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# Maldives Annual Report

 International Federation  
of Red Cross and Red Crescent Societies

**MAAMV001**

**30 April 2014**

**This report covers the  
period: 1 January to 31  
December 2013**

*Nationwide cleaning activity carried out by  
volunteers from the MRC's Lhaviyani branch  
on 28 December 2013.*

**Photo: Maldivian Red Crescent.**



## Overview

Maldivian Red Crescent (MRC) has been working steadily towards achieving the planned outcome and output targets in the field of disaster management, health, organisational development (OD), including youth programmes and establishing itself as a well-functioning National Society.

Due to the political instability within the country, MRC along with other government and non-government agencies and organisations found it challenging to implement any activity at community level. Hence the implementation rate of project implementation has been lower than expected in 2013.

In **disaster management (DM) programme** significant efforts were made to strengthen MRC's position to respond to emergencies in an effective and timely manner. In effect to this, several trainings were conducted to build capacities of MRC staff and volunteers for future disaster response. It has shown considerable progress in establishing an emergency response mechanism at all levels. MRC developed an emergency response training handbook for facilitators which will serve as a reference guide for facilitators while conducting future emergency response team (ERT) trainings. At the organisational level, revisions of response mechanism, policies and plans have seen significant progress. In particular, the standard operating procedures (SOPs) were revised to include emergency operation unit<sup>1</sup> and national emergency committee<sup>2</sup>.

Under the **health and social care programme**, MRC continued to provide first aid services in target programme communities through its pool of trained human resource at branch level. Three out of five MRC branches have started delivering first aid services in their respective community. The development of the MRC health strategy was initiated in December 2013 with participation from various stakeholders and Maldives national health systems. MRC's health strategy will be finalized and presented to the governing board by March 2014.

<sup>1</sup> Emergency operation unit: substantial national-level emergency response operation team tasked with the operational day-to-day management of the response.

<sup>2</sup> National emergency committee: to provide the strategic direction for the MRC in responding to a national emergency. It is the highest level of decision-making within the national society, and as such, is responsible for ensuring that the MRC fulfils its mandate in emergency response.

In an effort to strengthen prevention activities in communities to support increased community resilience /sustainable development, a toolkit for epidemic control for volunteers was contextualized and translated with the objective of having a mechanism in place to mobilize volunteers in the three priority MRC branches during a health epidemic.

In 2013, with the initiation of the **youth and OD** plan, MRC focused on the development of three strategic branches. The project agreements with partners were finalized and funding made available to MRC by the second quarter to start implementation in the third and fourth quarter. MRC had taken considerable steps to develop, empower and mobilize youth to lead in developing and implementing local level programmes. To mention MRC has initiated a pilot project which aims at youth involvement in school programme at school/local level. The Red Crescent Circle (RCC) development guidelines were approved by the MRC governing board in December 2013.

Being a volunteer based organisation, MRC operation is based on its volunteer involvement in various programmes. In order to track volunteer, member and staff information MRC acquired and started using the resource mobilization information (RMI) system setup by the IFRC.

#### Factors affecting the operating context:

The volatile political situation in the Maldives during the reporting period, activities had to be delayed, specifically those involving community level visits and external coordination. As a result, majority of the community mitigation projects were delayed due to the fact that community focus (including government/ local councils) shifted toward the Maldives presidential elections. This diversion caused many difficulties in arranging community level meetings, in which ensuring participation of relevant stakeholders and community engagement for implementation of planned activities were some of the major constraints.

The transition in MRC's senior management starting from the second quarter of the year was another factor affecting planned activities for third and fourth quarter. While the new Secretary General resumed office by the end of the third quarter, the position of programmes manager, the communications and resource mobilization manager have been filled in the fourth quarter. To an extent this has created administrative delays by MRC in providing timely comments and feedback to the draft MRC strategies, policies and other documents.

## Working in partnership

Partners	Disaster Response	DRR	Health	Water and sanitation	OD	Communications	HD	IDRL	RM/PMER
<b>Multilateral partner National Societies through IFRC</b>									
Japanese Red Cross Society		✓	✓						
Hong Kong Red Cross		✓	✓						
<b>Other multilateral partners through IFRC</b>									
British Department for International Development (DFID)			✓						
<b>Bilateral partner National Societies</b>									
Australian Red Cross			✓		✓				
Canadian Red Cross Society	✓	✓			✓				✓
Singapore Red Cross									✓
<b>Other bilateral partners</b>									
ICRC	✓					✓	✓		

## Progress towards outcomes

### Business line 2: “To grow Red Cross Red Crescent services for vulnerable people”

Measurement			
Indicators	BL	Annual Target <sup>[1]</sup>	Year to Date Actual
<b>Outcome 1:</b> Increased capacity to be more efficient and effective in responding to emergencies by developing skilled human resources and capable branches and units.			
<b>Output 1.1:</b> MRC Emergency First Response Team (EFRT) members are fully trained and equipped.			
<i>MRC has a well-functioning EFR Team in most disaster prone atoll.</i>	No baseline	1	1
<b>Output 1.2:</b> Trained and equipped Emergency Response Teams (ERT) piloted and functioning as per SoP guidelines.			
<i>Trained and equipped ERT established and functioning as per SoP guidelines with yearly mock drills conducted as part of training and monitoring by 2015.</i>	No baseline	1	1
<b>Output 1.3:</b> Emergency response preparedness drills are conducted in schools, communities and MRC.			
<i>At least 50% schools and communities (where MRC branches are established) conduct yearly drills as part of Emergency Response preparedness by 2015.</i>	No baseline	50%	50%
<b>Output 1.4:</b> Awareness campaigns about National End - End Early Warning Systems conducted at community level in partnership with Meteorological Services.			
<i>Annual awareness campaigns are held in 50% of communities (where MRC branches are established) by 2015.</i>	No baseline	50%	50%

Comments on progress towards outcomes
<p><b>Outcome 1:</b></p> <ul style="list-style-type: none"> <li>Indicator 1.1: Aside from the 38 members trained in EFRT in 2012, first aid kits were sent to all 10 MRC branches in 2013 to be used when ERT teams are mobilized for local response.</li> <li>Indicator 1.2: In 2013, 3 more ERTs (11 ERTs in 2012) have been established – 106 people trained (Male': 33, Gnaviyani: 34 and Haa Dhaal: 39) using the newly developed ERT training package. In addition, 13 participants (male: 7, female: 6) have been trained as ERT training of trainers (ToT) in March 2013, in Male'. Furthermore, MRC took part in the airport emergency drill “Maakana 2013”. Airport emergency drill is an annual mandatory drill organized by the airports authority of Maldives to prepare and test their SOPs in case of an airport emergency. MRC has been part of emergency first aid team since 2011. In the 2013 drill, MRC activated its response mechanism to test out its validity and effectiveness. Hence all areas mentioned in the response mechanism such as EC, EOC and ERT were activated as per the plan. A debriefing meeting was held after the drill to capture lessons learnt in terms of decision making, formats used as well as field experience.</li> <li>Indicator 1.3: At the organisational level, revisions of response mechanism (which was approved on 22 December 2012), policies and plans have seen significant progress. MRC's response mechanism and SOPs were revised. In particular, the SOPs were revised to include emergency operation unit (EOU) and national emergency committee (NEC). Revisions for unit emergency committee and branch emergency committee are on-going. All revisions of the SOP documents will be completed by end of the first quarter of 2014. Once finalized, the plan will be shared with IFRC South Asia regional delegation (SARD)'s disaster preparedness advisor for technical approval.</li> <li>Efforts have been made to strengthen MRC's position to respond to emergencies in an effective and timely manner. In effect to this, several trainings have been conducted to build capacities of MRC staff and volunteers for future disaster response. The regional disaster response team (RDRT) trainings</li> </ul>

[1] Targets in red are cumulative.

focusing on shelter, and logistics were successfully completed by six MRC members. It has been observed that due to the nature of the National Society (different from others) not all RDRT trained personnel have gone through the normal procedure of completing the RDRT induction before specializing in a particular theme. MRC deployed its first shelter RDRT volunteer to the Philippines (assisted with Typhoon Haiyan operation) in late November 2013. This was a huge milestone for a young National Society to have been able to provide help to other sister National Societies based on the limited capacity.

- A contingency plan for civil unrest was developed and approved by the MRC governing board in September 2013, after one MRC volunteer and three staff members participated in the contingency planning ToT held in Indonesia. However, the approved contingency plan was not finalized due to postponement of the stakeholder workshop in view of the current political and civil situation in the country. Training package for EOU, EC and branch boards and leadership training completed by two board members in target branches.
- Indicator 1.4: Even though MRC is a relatively young National Society, it has shown considerable progress in establishing an emergency response mechanism at all levels. During the reporting period, MRC developed an emergency response training handbook for facilitators which will serve as a reference guide for facilitators while conducting future emergency response trainings. In the fourth quarter, ERT cards were distributed to MRC volunteers who had completed the emergency response trainings. The trained MRC volunteers have demonstrated the learnings by responding to flood situations due to continuous rainfall in two atolls - Gaaf Alif in Villingili and Gaafu Dhaal in Gadhoo, in the southern Maldives. MRC volunteers assisted the Maldives National Defence Force in pumping out excess water from the flood affected homes. MRC has a plan to conduct its first National Emergency Response Team (NERT) training in May 2014.

#### Indicator Variance:

Overall the progress in developing training packages for EOU, EC, branch boards, ERT and NERT has been severely affected by the political instability of the country.

- To mention, MRC has initiated a pilot project which aims at youth involvement in school programme at school/local level. The RCC development guidelines have been approved by the MRC governing board in December 2013. With the approval of the guidelines the first phase (three years) of the pilot project has been initiated. The RCC programme will be developed along with identification of six pilot schools across the nation (priority is to be given to schools within the strategic MRC branches) which is expected to be rolled out during the second quarter of 2014.
- The 2013, was a challenging year to meet targets of all programmatic areas of MRC due to the difficult political situation in the country (since February 2013), with the presidential elections in September 2013 all community related matters were focussed on a political prospective only.

### Business Line 3: "To strengthen the specific Red Cross Red Crescent contribution to development"

Measurement			
Indicators	BL	Annual Target <sup>[1]</sup>	Year to Date Actual
<b>Outcome 1:</b> Increased community health preparedness resilience in communities with awareness to tackle social issues in communities.			
<b>Output 1.1:</b> MRC staff and volunteers trained in CBHFA programme delivery.			
<i>10 volunteers/staff trained to CBHFA Master level and at least 1 trained in CBHFA programme at branch level by the end of 2015.</i>	No baseline	0	21
<b>Output 1.2:</b> Community-based First Aid and School-based First Aid programme and resources developed and trained.			
<i>50% of schools (where MRC branches are established) conduct school-based first aid training by the end of 2015.</i>	No baseline	50%	Refer to narrative

[1] Targets in red are cumulative.

<b>Output 1.3:</b> National First Aid Standardization board set-up and functioning.			
<i>A well-functioning National First Aid Standardization body in place with regular annual meetings with national level stakeholders by 2015.</i>	No baseline	1	Refer to narrative
<b>Output 1.4:</b> MRC's staff and volunteers trained in first aid.			
<i>30 volunteers/staff trained annually as first aiders and</i>	No baseline	30	78 <sup>3</sup>
<i>At least 15 volunteers/staff trained as first aid trainers with a pool of 15 trainers maintained for community related annual first aid sessions.</i>	No baseline	15	24 <sup>4</sup>
<b>Output 1.5:</b> MRC CBHFA programme is further developed with more health activities in communities.			
<i>Health activities conducted in 5 communities (where MRC branches are established) yearly.</i>	No baseline	5	12
<b>Output 1.6:</b> Public awareness activities related to health issues conducted.			
<i>2 spots for health messages designed and released each year.</i>	No baseline	2	2 <sup>5</sup>
<b>Outcome 2:</b> Increased awareness and actions in communities towards climate related health issues and measures that can be taken.			
<b>Output 2.1:</b> IEC materials for dengue/chikungunya awareness developed.			
<i>New IEC materials based on dengue messages developed for both local communities and expatriate population stored and ready to be used in all MRC branches by 2015.</i>	No baseline	10	Refer to narrative
<b>Output 2.2:</b> Dengue and chikungunya related risk reduction and mitigation activities conducted in communities twice a year.			
<i>1 dengue and 1 chikungunya related risk reduction and mitigation activities conducted in at least 20 communities each year.</i>	No baseline	20	78 <sup>6</sup>
<b>Outcome 3:</b> Increased awareness among communities about the local hazards, risks and capacities in order to undertake possible solutions.			
<b>Output 3.1:</b> MRC has a VCA guideline in local language.			
<i>VCA guideline is disseminated to 20 MRC branches in Dhivehi.</i>	No baseline	17	20 <sup>7</sup>
<b>Output 3.2:</b> MRC staff and volunteers are trained in VCA.			
<i>2 trained VCA trainer in each MRC branch.</i>	No baseline	2	26 <sup>8</sup>
<b>Output 3.3:</b> Risk identification profile at community level is shared with National Disaster Management Centre (NDMC) and department of national planning and community stakeholders			
<i>All VCA reports during the period of 2012-2015 are shared with NDMC and department of national planning and community stakeholders.</i>	No baseline	0	0
<b>Output 3.4:</b> Vulnerability and capacity maps displayed in communities for public viewing.			
<i>50% of the Maldivian communities (on atolls where MRC</i>	No baseline	50%	Refer to narrative

<sup>3</sup> In 2012, 45 volunteers were trained in first aid.

<sup>4</sup> In 2012, the achievement was 13.

<sup>5</sup> In 2012, two spots for health messages designed and released. No progress has been reported in 2013.

<sup>6</sup> In 2012, 78 communities were reached by MRC through dengue and Chikungunia related risk reduction and mitigation activities.

<sup>7</sup> In 2012, VCA guideline was disseminated in three communities.

<sup>8</sup> In 2012, 26 people from branches and NHQ received VCA ToT.

<i>branches are established) display vulnerability and capacity maps for public viewing by 2015.</i>			
<b>Outcome 4:</b> Communities at risk have increased their capacities in terms of safety and resilience towards natural hazards and climate change risks.			
<b>Output 4.1:</b> MRC volunteers and staff are trained and have capacity in DRR/CCA.			
<i>MRC has a well-functioning DRR/CCA with at least 1 trained volunteer or staff in 50% of its branches by 2015.</i>	No baseline	50%	50%
<b>Output 4.2:</b> DRR/CCA related mitigation activities are conducted at community level.			
<i>1 mitigation (new and ongoing) activity conducted in 50% of the communities (where MRC branches are established) once a year.</i>	No baseline	1	1
<b>Output 4.3:</b> Media campaign on DRR/CCA messages conducted.			
<i>2 video spots providing DRR-CCA messages released yearly.</i>	No baseline	2	Refer to narrative <sup>9</sup>
<b>Output 4.4:</b> Better relations with stakeholders in DRR-CCA.			
<i>At least 1 coordination meeting with DRR-CCA related stakeholders held yearly.</i>	No baseline	1	1
<b>Output 4.5:</b> Community level events to promote MRC role in DRR/CCA conducted.			
<i>Special day events such as IDDR Day and Unity Day (to remember victims of the 2004 Tsunami) held in at least 5 communities each year.</i>	No baseline	5	16 <sup>10</sup>
<b>Outcome 5:</b> Institutional Capacity Development and Branch Development: Creation of a strong and sustainable organization that is able to provide effective services to vulnerable people nationwide.			
<b>Output 5.1:</b> Branch programme assistants trained on MRC's admin and HR Policy, and finance manual.			
<i>At least one branch level programme assistant is trained on, and applying, admin and HR policy and financial manual.</i>	No baseline	1	6
<b>Output 5.2:</b> Annual Audited Financial Statements of MRC completed yearly.			
<i>A qualified audit report issued by an independent external auditor on the financial statements of MRC at the end of each year.</i>	No baseline	1	2 <sup>11</sup>
<b>Output 5.3:</b> Internal Audit Report of Branches.			
<i>Internal audit reports produced and presented to Finance Commission and the governing board on a yearly basis.</i>	No baseline	1	3 <sup>12</sup>

### Comments on progress towards outcomes

#### Outcome 1:

- Indicator 1.1: MRCS staff and 256 volunteers in 10 branches also involved in reaching out to more than 2,000 beneficiaries with crucial health messages such as blood pressure control, hypertension and nutrition
- Indicator 1.2: Children were introduced to first aid training during the launch of the 4th anniversary of MRC, along with a short play by the volunteers showing the different MRC community programmes.
- Indicator 1.3: With the MRC first aid service guideline was developed, the branches and units can utilize the first aid service team and trained volunteers to deliver the service at community level. Six units have also received first aid kits – S. Hithadhoo, Fuvahmulah, Gdh Thinadhoo, M. Kolhufushi, N. Manadhoo and Hdh. Nohivaram. At the institutional level, branch development activities are on-going to reach out to

<sup>9</sup> In 2012, six video spots providing DRR/CCA messages released.

<sup>10</sup> In one community IDDR day was celebrated in 2012 whereas 15 communities celebrated this day in 2013.

<sup>11</sup> One each in 2012 and 2013 respectively.

<sup>12</sup> In 2012, two audit reports were produced.

vulnerable people with first aid services. Three out of five MRC branches have started delivering first aid services in the respective communities.

- Indicator 1.4: To increase the number of volunteers and to meet the increased demand for first aid services at community level, numerous first aid trainings were held throughout the year. A total of 33 volunteers were trained in standard first aid in 2013. Capacity building efforts through first aid ToT was initiated in November 2013, whereby 11 out of 18 participants passed the training. The trained volunteers have been able to demonstrate the learnings of the first aid training by actively engaging with their respective communities and providing first aid services to the nationwide cleaning activity organised by Ministry of Home Affairs in the capital on the occasion of unity day 2013. A total of 50 MRC personnel (20 MRC volunteers, 12 MRC first aiders and 18 MRC staff) participated in this event in Male' city. Similarly, MRC branches also participated in different cleaning activities within their respective communities.
- Indicator 1.5: A toolkit for epidemic control for volunteers (ECV) was contextualized and translated in December 2013 to have a mechanism to mobilize volunteers in the three priority MRC branches during a health epidemic.
- Indicator 1.6: MRC Lh. Naifaru unit has strategically placed dengue billboards (provided by MRC headquarters) in two pre-school and one secondary school since 2012. Most of the other programmatic activities were unable to carry out due to political changes in the country.

#### **Outcome 2:**

- Indicator 2.1: In 2012, MRC developed dengue related IEC materials (posters, leaflets and videos for school students) based on dengue messages. Whereas in 2013, an annual calendar was developed with graphic focused on an MRC thematic area of resilience such as dengue prevention, emergency alerts, and first aid. The calendars were distributed in 22 islands, including CBDRR communities and MRC units/branches by March 2013. Desktop version of the calendars was also distributed to national and international stakeholders.
- Indicator 2.2: Island cleaning activities were conducted throughout the year in conjunction with the international day for disaster risk reduction (IDDR), the unity day, and the world health day, focusing on mosquito breeding prevention.

#### **Outcome 3:**

- Indicator 3.1: MRC adapted and published the vulnerability and capacity assessment (VCA) guideline and toolkit in early February 2013. These guidelines will be the basis of all VCAs that will be conducted by MRC, in future. The booklets will be distributed to all MRC units and branches. All VCA trainings will also adhere to the guidelines stipulated in the VCA guideline and toolkit. The purpose is to standardize the VCA reports of MRC as a quality holistic research that can be used by community, MRC, NGOs and other organisations as a basis for designing developmental programmes to make communities more resilient.
- Indicator 3.4: For public viewing, vulnerability and capacity maps were displayed in 21 communities in 2012. But, due to difficult political situation this could not be continued in 2013.

#### **Outcome 4:**

- Indicator 4.1: MRC held its second national youth camp in August 2013 for 20 youth from seven branches to create young leaders in communities who are capable of identifying youth related issues within the community and implementing projects that would address the identified issues. The fifth national youth volunteer gathering was held in Indonesia, in June 2013 where a volunteer from Gaafu Dhaalu Thinadhoo and the governance officer from MRC headquarter joined to exchange and learn from each other and sharing experiences about volunteering in humanitarian missions.
- MRC was represented in the climate change adaptation ToT hosted by IFRC Asia Pacific zone office in August 2013. MRC was provided an opportunity to participate as a core group National Society member to provide technical support to plan and implement climate smart project activities at national and community level.
- MRC programme manager represented the National Society at the Global Platform for Disaster Risk Reduction (GPDRR). The GPDRR is the world's largest gathering of stakeholders committed to reducing disaster risk and building the resilience of communities and nations. MRC also presented at the side event at the GPDRR on "civil society binds together to build resilience" on building resilience of the vulnerable people by IFRC.
- Indicator 4.3: Significant efforts were made towards creating visibility and advocacy initiatives for MRC emergency response work. In effect to this, during the IDDR day a stakeholder TV panel discussion was organized in coordination with the Ministry of Gender, Ministry of Family and Human Rights, Care Society and Blind Association. Television programmes were also held whereby information about this year's

thematic concept 'Living with disability and disasters' was disseminated. Similarly, a social media campaign was organized in parallel to the stakeholder forums and television events to raise awareness on IDDR through Thunderclap. Additionally, an article was also published on the MRC website with relevant information on IDDR and the 2013 thematic concept of living with disability and disaster.

- Furthermore, for the first time MRC had an international RDRT deployment to the Philippines in November 2013 to support the Typhoon Haiyan emergency response operation. MRC capitalized on this deployment opportunity to spread awareness messages on promoting humanitarian principles and volunteerism through media channels. As a result of the strong media coverage on promoting volunteers, there was an increase in interest shown towards signing up as MRC volunteers. The publicity also provided a medium for leveraging partnerships whereby private donors could donate towards Typhoon Haiyan relief and recovery operation through MRC and to support MRC's work in general.
- Indicator 4.4: In relation to youth activities, MRC conducted a forum in May for the youth stakeholders who are working in the area of youth development in Maldives. In the forum, the specific roles and responsibilities of MRC were identified which contributed to achieving MRC's strategic aim related to youth in its strategic plan 2011 – 2015. Also, the forum captured knowledge on youth related issues and engagement in Maldives. A technical committee was formed by the stakeholders at respective level to share plans, programme activities and experience.
- Indicator 4.5: Media, both print and broadcast, were significantly utilized prior to special events such as international volunteer day, IDDR day and unity day, whereby publicity opportunities were utilized to spread awareness on the themes of these days, spread messages about the MRC principles and values and inform the public about on-going projects and work that MRC has done and future planned activities.
- On 8 May 2013, events were held across MRC branches and units to mark the World Red Cross Red Crescent Day 2013. The theme for 2013 was '150 Years of Humanitarian Action' marking 150 years since the birth of the International Red Cross and Red Crescent Movement. Guidance, visibility/promotional material and financial support were provided from headquarter to all branches for them to be able to carry out activities. As per the guidance provided, branches and units were coordinated under the umbrella of 'I am for Humanity' road shows. Road shows were held in H.Dh. Nolvivaram, N. Manadhoo, N. Holhudhoo, M. Muli, M. Kolhufushi, Th. Veymandoo, Lh. Naifaru, G.A. Villingili, Gn. Fuvahmulak and S. Hulhumeedhoo.
- The "I am for Humanity Campaign" which aims at strengthening MRC's public image continued to create visibility through television commercials (TVC) which was prepared and aired during August 2013. The TVC profiled one of the MRC volunteer, thereby aiming to increase MRC's volunteer pool. In addition to this, a public billboard concept was developed aiming at increasing MRC's visibility to the general public. This concept also provided an opportunity for members and volunteers to sign up or to learn more about MRC. Following this, billboards which were sent to Seenu (Addu) and Gnaviyani (Fuhmulak) branch have not yet been displayed due to delays in approval from the councils.
- The 4th anniversary of the MRC was celebrated at an official function held on 17 August 2013, whereby events were held across MRC headquarters' and some branches - Thaa atoll branch, Gnaviyani branch in Fuhmulak. The President of the Human Rights Commission of the Maldives was invited as the chief guest for this event. Among the other prominent dignitaries who attended this event were the former and current presidents of MRC, foreign dignitaries, representatives of partner National Societies, government officials, corporate partners and MRC members and volunteers. MRC presented a plaque of appreciation to the former MRC president Mr Ibrahim Shafeeq. Certificates of appreciation were also presented to 12 parties in recognition of their support towards MRC in 2013 including the government, corporate partners and Canadian Red Cross.

#### **Outcome 5:**

- Indicator 5.1: Since the OD assessment, a new organisational structure was drafted and was in alignment with the recommendation. This new structure was approved by the governing board and came into effect in January 2013. Several job descriptions were formulated for new positions within MRC, including volunteer management officer, resource mobilization (RM) officer, communications officer, personal assistant (PA) to SG and logistics officer. While the logistics officer, PA to SG and RM officer were hired within the reporting time, hiring process for the three strategic branches' branch secretaries and volunteer management officer is currently underway. In addition, internal recruitment of three programme officers (health, emergency preparedness and response, youth) was done with technical capacity within MRC in each of the strategic areas.

#### **Indicator Variance:**

Overall the progress of programme implementation in 2013 has been severely affected by the political instability of the country, funding difficulties and technical expertise.

- YABC peer educator training was postponed to the first quarter of 2014 due to funding difficulties.
- The development of the MRC health strategy was initiated in mid-December 2013. In effect to this, a stakeholder forum was conducted to identify the needs and gaps within the Maldives national health systems and how MRC can provide its services or technical expertise to address them. MRC health strategy is to be finalized and presented to the governing board by March 2014.
- VCA trainings were put on hold since the need was not evident for 2013 as MRC had sufficient volunteers and staff trained in conducting VCAs, if needed.
- Sharing of VCA reports with NDMC and department of national planning and community stakeholders was not done due to difficult political environment.

**Business Line 4: “To heighten Red Cross Red Crescent influence and support for our work”**

Measurement			
Indicators	BL	Annual Target <sup>[1]</sup>	Year to Date Actual
<b>Outcome 1:</b> Resource Mobilization and External Affairs Development: MRC is well positioned, understood, profiled and supported, thereby able to mobilize members and financial resources.			
<b>Output 1.1:</b> MRC has an approved resource mobilization strategy and plan and is able to generate resources of its own.			
<i>50% of the resource mobilization activities implemented as per resource mobilization plan reaching 50% of the communities where MRC is active by 2015.</i>	No baseline	50%	Refer to narrative
<b>Output 1.2:</b> MRC is well positioned, understood, profiled and supported, thereby able to mobilize members and financial resources.			
<i>Memorandum of understandings (MoUs) signed with existing and new government and non-government partners/stakeholders by 2015 outlining respective roles and responsibilities.</i>	No baseline	1	Refer to narrative

**Comments on progress towards outcomes**

- Indicator 1.1: In a scoping exercise conducted by RM consultants, one key constraint identified which limits the scope of resource mobilization activities in the Maldives is insufficient public awareness on MRC's work. Given this finding, in late November 2013, there was considerable amount of work and efforts made in mobilizing the media as the existing roster of contacts were outdated. Initially a series of dialogues were initiated to establish a secure contact and link with key people in broadcasting and print media industry. By the end of November, new contacts with media were established and the roster was updated. During this process it was also found that there is a huge potential for media mobilization and getting the media interest/involvement in MRC's work. Key accomplishment in terms of RM as well as in terms of raising awareness on MRC to the public in general was securing partnership opportunities with two media stations - Maldives Broadcasting Corporation (MBC) and Channel One. MRC will be given slots and opportunities to appear on both radio and television programmes in delivering messages on the impact and result of MRC's work.
- On 14 September 2013, a children's evening and a fundraising dinner was organised at the artificial beach on the occasion of the World First Aid day to raise funds for MRC first aid services. The children's evening focused on raising awareness about first aid and road safety. A short play was staged by MRC staff and volunteers showing an accident scenario and MRC's response.
- Indicator 1.2: MRC branches/units continued to collaborate and coordinate with key stakeholders at various levels in conducting community activities. As a result, the MRC has signed a MoU with Journey (a local NGO). The MoU addresses a collaboration of Journey to the youth health and well-being (YHWP) project implementation as well as broader MRC activities. The YHWP project is a pilot project

[1] Targets in red are cumulative.

that has focussed on harm reduction.

**Indicator Variance:**

- Engagement with the media in the second half of the year has made a significant impact in terms of promoting the image of MRC among public. However, much more needs to be done in this area for MRC to actually measure the impact of its programme and services.
- Formalizing MoU was unmet due to the difficult political situation in the country. However, discussions are ongoing with the Ministry of Education, NDMC, National Drug Authority of Maldives and other stakeholders.

**Business Line 5: “To deepen our tradition of togetherness through joint working and accountability”**

Measurement			
Indicators	BL	Annual Target <sup>[1]</sup>	Year to Date Actual
<b>Outcome 1:</b> Leadership Development: MRC’s governance and management is guided and strengthened to effectively lead the organization and its service delivery.			
<b>Output 1.1:</b> MRC’s decision-making bodies (boards and senior management) to support service delivery and meet statutory requirements of the organization – resource mobilization; developing policy documents, strategic directions, legal directions etc.			
<i>MRC’s senior management meets once a month with 4 meetings by each branch board on a yearly basis.</i>	No baseline	12	64 <sup>13</sup>
<b>Output 1.2:</b> MRC has new policies, procedures, strategies and plans to further strengthen and develop MRC.			
<i>25% of the existing policies revisited and revised with 2 meetings held annually to orient staff/units/branches on the new policies by 2015.</i>	No baseline	2	4 <sup>14</sup>
<b>Output 1.3:</b> MRC’s leadership actively supports the IFRC, participates in its affairs, implements its strategies and policies, and cooperates with the IFRC, the ICRC, and the other National Societies within its capacities.			
<i>Participation in 4 training/peer-to-peer support opportunities. 2 MRC policies and strategies are developed annually that are in line with IFRC policies and strategies.</i>	No baseline	2	3 <sup>15</sup>
<b>Outcome 2:</b> Effective coordination, reporting and monitoring systems are in place.			
<b>Output 2.1:</b> Clear coordination and monitoring systems are in place with monthly updates (reports) received by units/branches and headquarters on a timely basis.			
<i>Reports produced showing tangible and visible impacts in all areas.</i>	No baseline	2	3

**Comments on progress towards outcomes**

**Outcome 1:**

- Indicator 1.1: MRC held its 5th General Assembly (GA) during April 2013. A total of 54 delegates from 10 branches and the governing board participated in the GA. During the GA, new members were elected to the governing board including the president. Following the assembly, a governance workshop was held for branch representatives, where branch activities, services, information on branch functions and policy induction were addressed. In addition to the governance workshop, the task of developing governance board members roles and responsibility was discussed. A total of six governing board meetings were

[1] Targets in red are cumulative.

<sup>13</sup> 39 meeting of MRC senior management was conducted in 2012.

<sup>14</sup> Two meeting were held in 2012.

<sup>15</sup> One MRC policy was developed in line with IFRC policies and strategies in 2012.

held in 2013. During the meeting right after the GA, newly elected members were oriented to MRC. The governing board discussed and deliberated on various issues, including adoption of policies and key decision. The governing board also conducted teleconference with the governance in the strategic branches during their meetings.

- A total of 25 weekly management meetings were organized to enable MRC management decision making process. Towards the end of the year, these meetings have been rescheduled to be held every alternate week, with coordination meetings happening in between.
- Indicator 1.2: The newly elected governance board members being oriented and familiarizing themselves with the RCRC Movement, a terms of reference (ToR) was drafted for the OD field visits to nine MRC branches. Furthermore, these field visits aimed at building capacity of board members to be more effective and efficient in carrying out their responsibilities, better position MRC with stakeholders as a key partner in service delivery, induct branch and unit board members to new governance procedures, policies, provide a better understanding of MRC, its units and branches, governance and volunteer's roles, orientation to newly recruited staff members and increase branch staff capacity in governance.
- Indicator 1.3: MRC was represented in the IFRC Statutory Meeting and Council of Delegates; which was held in November 2013 in Sydney, Australia by MRC President, youth member and the SG. For MRC, this was the first Federation GA attended after recognition and was the first time, MRC voted during an IFRC GA. In addition, MRC youth member attended the Global Youth Conference. The main discussions and pledges made during the Global Youth Conference included setting a vision of the world beyond 2015, RCRC youth shaping the humanitarian landscape through implementation of the Youth Engagement Strategy (YES) and preparing for participation and interventions in the GA and the Council of Delegate. During the visit Maldives delegation made courtesy calls to several other National Society delegations to discuss about the areas of assistance and to strengthen friendship between the National Societies. In this manner MRC delegation met with Canadian Red Cross, Italian Red Cross, Japanese Red Cross Society, Qatar Red Crescent Society, Iranian Red Crescent Society, Saudi Red Crescent Authority, Singapore Red Cross, American Red Cross, Fiji Red Cross, Australian Red Cross, Malta Red Cross and the Chinese Red Cross representatives.
- MRC was represented by its president in the third consultation meeting of the Islamic Committee of the International Crescent (ICIC) in May 2013, in Tunisia.
- MRC was also represented in various zonal and regional forums and meetings. To mention, newly elected president at the Asia Pacific orientation for National Society leaders which was held in Kuala Lumpur, Malaysia, in July 2013 and the 3rd Asia Pacific Fundraising Networking (APFN) meeting held in the Philippines, in July 2013, provided a platform to have an improved understanding of the Movement's cooperation mechanisms and framework for the development of National Societies and building fund raising skills. MRC is one of APFN steering group's members.

#### **Outcome 2:**

- Indicator 2.1: A ToR was drafted for the OD Department field visits to branches (Thaa and Gnaviyani). A new reporting template to monitor branches' monthly activities was designed in Dhivehi and English and in used. In addition, MRC's monthly updates were formulated in both languages to enable members and volunteers to keep track with MRC activities.
- As part of the monitoring and updates of MRC programmes, half-yearly development operational narrative reports are submitted to the regional office by MRC headquarters. Both reports were based on progress and impact at outcome and output level. The reports cover the progress, impact, challenges and the lessons learnt during implementation. Necessary revisions were made once the report was discussed and reviewed by the IFRC regional reporting officer. Monthly financial analysis reports are shared and discussed with the programme managers to track budget and expenditure.

## Stakeholder participation and feedback

As the leading humanitarian organisation in the field of DRR, MRC receives regular requests for consultation from the NDMC, the Meteorological Services, Ministry of Education and other sectoral ministries to provide technical support and advice on DRR issues in Maldives. MRC is a member of the NDMC led Disaster Management Steering Committee. During the reporting period partnered with its members to conduct a school emergency SOP formulation workshop and school DRR forum.

MRC is part of the health network led by the Ministry of Health, Maldives which promotes health awareness and prevention at national level. Since 2010, MRC is a key partner in the yearly dengue prevention and eradication campaign “Madhiri Rulhi Rulhi”.

The SG presented a brief report to the governing board on the IFRC statutory meetings held in Sydney with different National Societies and their proposals to partner with MRC in revenue generating, human resource development and programmatic areas.

Towards the end of the third quarter, PRU coordinator and technical advisors from IFRC SARD participated in a joint MRC annual operation planning (AOP) session for 2014. OD was identified as one of the focus areas for the MRC AOP 2014. During the same visit MRC OD manager, volunteer management officer and the regional OD manager had discussions and shared ideas on volunteer development. SARD technical advisors’ continued to give support to MRC programmes specially in DM, health, youth, planning, monitoring, evaluation and reporting (PMER) and planning of activities for 2014.

MRC programme manager made a monitoring visit to Noonu branch and units and met with relevant stakeholders and the community. Some of the discussions included how MRC can work together with other stakeholders to fulfil the outcomes that’s been identified by the community. The programme manager also met with the branch and unit boards and discussed about further development of programme activities in Noonu atoll since there was a halt in activities due to the political climate.

## Key Risks or Positive Factors

Key Risks	Priority High Medium Low	Recommended Action
Volatile political situation in Maldives limited the field visits, implementation of community level programmes and external coordination.	H	For planning of new community level projects, new methodologies and strategies will be devised.

## Lessons learned and looking ahead

Maldives’ political climate poses a high risk to programmes and services implementation. New methodologies need to be devised and strategized on how to work with communities in the current political climate. The presidential elections in Maldives which was held in the third quarter of 2013, presented difficulties in mobilizing communities and implementation of planned activities. However, MRC has developed a contingency plan in order to minimize the risk of political conflict on implementation of planned activities.

Despite this, difficulties were faced to ensure participation of local communities for community meetings. Given this situation, different methods were adopted such as volunteers personally going door-to-door inviting people for meetings, sending invitations to households by the island council, using loud speakers and walking in communities. Even after adopting these measures, the turnout of community participation in some activities was very low. Therefore, MRC is further exploring methodologies that work specifically for each community (in new programme areas) to ensure optimal community participation and engagement.

## Financial situation

[Click here to go directly to the financial report.](#)

## 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 Disaster 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.

[www.ifrc.org](http://www.ifrc.org)  
Saving lives, changing minds.



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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of nonviolence and peace.

Find out more on [www.ifrc.org](http://www.ifrc.org)

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