements</b>   |               |               |
| <p>MRC communications staff and IFRC regional communications team have been working in close coordination to ensure that communication and media matters have been managed accordingly. The actions of MRC staff and volunteers during the initial response had also been captured and reported on by local news media, and the involvement of MRC in the operation has also staked its place in Maldives as a credible partner at the national level. These efforts continue through engaging the community with the publication of bulletins and social media posts.</p> <p>A lessons learned workshop has also been conducted with the support of CCST, delving into discussions on the details of the activities carried out and the challenges that were faced.</p> |               |               |
| <b>Challenges</b>  |               |               |
|  |               |               |

Due to various reasons, volunteers who had been involved in the early stages of the response were unable to attend the workshop. Hence, the conduct of the lessons learned workshop was delayed and required a timeframe extension mentioned in [DREF Operations Update No. 2](#).

### Lessons Learned

The retention of knowledge and processes has been identified as key to learning outcomes especially at the conclusion of operations. As such, MRC is looking into this area and will be exploring established means and practices to ensure that lessons learned are collated throughout the duration of the operation across the various thematic areas, and to continue contributing its experiences to both the local humanitarian scene and in the region.

## 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    |

### Narrative description of achievements

MRC has been overseeing all aspects of operations, implementation, monitoring and reporting. The IFRC has provided technical support in programme management to ensure operational objectives have been met and has validated the financial records for this DREF operation.

### Challenges

*None identified.*

### Lessons Learned

*None identified.*

## D. Financial Report

A total of **CHF 70,103** had been allocated for MRC to respond to the needs of approximately 786 people. The majority of the funds was dedicated towards the provision and capacity-building of PSS activities, as well as the deployment of a PSS RDRT member.

The total expenditure recorded by the end of operation was **CHF 63,655 (90.8 per cent utilization)**, leaving a balance of **CHF 6,448**. The variation in the expense and budget is mainly because of the following reasons:

- Printing of IEC materials was delayed by a locally contracted company that could not meet the deadline.
- Lack of human resources for the conduct of PGI sessions led to the activity being subsumed as part of the lessons learned workshop.
- Travel expenses incurred due to the disposition of volunteers across the archipelago.

The balance funds will be returned to the DREF pool. For further details on expenditure, please refer to attached final financial report at the end of this Final Report.

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, and Fortive Corporation and other corporate and private donors. The IFRC, on behalf of the national society, would like to extend thanks to all for their generous contributions.

## Reference documents



Click here for:

- [DREF Operation Update No. 1](#)
- [DREF Operation Update No. 2](#)

## Contact Information

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

### In Maldivian Red Crescent

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- Maeed Zahir, programs and services manager, email: [maeed.zahir@redcrescent.org.mv](mailto:maeed.zahir@redcrescent.org.mv)

### In the IFRC country cluster support team (CCST), New Delhi

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### In IFRC Geneva

- Nelson Castano, operations coordination manager; email: [nelson.castano@ifrc.org](mailto:nelson.castano@ifrc.org)
- Rena Igarashi, operations senior officer; email: [rena.igarashi@ifrc.org](mailto:rena.igarashi@ifrc.org)
- Karla Morizzo, DREF senior officer; email: [karla.morizzo@ifrc.org](mailto:karla.morizzo@ifrc.org)

### For IFRC Resource Mobilization and Pledges

- Alice Ho, partnership in emergencies coordinator; email: [alice.ho@ifrc.org](mailto:alice.ho@ifrc.org)

### For Performance and Accountability (planning, monitoring, evaluation and reporting enquiries)

- Siew Hui Liew, PMER manager; email: [siewhui.liew@ifrc.org](mailto:siewhui.liew@ifrc.org)

## 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 (NGO's) 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**.

# DREF Operation

FINAL FINANCIAL REPORT

| Selected Parameters |                |           |          |
|---------------------|----------------|-----------|----------|
| Reporting Timeframe | 2019/10-2020/5 | Operation | Mdrmv003 |
| Budget Timeframe    | 2019/10-2020/2 | Budget    | APPROVED |

Prepared on 23/Jun/2020

All figures are in Swiss Francs (CHF)

## MDRMV003 - Maldives - Fire

Operating Timeframe: 03 Oct 2019 to 29 Feb 2020

### I. Summary

|                                 |                |
|---------------------------------|----------------|
| Opening Balance                 | 0              |
| <b>Funds &amp; Other Income</b> | <b>70,103</b>  |
| DREF Allocations                | 70,103         |
| <b>Expenditure</b>              | <b>-63,655</b> |
| <b>Closing Balance</b>          | <b>6,448</b>   |

### II. Expenditure by area of focus / strategies for implementation

| Description   | Budget        | Expenditure   | Variance      |
|---|---------------|---------------|---------------|
| AOF1 - Disaster risk reduction                        |               |               | 0             |
| AOF2 - Shelter  |               |               | 0             |
| AOF3 - Livelihoods and basic needs                    |               |               | 0             |
| AOF4 - Health   | 38,898        | 49,427        | -10,529       |
| AOF5 - Water, sanitation and hygiene                  |               |               | 0             |
| AOF6 - Protection, Gender & Inclusion                 | 1,917         |               | 1,917         |
| AOF7 - Migration                                      |               |               | 0             |
| <b>Area of focus Total</b>                            | <b>40,815</b> | <b>49,427</b> | <b>-8,612</b> |
| SF11 - Strengthen National Societies                  | 1,598         | 278           | 1,319         |
| SF12 - Effective international disaster management    | 27,690        | 13,949        | 13,741        |
| SF13 - Influence others as leading strategic partners |               |               | 0             |
| SF14 - Ensure a strong IFRC                           |               |               | 0             |
| <b>Strategy for implementation Total</b>              | <b>29,288</b> | <b>14,228</b> | <b>15,060</b> |
| <b>Grand Total</b>                                    | <b>70,103</b> | <b>63,655</b> | <b>6,448</b>  |

# DREF Operation

FINAL FINANCIAL REPORT

| Selected Parameters |                |           |          |
|---------------------|----------------|-----------|----------|
| Reporting Timeframe | 2019/10-2020/5 | Operation | Mdrmv003 |
| Budget Timeframe    | 2019/10-2020/2 | Budget    | APPROVED |

Prepared on 23/Jun/2020

All figures are in Swiss Francs (CHF)

## MDRMV003 - Maldives - Fire

Operating Timeframe: 03 Oct 2019 to 29 Feb 2020

### III. Expenditure by budget category & group

| Description                                 | Budget        | Expenditure   | Variance       |
|---|---------------|---------------|----------------|
| <b>Relief items, Construction, Supplies</b> | <b>6,500</b>  | <b>4,125</b>  | <b>2,375</b>   |
| Teaching Materials                          | 4,500         | 3,277         | 1,223          |
| Utensils & Tools                            | 2,000         | 848           | 1,152          |
| <b>Land, vehicles &amp; equipment</b>       | <b>6,500</b>  |               | <b>6,500</b>   |
| Land & Buildings                            | 5,000         |               | 5,000          |
| Computers & Telecom                         | 1,500         |               | 1,500          |
| <b>Logistics, Transport &amp; Storage</b>   | <b>2,400</b>  | <b>261</b>    | <b>2,139</b>   |
| Transport & Vehicles Costs                  | 2,400         | 261           | 2,139          |
| <b>Personnel</b>                            | <b>21,624</b> | <b>8,369</b>  | <b>13,255</b>  |
| International Staff                         | 12,000        | 806           | 11,194         |
| National Society Staff                      | 9,624         | 7,563         | 2,061          |
| <b>Workshops &amp; Training</b>             | <b>18,800</b> | <b>30,434</b> | <b>-11,634</b> |
| Workshops & Training                        | 18,800        | 30,434        | -11,634        |
| <b>General Expenditure</b>                  | <b>10,000</b> | <b>16,581</b> | <b>-6,581</b>  |
| Travel                                      |               | 7,852         | -7,852         |
| Information & Public Relations              |               | 1,616         | -1,616         |
| Office Costs                                |               | 4,655         | -4,655         |
| Communications                              | 10,000        | 2,344         | 7,656          |
| Financial Charges                           |               | 113           | -113           |
| <b>Indirect Costs</b>                       | <b>4,279</b>  | <b>3,885</b>  | <b>394</b>     |
| Programme & Services Support Recover        | 4,279         | 3,885         | 394            |
| <b>Grand Total</b>                          | <b>70,103</b> | <b>63,655</b> | <b>6,448</b>   |