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Maldives

Annual Report 2012

 International Federation
of Red Cross and Red Crescent Societies

MAAMV001

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**This report covers the
period 1 January to
31 December 2012**

MRC volunteers of H.A. Hoarafushi assisting with the distribution of safe drinking water to the island's households during the severe floods in 30 Maldivian islands.

Photo: Mohamed Adheel/MRC.



Overview

The resignation of President of the Republic of Maldives in early February 2012 resulted in considerable political upheaval and a deteriorating security situation, which lasted for several weeks. The turmoil throughout the country during February and March culminating in a day of considerable violence on 1 March when the new President was due to open the first Parliamentary session of the year. A number of the International Committee of Red Cross (ICRC) delegates visited Maldives to meet with the authorities, visit detainees and develop MRC's first aid capacity in violent situations.

In August, MRC's emergency response team responded to an incident on Randheli Tourist Resort (currently under construction) for food poisoning of 80 people. The team along with volunteers and members delivered first aid service to those in need and helped with transporting the casualties.

MRC also responded to the severe weather that caused floods in 30 Maldivian islands in late October and early November. MRC's focus areas for response included water and sanitation and health epidemic control. Furthermore, MRC atoll branch and island unit in the southern area activated volunteers to help with the houses which experienced overflow from their household septic tanks, providing help to move household items to safe area, removing water from houses and also carrying sandbags to unaffected households to reduce the risk of further flooding.

Towards the third quarter, Maldives was somewhat politically stable, as the political parties moved towards the presidential primaries to elect their candidates for the presidential election in 2013.

After a number of political demonstrations and discussions, the Maldivian government terminated the 25 year contract (signed in 2010) with India's GMR Infrastructure Limited to develop the Male' International Airport. The facility was expropriated earlier in December and will remain under the control of Maldives Airport Company Ltd (MACL). It is not yet clear what steps will be taken to ensure financing for the completion of the work.

The Government also decided to comply with Parliament's unanimous decision to terminate the Border Control System (BCS) contract with the Malaysian company, Nexbis Limited. Parliament's Finance Committee which had reviewed the BCS project had found that the contract was not in the best interest of the Maldives, hence urged the government to terminate the agreement in December. The country's Home Minister assures that the project will be opened for tender soon in order to ensure that the Maldives border remains protected.

The Maldivian Government is expected to face sizeable compensation claims for the cancellation of both these agreements. No budgetary provision has been made to cover such an eventuality.

Working in partnership

Operational Partners	Agreement
Australian Red Cross	Project Agreement being finalised for youth health and well-being
Canadian Red Cross	Project Agreements for community-based disaster risk reduction Violence Prevention Project. Support to organisational development
Imaaduddin School	Resource and service sharing MoU for provision of meeting facilities free of charge
International Committee of Red Cross (ICRC)	Donor agreement
International Federation of Red Cross and Red Crescent Societies (IFRC)	Coordination Agreement
Maldives Meteorological Services	Operational partner for early warning
Ministry of Defence and National Security (i.e. Maldives National Defence Force and police)	Operational partners for participation in various consultative groups
Ministry of Education	Operational partner for child related components in DRR, VP and health programmes
Ministry of Health	Operational partner for health (especially dengue prevention campaigns)
National Disaster Management Centre (NDMC)	Operational partner for DRR, DP and drafting of Disaster Management Bill
Red Cross Society of China	Donor agreement for support to organisational development
Swiss Embassy	Donor agreement for women' empowerment project
UNDP	Member of consultative groups on disaster risk reduction (DRR) standard operating procedures (SoPs)
Villa School	Resource and service sharing MoU for volunteer recruitment
WHO	Donor/ operational partner for EFRT training

Progress towards outcomes

Business Line 2: "To grow Red Cross Red Crescent services for vulnerable people"

Measurement			
Indicators	BL	Annual Target	Year to Date Actual
Outcome 1: Increased capacity to be more efficient and effective in responding to emergencies by developing skilled human resources and capable branches and units.			
Output 1.1: MRC Emergency First Response Team (EFRT) members are fully trained and equipped.			
a) 25 EFRT trained volunteers and staff in MRC	48	25	38
b) Two emergency medical technicians (EMT) specialized EFRT's created in MRC	No baseline	2	0
c) EFRT team is equipped with at least ten first aid kits	No baseline	10	0
d) EFRT team is equipped with at least an ambulance	1	1	0
Output 1.2: Trained and equipped Emergency Response Teams (ERTs) piloted and functioning as per SoP guidelines			
a) Two trained and equipped emergency response teams	No baseline	2	11
Output 1.3: Emergency response preparedness drills are conducted in schools, communities and MRC.			
a) Table top drill for approved MRC emergency SoP	No baseline	1	0
b) Three schools supported to conduct drills	No baseline	3	0
c) Two communities supported to conduct drills (<i>FAST training</i>)	No baseline	2	16 ¹
d) Two EFRT drill in Male'	3	2	2
Output 1.4: Awareness campaigns about National End - End Early Warning Systems conducted at community level in partnership with Meteorological Services.			
a) Partnership Memorandum of Understanding (MoU) with Meteorological Services signed	No baseline	MoU with MET services	0
b) Awareness materials printed and delivered to ten communities	No baseline	10	0 ²
Comments on progress towards outcomes			
Outcome 1: MRC's Emergency First Response Team (EFRT) responded to the injuries resulting from the political unrest in the country since 7 February. Currently MRC is the only body accepted and able to provide assistance at such situations. MRC works closely with ICRC in building capacity in preparedness in responding to similar			

¹ The strategy for development of Response Teams changed in March 2012, it was concluded by MRC to train FAST teams in all MRC branches by the end of the year, with practice drills.

² The materials did not need to be developed, the IEC materials from Maldives Meteorological Services were used to make videos which is being publicly broadcasted since December 2012.

situations and is also receiving technical and financial support.

The process to develop a Response Mechanism, related SoPs and procedures for MRC started in February, with the help of SARD. This was developed and approved by the Governing Board in January 2013. MRC Response Mechanism has a three-year phased Preparedness Plan that would support to build its response capacity.

Overall, the political situation in the Maldives in most of 2012 remained somewhat unstable following the change of government in February.

As such, in order to accommodate to the rising needs of emergency response, MRC had increased its target of trained volunteers and staff from ten to 25 with no implication to cost. Also reduced its targets for emergency medical technicians (EMT) from ten to two. MRC conducted four batches of EFRT training, in the first half of 2012, achieving the target and bringing the total to 64, including 36 females and 28 males. However, the planned training for EMT was cancelled by local private hospital (ADK).

MRC has conducted two ER trainings and simulation exercises for volunteers and staff members successfully. The overall objective was to establish front line MRC capacity to provide an immediate response to emergencies affecting islands and atolls in line with MRC response mechanism.

In July, MRC's Emergency Response Team (ERT) was activated due to the heating up of the political situation which began on 8 July. Five trained staff were deployed to these situations to assist with the casualties.

As the political situation calmed somewhat in the third quarter of 2012, there was less interruption of activities. As such, in order to increase the response capacity of communities during emergencies, MRC activities mainly focused on training, simulations and drills for first aid service teams (FAST).

Emergency FAST trainings were conducted in eight communities in the fourth quarter of 2012. A total of 123 volunteers were trained in standard first aid, triage and moving and lifting. The trainings were concluded with a response drill/simulation exercise to assess the skills and knowledge of the trained participants. MRC was supported by Police, Island council and the Health Centre during these drills.

Hence by end 2012, MRC had trained response teams in 17 communities increasing the total of trained volunteers to 260 in these communities. However, the school drills are now scheduled to be implemented in 2014, as per MRC Response Plan, which requires building capacity of branches before drill activities can be initiated.

First aid training materials were received in December, and first aid kits were received in January 2013. The expected delivery date of the two ambulances funded by Singaporean Red Cross is now in March 2013.

In August, MRC's emergency response team trainings were put into use when N. Atoll branch First Aid Response Team (FAST) responded to an incident on Randheli Tourist Resort (currently under construction) for staff food poisoning. During the incident where more than 80 casualties were reported, the team along with volunteers and members delivered first aid service to those in need through working with Noonu Manadhoo and Holhudhoo Hospital and helped with transporting the casualties.

MRC also responded to the severe weather that caused floods in 30 Maldivian islands in late October. MRC was in the Disaster Response Coordination Committee and the Emergency Operations Centre set-up by the National Disaster Management Center, supporting to coordinate the assessment, relief and response to the floods in communities. MRC focus areas for response included water and sanitation and health epidemic control. Teams were deployed to three islands which were severely affected by the floods. With the support of island councils, MRC volunteers cleaned and cleared waste in households, distributed cases of drinking

water, hand washing sanitizers, oral rehydrating salts and gave information on dengue and health epidemic control.

Furthermore, during the heavy rains experienced in southern parts of the country in early November, MRC atoll branch and island unit activated volunteers to help with response activities planned by island council and Maldives Police Services. MRC volunteers visited houses which experienced overflow from their household septic tanks, providing help to move household items to safe area, removing water from houses and also carrying sandbags to unaffected households to reduce the risk of further flooding.

MRC Program Field Officer and a Branch Program Assistant participated in the Regional Disaster Response Team (RDRT) induction training held in New Delhi, India in December. The Induction course would further strengthen the existing RDRT resources by developing the skills of experienced disaster response members from South Asia and better facilitate the use of regional resources among National Societies.

MRC will advocate for the signing of an MoU with the Meteorological Services prior to developing any awareness materials for the communities. These are scheduled for 2013/14. Hence, the IEC materials from Maldives Meteorological Services were used to make videos which are being publicly broadcasted since December.

Business Line 3: “To strengthen the specific Red Cross Red Crescent contribution to development”

Measurement			
Indicators	BL	Annual Target	Year to Date Actual
Outcome 1: Increased community health preparedness resilience in communities with awareness to tackle social issues in communities.			
Output 1.1: MRC staff and volunteers trained in CBHFA programme delivery.			
a) Two volunteers/staff trained in CBHFA master level	No baseline	2	21 ³
b) 30 people trained in CBHFA programme	200	225	147 ⁴
Output 1.2: Community-based first aid and School- based first aid programme and resources developed and trained.			
a) Resource study conducted with input from ten branches	No baseline	10	0 ⁵
b) One community-based first aid modules and curriculum developed	No baseline	1	0
c) One school-based first aid training developed ⁶	No baseline	1	0
d) 20 teachers trained in school-based first aid	No	20	65 ⁷

³ CBHFA master training was initially planned for international level, however MRC made changes and conducted a national training to increase opportunities for more participation of staff and volunteers.

⁴ MRC expanded the CBHFA training opportunity to prepare 147 health facilitators in 12 communities for programme delivery. Trainings were conducted between September to December 2012.

⁵ MRC did not conduct any resource study, but will be integrated when they develop locally led FA service programmes next year.

⁶ Presently MRC is using the existing basic and standard first aid module for facilitation. There is no development of a specific school based first aid module.

⁷ First aid trainings for school teachers are increased due to the increase in demand. These trainings on islands are usually included in programmes like FAST and youth camps.

	baseline		
e) Ten school-based first aid	No baseline	10	4
f) Two training of trainer (ToT) sessions conducted	No baseline	2	1
Output 1.3: National First Aid Standardization (NFAS) board setup and functioning.			
a) National First Aid Standardization board setup	No baseline	1	0
b) One stakeholder meeting held with ten national level stakeholders	No baseline	1	0
Output 1.4: MRC's staff and volunteers trained in first aid.			
a) 30 volunteers/staff trained as first aiders	No baseline	30	45
b) 15 volunteers/staff trained as first aid trainers	No baseline	15	19
c) A pool of 15 trainers maintained for community related first aid sessions	No baseline	15	13
Output 1.5: MRC CBHFA programme is further developed with more health activities in communities.			
a) Adapt and develop four core modules for CBHFA training that was identified in the VCA	No baseline	4	3
Output 1.6: Public awareness activities related to health issues conducted.			
a) Two spots for health messages designed and released	No baseline	2	2
b) Five events for public awareness conducted in five communities	No baseline	5	4
c) Health activities conducted in five communities (<i>newly added in PoA 2012</i>)	No baseline	5	21 ⁸
Outcome 2: Increased awareness and actions in communities towards climate related health issues and measures that can be taken.			
Output 2.1: IEC materials for dengue/Chikungunya awareness developed.			
a) Additional two posters based on dengue messages developed	4	2	5 ⁹
b) Three leaflets developed in three languages targeting expat population ¹⁰	3	3	2
c) One video developed targeting expat population	No baseline	1	0
d) One video on dengue messages developed for school students	No baseline	1	2
e) Two posters on dengue messages developed for school students	4	2	5
Output 2.2: Dengue and Chikungunya related risk reduction and mitigation activities conducted in			

⁸ MRC conducted health activities in each community, after the community level CBHFA trainings.

⁹ Included achievement in Output 2.1e.

¹⁰ MRC made a decision to produce leaflets instead of posters due to its target on the expat population.

communities twice yearly.			
a) One dengue and Chikungunya related risk reduction and mitigation activities conducted in ten communities	No baseline	10	63 ¹¹
Outcome 3: Increased awareness among communities about the local hazards, risks, and capacities in order to undertake possible solutions.			
Output 3.1: MRC has a VCA guideline in local language.			
a) VCA guideline disseminated to ten MRC branches in Dhivehi	No baseline	10	3
Output 3.2: MRC staff and volunteers are trained in VCA.			
a) Five VCA training of trainers in branches	No baseline	5	26
Output 3.3: Risk identification profile at community level is shared with National Disaster Management Centre (NDMC) and department of national planning and community stakeholders			
a) 15 VCA reports are shared with NDMC and department of national planning and community stakeholders	No baseline	15	0
Output 3.4: Vulnerability and capacity maps displayed in communities for public viewing.			
a) Six communities display vulnerability and capacity maps for public viewing	No baseline	6	21
Outcome 4: Communities at risk have increased their capacities in terms of safety and resilience towards natural hazards and climate change risks.			
Output 4.1: MRC volunteers and staff are trained and have capacity in DRR/CCA.			
a) Six people trained in CBDRR/CCA	No baseline	6	19
b) Five people trained in CBDRR/CCA ToT	No baseline	5	0
c) Exposure visit to another National Society by two people	No baseline	2	6
Output 4.2: DRR/CCA related mitigation activities are conducted at community level.			
a) Six mitigation activities in at least six communities	No baseline	6	6
Output 4.3: Media campaign on DRR/CCA messages conducted.			
a) Two video spots providing DRR/CCA messages released	No baseline	2	6
Output 4.4: Better relations with stakeholders in DRR/CCA.			
a) MoU signed with UNDP, Ministry of Education (MoE), NDMC	No baseline	1	1
b) At least one coordination meeting with two of DRR/CCA related stakeholders	No baseline	1	5
Output 4.5: Community level events to promote MRC its role in DRR/CCA conducted.			
a) Inclusive Disaster Risk Reduction (IDRR) Day events in at least five communities	No	5	1

¹¹ MRC initial plan was to only focus on the communities they were working in, however due to CCHDC request, MRC has been requested to cover the entire country with dengue awareness messages, thus the actual achievement has increased tremendously.

	baseline		
b) Unity Day events in at least five communities (to remember victims of the 2004 Tsunami)	No baseline	5	5
Outcome 5: Institutional Capacity Development and Branch Development: Creation of a strong and sustainable organization that is able to provide effective services to vulnerable people nationwide.			
Output 5.1: Branch programme assistants trained on MRC's administration and human resource policy, and finance manual.			
a) Transfer of working advances to 12 branches and clearance of funds on a timely basis (monthly)	No baseline	12	8
Output 5.2: Annual Audited Financial Statements of MRC completed yearly.			
a) An unqualified audit report issued by an independent external auditor on the financial statements of MRC for the year 2012	2	1	1
Output 5.3: Internal audit report of branches.			
a) Five internal audit reports produced and presented to Finance Commission and the governing board	No baseline	5	2
Comments on progress towards outcomes			
<p>Outcome 1:</p> <p>In addition to the CBHFA trainings, health awareness activity (such as health checks, awareness for aging adults, health evening) were also conducted in each of the communities to enable health facilitators to practice their skills, and provide awareness in areas they were trained in.</p> <p>MRC's health awareness and mitigation activities continued through MRC youth camps in all branches and units. Activities implemented include island cleaning, dengue awareness campaigns including door to door leaflet distribution and activities to identify mosquito breeding sites and assisting households to eliminate these sites.</p> <p>First aid trainings for school teachers were increased more than the target, due to the increase in demand. These trainings on the islands are usually included in programmes like FAST and youth camps. The teachers' trainings in Male' are sponsored by the requesting schools, so come at no additional cost to MRC. MRC also conducted four first aid trainings for students in 2012. To date, MRC has trained 19 first aid trainers and trained 45 first aiders, which includes MRC staff and volunteers.</p> <p>MRC has carried out the work necessary for the National First Aid Standardization (NFSA), however challenges in convening national stakeholders has prevented progress.</p> <p>MRC's very own first aid kit selections were launched in August. These kits are designed to raise revenue from resorts, schools, government offices and ferry companies. The kit which includes all standard equipment needed (based on MRC's first aid training standards) have been received, and MRC is currently in the process of attending to the pre-orders.</p> <p>Development of CBHFA technical guidance pack which was started in March was completed in September. It includes three main modules, namely Maternal, Neonatal and Child Health (MNCH), nutrition and Dengue prevention. As it is one of the new priority focus areas, MRC conducted newly developed training modules MNCH and Nutrition sessions as part of CBHFA in November and December.</p> <p>In November, one island unit board organised an information session for pregnant women immediately after the CBHFA training. In addition, the unit board independently organised another activity in December along with the trained volunteers. The team prepared and put up posters giving key health messages in the two preschools and Atoll Education Centre on the island.</p>			

Outcome 2:

As MRC is the main partner of Ministry of Health in the dengue campaign since April, MRC's health and mitigation activities in the communities included dengue awareness and prevention activities, especially during the rainy season in July and August. These activities have helped as there has been a decline in dengue cases in 2012, especially in the latter half of the year. MRC's activities also increased awareness of the role of the MRC at community level and highlighted the potential for engagement.

MRC was unable to secure much airtime for the current awareness videos in Dhivehi and English, hence advocacy to the broadcasting commission remains MRC priority to work towards an MoU for developing relevant videos, especially targeting the increasing working migrant population. Meanwhile, awareness leaflets have been disseminated for the immigrant population from Bangladesh, India, Nepal and Sri Lanka in their respective languages.

Also MRC's newly printed dengue related billboards have been dispatched to all branches. The billboards will be set-up in all unit communities in three areas as part of dengue awareness and prevention initiative by the end of first quarter in 2013.

Outcome 3:

Design of VCA maps based on the participatory consultative process in communities, was delayed due to difficulties in identifying a company to do the work. However, the production is nearly completed and maps will be displayed in all the communities along with VCA Guidelines and tool kit in March 2013. In the meantime, VCA ToT was conducted in December for participants who would then support the update process in their respective communities.

Outcome 4

MRC decided not to train volunteers and staff in CBDRR/CCA ToT level in 2012 or 2013. However, MRC instead will continue organising capacity building workshops to increase the knowledge on CCA.

As such, a workshop was held in Male' in October for staff and volunteers. The workshop focused on technical background of CCA, current trends both globally and locally and how to integrate CCA into MRC programme implementation.

MRC and IFRC country office participated in a stakeholder meeting, hosted by the National Disaster Management Centre (NDMC), to prepare the 2009-2011 Progress Report on the Hyogo Framework for Action (HFA).

On 26 December, NDMC held a commemoration ceremony where MRC was honoured with recognition as a first responder for supporting during the floods in 2012. Unity Day activities were also conducted in five units of MRC, which included DRR awareness evenings, flood mitigation activity and a unity walk.

Disaster Risk Reduction related videos continue to be broadcasted on National TV since December. The videos include key messages on Fire Safety, Warning Alerts, Water Safety and Rain Water Harvesting.

The Secretary General (SG) and the Programme Manager attended the Asian Ministerial Conference on Disaster Risk Reduction (AMCDRR) – "Strengthening local capacity for Disaster Risk Reduction" held in Yogyakarta, Indonesia in October. The conference highlighted on technical sessions Post – HFA 2012, integrating DRR and CCA, role of local governments in DRR and etc. The MRC team also accompanied the Maldivian Government Delegation to a meeting with United Nations International Strategy for Disaster Reduction (UNISDR), Special Representative from UN Secretary General for DRR to discuss issues and progress in DRR in Maldives.

Outcome 5:

MRC continues to carry out random monitoring visits to branches to ensure that the programmes are being implemented as planned and the branch capacity building is in progress. These visits aim to monitor the independent functionality of the branches with minimal or no support from headquarters. These visits were conducted in conjunction with the programme technical support visits by staff.

Business Line 4: "Heighten influence and support for Red Cross and Red Crescent work"

Measurement			
Indicators	BL	Annual Target	Year to Date Actual
Outcome 1: Resource Mobilization and External Affairs Development: MRC is well positioned, understood, profiled and supported, thereby able to mobilize members and financial resources.			
Output 1.1: MRC has an approved resource mobilization strategy and plan and is able to generate resources of its own.			
a) Resource mobilization strategy and plan approved by governing board	No baseline	1	0
b) 35 per cent resource mobilization activities implemented as per resource mobilization plan	No baseline	35%	0
c) 20 per cent increase in income generated as per resource mobilization plan	No baseline	20% increase	0
Output 1.2: MRC is well positioned, understood, profiled and supported, thereby able to mobilize members and financial resources.			
a) Minimum three additional MoU signed with partners	3	3	1
b) Minimum six stakeholders and partners supporting MRC programmes and events	No baseline	6	6
c) Minimum 12 press releases issued to media by MRC.	47	12	18
d) Minimum 12 events of MRC covered by national media	47	12	18
e) 20 per cent increase in MRC members compared to 2011	654	784	365
f) 20 per cent increase in MRC volunteers compared to 2011	924	1,108	1,336

Comments on progress towards outcomes**Outcome 1:**

The Resource Mobilization Strategy for MRC has been identified as a key activity under the OD review and is scheduled to be formulated in the first quarter of 2013. The strategy will be formulated along with a resource mobilization plan that would be operational for the next four years and it will be a plan that would cater to increasing MRC's long term sustainability.

MRC together with IFRC country office held the launching of the World Disasters Report in October. The report was launched by the chief guest for the ceremony, the Vice President of Maldives and was attended by major stakeholders.

A Business Plan for the MRC Commercial First Aid Programme has been finalised. Implementation of this will be facilitated by the recent support committed by the Singapore Red Cross. A first aid trainer's meeting was held in October to brief them about the changes to the commercial first aid programme and to introduce new staff. In addition, quality improvement measures and changes to the first aid training curriculum were also shared with the trainers. Orders for MRC's first aid kit launched in August are increasing and will be an

additional source of income generation for the NS.

A Sensitization workshop for media on Reporting in Emergencies and Situations of Violence in collaboration with the Maldives Broadcasting Commission was held in mid December. The training was facilitated jointly by MRC and delegates from ICRC and IFRC Regional offices. The participants were broadcast journalists and members representing other relevant authorities in the country.

MRC has a good presence, and is well accepted, by local media in the country. All major events in 2012 were covered by the local TV channels and newspapers. Social media also plays a huge role in passing on information and advocacy messages of MRC and its activities.

MRC launched its public awareness campaign entitled 'I am for Humanity' on 30 December. The objective of the campaign is to create awareness about the Maldivian Red Crescent and its work and role in the Maldives. As outputs, it is expected that the membership and volunteer numbers would increase through its broadcast media messaging and direct community level activities in large population centres of the Maldives. This campaign currently has six partners (three TV stations and three companies).

This is a six month long campaign, which is expected to increase the member and volunteer numbers. To date MRC has 365 members and 1,336 volunteers.

Business Line 5: "To deepen our tradition of togetherness through joint working and accountability"

Measurement			
Indicators	BL	Annual Target	Year to Date Actual
Outcome 1: Leadership Development: MRC's governance and management is guided and strengthened to effectively lead the organization and its service delivery.			
Output 1.1: MRC's decision making bodies (boards and senior management is guided and strengthened to effectively lead the organization and its service delivery			
a) MRC Senior Management meets once a week	No baseline	52	39
b) Four meetings by each branch board in 2012	No baseline	40	15
Output 1.2: MRC has new policies, procedures, strategies and plans to further strengthen and develop MRC			
a) Two new policies drafted before end of 2012	3	2	0
b) 25 per cent of the existing policies revisited and revised before end of 2012	3	25%	20%
c) Two meetings held to orient staff/units/ branches on the new policies	No baseline	2	2
Output 1.3: 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.			
a) Four IFRC meetings attended by MRC	No baseline	4	5
b) Two MRC policies and strategies that are in line with IFRC policies and strategies (the two policies that would be developed)	No baseline	2	1
Outcome 2: Effective coordination, reporting and monitoring systems are in place.			
Output 2.1: Clear coordination and monitoring systems are in place with monthly updates (reports) received			

to units/branches and headquarters on a timely basis.			
a) Five monitoring activities conducted in all programme areas	No baseline	5	5
b) Minimum two reports per programme activity reported and recorded with clear visible impact levels	6	2	1
Comments on progress towards outcomes			
Outcome 1:			
<p>The SG represented MRC at Asia Pacific Migration Meeting, 30 November to 1 December in Bangkok, Thailand. SG made a presentation on migration issues in Maldives, which was well received. MRC became one of the co-chairs for the next year of the Asia Pacific Migration Network which was newly established at this meeting. The other co-chair is the New Zealand RC.</p> <p>MRC celebrated International Volunteer Day on 5 December, where a total of 68 volunteers were awarded the MRC Volunteer Service Recognition award. This award is to recognize that volunteers are lifeblood of MRC and therefore the retention of volunteers by encouragement of voluntary spirit need to be given special focus and priority. MRC currently has 1,305 people registered as volunteers working consistently and actively at grass roots level to strengthen governance and services in communities. This is proof to the increasing interest for volunteering in Maldives. In 2012, a total of 136 active volunteers provided 10,257 hours of volunteer service. It is hoped that with the launch of MRC's I am for Humanity Campaign, more volunteers will sign up to work with MRC.</p> <p>Volunteering Workshop was held in December which focused on MRC Volunteer Development and Management for staff and volunteers responsible for both programming and volunteer development. Participants took part in critically reviewing the draft volunteer manual and presented their feedback and suggestions. On conclusion, a committee was selected from the participants to compile, review and present the final volunteer manual to the management.</p> <p>As part of the monitoring and updates of MRC programmes, monthly financial reports and bi-monthly narrative reports are submitted to the country office by MRC headquarters. Both reports are based on progress and impact level of goal level, outcome level and output level. The reports cover the progress, impact, challenges and the lessons learnt during implementation. Any necessary revisions are made once the reports are discussed and submitted.</p>			

Stakeholder participation and feedback

As its entry point to different islands, particularly when considering branch establishment, MRC carries out VCAs with the involvement of various levels including councils, hospitals, and schools of the community. Projects are designed based on these assessments and community priorities. At this early stage of the national society's development, most activities address environmental issues like clean ups to prevent dengue and other health related issues, meanwhile there are plans to be more active in other critical fields like substance abuse and waste reduction.

As the leading non-governmental organization in the field of DRR, MRC receives regular requests for consultation from the NDMC, the Meteorological Service and the Maldives Broadcasting Corporation to discuss roles and responsibilities in the case of disasters. It is intended to be clearly detailed in the Disaster Management Bill which is currently in its final stages of completion. The Ministry of Health seeks support from, and provides support to MRC, particularly in the area of sensitization regarding health risks and first aid.

Key Risks or Positive Factors

Key Risks or Positive Factors	Priority	Recommended Action
	High Medium Low	
<p><u>Political instability</u></p> <p>The political situation in the country remained volatile following the change of Government in February. There were sporadic outbreaks of violence. The former President, who is his party's nominee for the Presidency, faces charges of abuse of power during his time in office. If the trial goes ahead before the 07 September elections, and if found guilty, he would be prevented from participating. Such a development would lead to renewed violence throughout the country. This could also create a risk of many MRC activities coming to a standstill.</p>	H	MRC will keep its EFRT on standby in the event of deterioration in the political situation. As incidents are likely to be ad hoc and sporadic. MRC will be encouraged to identify triggers for team mobilization, so that normal activities are not interrupted unnecessarily due to staff and volunteer exhaustion.
<p><u>Organisational development (OD)</u></p> <p>The draft organisational development (OD) plan and budgets were finalised. A partners' meeting between the International Committee of Red Cross (ICRC), IFRC country office, Australian Red Cross and Canadian Red Cross is scheduled for January 2013 in Male' to discuss implementation and funding commitments.</p>	M	The OD review, although delayed, was an important process and will be a valuable tool for MRC, in establishing a sustainable structure. All partners are committed to a coordinated approach in this regard. It is intended that a Co-operation Agreement will be signed reflecting the joint working modalities.

Lessons learned and looking ahead

The Maldivian Red Crescent continued to develop its profile. More consistent technical support, in community based health and DM, has led to increased capacity at branch level and wider community engagement. The NS has a clearer understanding of how programming and organisational development issues are interlinked. It will be important to have good cooperation of all partners in the implementation of the OD Plan to ensure efficiencies and avoid duplication of effort.

MRC in a continuous effort will work closely with Ministry of Health, NDMC, Police, and MET on relevant issues and programmes in 2013. Further cooperation with the Ministry of Education is also expected. Financial support from Government is not anticipated in the near term due to the rather perilous economic situation in the country. With the introduction of a business plan for commercial first aid, initiatives will be in place to promote MRC's first aid services via awareness campaign and related trainings as well as the income generated through the sales of first aid kit. Furthermore, the campaign will encourage active involvement of existing volunteers and promote recruitment of new volunteers. Once the Volunteer Policy, is finalised, this will be an important tool in assisting MRC to better manage volunteers and to increase their involvement, as community level activities expand.

Financial situation

The 2012 budget was CHF 838,334 with an opening balance of CHF 550,011. The income generated in 2012 was CHF 324,691 or 40 per cent of the budget. The expenditure for 2012 was CHF 2,386,582 or at 88 per cent of the total income (CHF 874,702).

[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.

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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

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¹² Country office closed in March 2013. All resources have been channelled to MRC NHQ with supervision from IFRC SARD and support from IFRC AP zone.