

Revised Plan 2011



Maldives

Executive summary

Formed on 16 August 2009, the Maldivian Red Crescent (MRC) celebrated its first anniversary in 2010. Since its formation, MRC has been working steadily towards establishing itself as a well functioning both locally and internationally through service delivery with integrated institutional development. During its first General Assembly, MRC adopted a two-year *Interim Development Plan* with the goal to fulfil the 10 conditions for recognition by the International Committee of the Red Cross (ICRC) and simultaneously become a full-fledged member of the International Federation of Red Cross and Red Crescent Societies (IFRC) by its third General Assembly. The National Society has been investing efforts to obtain this objective guided by the *Annual Plan 2010 – 2011* adopted by the Second General Assembly.



Donations from future generations for a humanitarian cause, World Red Cross and Red Crescent Day, 8 May 2010. **Photo:** Abdulla Shafeeg/MRC

The plan 2011 has been revised in view of the changing priorities and strategic directions adopted by MRC based on the first year of operation. Guided by IFRC's *Strategy 2020*, MRC is currently developing its Strategic Plan 2010 – 2015 which is planned to be submitted for adoption during MRC's third General Assembly. The draft strategic plan currently encompasses disaster management, health, youth and institutional capacity development as the main strategic directions for the coming years. Therefore, for 2011, MRC has increased its scope in the area of disaster management, and health and care with an integrated organizational development component.

In 2010, MRC established six branches across the country and is successfully rolling out two service delivery initiatives in these branches. The first is the community-based health and first aid (CBHFA) programme and the second, funded by the Embassy of Switzerland, is a community empowerment project with emphasis on women empowerment. The entry point for this is the branch capacity building workshops being conducted to better prepare the branch leadership assume their roles and responsibilities. A third is a project on community-based disaster risk reduction (DRR) and climate change adaptation (CCA) funded by Canadian Red Cross to be launched in late 2010. MRC also conducted two exposure visits in 2010 – to Nepal Red Cross Society and to Australian Red Cross – as part of the initiative to build on the experience and lessons learnt by sister national societies. Additionally, MRC is also supported by ICRC in terms of funding for the promotion of humanitarian values which is crucial, particularly that the new National Society is just introducing itself to the community. The Federation country office supports the new National Society technically and with coordination in this regard.

The 2011 disaster management plan is focused on increasing the resilience of Maldivian communities to possible disasters by scaling up disaster planning, organizational preparedness and community preparedness. Building on the success, MRC will be continuing its CBHFA programme targeting newly formed and upcoming branches and units. The programme will be guided by the CBHFA framework of MRC which prioritizes community-based first aid (CBFA), promoting voluntary non-remunerated blood donation and preventive community health such as awareness on control and prevention of excessive substance use, sanitation and hygiene promotion, and health

awareness as major programme delivery components. The disaster management and health programme aims to reach approximately 40,000 people over 48 communities with risk reduction and health messages during the year.

Organizational development, which is integrated in the programme areas of the National Society as an enabling action, consists of leadership development, institutional capacity and branch development, and resource mobilization and external affairs development. This will focus on building the capacities of MRC to deliver the aforementioned services in an effective, efficient and timely manner. Communication, media, promotion of Fundamental Principles and Values are cross-cutting and integrated within the organizational development and programme components.

While in its first year of existence, mandated by law through the Maldivian Red Crescent Act [Law 7/2009], MRC is essentially gaining recognition by other sectors at the national level, and eventually down to the community level. It has worked quite effectively in promoting initial services through its trained volunteers in the branches, while at the same time building its capacity in crucial areas such as resource generation. As a young National Society, waiting for recognition and drawing solid mechanism in fund generation, support is sought through the Federation Annual Appeal 2011, to enable the new National Society gain a stronger ground and be recognized as a full-fledged member of IFRC.

The total budget for 2011 is CHF 988,328.

Country context

Maldives is unique in many ways; its surface is 99 per cent water, no land point is more than 2.4 metres above sea level, its population of 304,869¹ is spread over 200 inhabited islands – among some 1,190 in the archipelago – and 88 islands are exclusively for tourist resorts. The capital, Male', squeezes 35 per cent of the total population [approximately 107,000 people] into two square kilometres, making Maldives a country with one of the highest population densities in the world.

The geographical makeup of the country, with its scattered islands, has resulted in a wide and uneven distribution of population, with Male' being the only island with a population exceeding 10,000. According to the Ministry of Planning and National Development key indicators for 2008, 72 inhabited islands have a population of less than 500, 59 a population of 500-999, 47 a population of 1,000-1,999, 11 a population of 2,000-3,999, and 4 a population of between 4,000 and 9,999. Of all inhabited islands, the largest is Laamu Gan (516.9 hectares) and the smallest is Meemu Maduvvari (3.7 hectares).

The island nation has a relatively high human development ranking, at 95 in the UN's human development index, 2009. Life expectancy is 72.7 years for women and 69.7 years for men while the adult literacy rate is 97 per cent². Up to 83 per cent of the country's population has access to safe drinking water, with 59 per cent having access to sanitation facilities³. Though the highly urbanized capital has easy access to a wide range of services, this is not the case for the entire country. Only 76 per cent of the rural population has access to safe drinking water, compared to 98 per cent in urban areas. Similarly, only 42 per cent of the population in rural areas has access to sanitation facilities compared to 100 per cent of the urban population (UNICEF 2009).

The health standard in Maldives is generally good and significant achievements have been made in controlling the spread of communicable diseases. Notably, the under-five mortality rate decreased from 48/1000 live birth in 1990 to 12/1000 live birth in 2007, a reduction by 75 per cent. Observing the morbidity trends, the prevalence and incidence rates of tuberculosis (TB), is seen to have generally declined in the past few years. However, according to the ministry of health and family (MoHF), appropriate interventions and public health promotion activities need to be undertaken to maintain the low prevalence of TB. On the other hand, the HIV (Human Immunodeficiency Virus) status of Maldives shows that in 2008, one Maldivian was tested positive. Although the prevalence may be low, there are alarming risk factors existing in Maldives such as the increased number of IV drug users (IDUs). Appropriate monitoring of the high risk groups and other measures need to be undertaken with regards to improving the HIV status of Maldives (source: Maldives Health Statistics 2009). Furthermore, the government finances 100 per cent of routine expanded programme on immunization vaccines (source: UNICEF). Additionally, reported drug abuse cases between 1999 and 2008 indicated a major increase from 302 to 2,618 cases between the ages of 16 to 40+ years old (source: Bureau of Crime Records/Maldives Police Service 2009).

Despite Maldives's relatively high human development index ranking, there remains a number of challenges –

¹ Maldives Key Indicators 2008, Ministry of Planning and National Development, Statistics Section. Note: This is a 2007 projection. The official census carried out across all the 196 administrative islands, 88 resort islands and 34 industrial and other islands of the country in 2006 placed the figure at 298,968 (151,459 males and 147,509 females).

² Human Development Report 2009, UNDP

³ The State of World's Children 2009, UNICEF (2006 data)

economic, environmental, health and social which could delay or hinder in the implementation of decisions/actions especially towards climate change adaptation, drug abuse prevention and control, and women empowerment. According to the latest UNDP humanitarian development indicators, women in Maldives hold 12 per cent of seats in parliament while 49 per cent of professional and technical workers in the country are women⁴. In addition, there are 12,629 females employed as permanent employees in the Maldivian civil society to 11,456 male employees⁵. These statistics show gender equity exists to an adequate level among civil service as well as in professional and technical occupations. However, the number of females in senior elective and senior positions is significantly low compared to males.

Climate change poses the greatest long-term threat to the nation and water security. Most of the worrying effects of climate change involve water. Low-lying states such as the Maldives are particularly vulnerable to effects caused by sea-level rise. Even now islands across the country (namely Haa Dhaal atoll, Seenu atoll and Male') face occasional and unpredictable flooding due to sea swells. Recently on 22 July 2010 the North-East of Male' (the capital) was flooded with severe sea swells raising a foot above the break water which continued throughout the week. Such events increase coastal erosion, result to loss/threat to property and pollution of groundwater which can lead to major problems related to health (the other source of fresh water to Maldives apart from rain).

Along with this, there is also the fear of another natural disaster like that of the tsunami Maldives faced in December 2004. Maldives is vulnerable to any natural or man-made disaster. Recognizing these vulnerabilities, the government has formulated a strategic national plan (SNAP) for DRR and CCA. Two forums have been held – the first in August and the second in October 2009 – bringing together several stakeholders to identify the key issues, concerns, gaps and challenges in capacity building and mainstreaming of DRR and CCA, with a view to advancing, improving and mainstreaming efforts. The National Society and IFRC participated, alongside the UN country team, the Government of Maldives and United Nations International Strategy for Disaster Reduction (UNISDR) in the strategic planning exercise to develop the SNAP for DRR and CCA for the country. MRC has been positioned in the strategic national plan as a key partner in the implementation of disaster risk reduction and climate change adaptation-related activities at the community level. A bill on disaster management has been submitted to the Parliament, although passing of the bill has been continuously delayed due to political tensions within the country.

Other implications Maldives face on the social front are due to the large and increasing income disparities over the past years – that favoured Male' when compared to the atolls – contributing to urban migration. This led to numerous social problems in the capital caused by congestion, with many being drug-related. In 2003, the Narcotics Control Board (NCB) conducted a rapid situation assessment of the drug scenario. Its findings showed that heroin and hashish were the most frequently used drugs. Drug-related ills, including gang violence, pose major social harmony and law enforcement challenges in the country. It is estimated that up to 30 drug-related deaths were recorded in 2008, most of them in Male'. Furthermore, a majority of inmates in Maldivian prisons are serving sentences on drug-related offences.

National Society priorities and current work with partners

Maldivian Red Crescent (MRC) celebrated its first anniversary on 16 August 2010. Since its formation a year ago, MRC has been working steadily towards establishing itself as a National Society, both locally and internationally.

During its First General Assembly, MRC adopted a two-year *Interim Development Plan* and subsequently the Second General Assembly adopted its *Annual Plan 2010 – 2011*. The goal of the development plan is to ensure that by the time it holds its third General Assembly in 2011, MRC will have fulfilled the 10 conditions for recognition by the International Committee of the Red Cross (ICRC), and simultaneously become a full-



“Walk the Talk” on World Red Cross Red Crescent Day, 8 May 2010. Photo: MRC

⁴ Human Development Report 2009, UNDP

⁵ Department of National Planning, <http://planning.gov.mv/yearbook2010/Employment/5.1.htm>

fledged member of IFRC. The annual plan, which incorporates a major development component for the nascent National Society, has guided MRC to start delivering services in line with its objectives supported by structures, systems, policies and procedures. The annual plan was recently revised at the beginning of 2010 to reflect three main focus areas: programme development and service delivery, organizational development, and promotion of humanitarian values, communications and resource mobilization development. MRC is currently developing its Strategic Plan 2010 – 2015, which will be submitted to MRC's third General Assembly for adoption. The draft strategic plan contains disaster management, health, youth and institutional capacity development as the main strategic directions. This process is being guided and informed by IFRC's *Strategy 2020*.

To date, MRC has established six branches and 13 units all over Maldives. It has successfully rolled out a community-based health and first aid (CBHFA) programme as its first service delivery initiative in five branches, trained approximately 110 direct beneficiary and reached more than 600 indirect beneficiaries through awareness sessions and health messages. The programme is designed to complement MRC branch development by increasing the functionality of units and branches through branch capacity building, volunteer mobilization, and service delivery. The CBHFA programme aims to provide universal coverage across the country and yet be flexible enough to meet the differing needs of the newly formed units and branches within communities.

A project on community-based disaster management is also gearing up for launch in late 2010. MRC secured a bilateral project with Canadian Red Cross for disaster risk reduction (DRR) and climate change adaptation (CCA) project, as part of its DRR Initiative for tsunami-affected countries in 2010. The project is valued at approximately CAD 1 million which covers implementation of DRR activities including disaster response, preparedness and mitigation initiatives in six communities. The project is expected to reach 4,230 direct beneficiaries and 13,286 indirect beneficiaries over a period of four and a half years.

MRC is also implementing a project to empower women in targeted communities, supported by funding from the Embassy of Switzerland to the Maldives. The project is aimed to increase awareness about the role and benefits of women as decision makers and to improve involvement of women within MRC branch and unit structures. Branch capacity building is the entry point to introduce the project considering that the established branches are relatively new. These include sessions with the branch board on leadership referring to governance and management, volunteering development and management, resource generation, and other related topics, to support branches to function more efficiently and take on their governance and management responsibilities more confidently.

Being a new National Society, MRC has also been vigorously working to sensitize communities, members and volunteers to the Red Cross Red Crescent Movement, the Fundamental Principles, and to understand the MRC mandate and emblem. MRC has conducted several awareness and information sessions for volunteers, members and target communities in order to increase the acceptance and understanding of the objectives and work. Similarly, MRC initiated an emblem protection campaign in 2010, to make the public aware and to take corrective action to protect the MRC emblem. The correct usage of emblem was publicly announced through national television and radio channels and newspapers. This announcement was further backed up by the ministry of health and family requesting all pharmacies, hospitals and health service providers to stop using the Red Crescent. This joint effort has resulted in creating awareness and most pharmacies have already changed their signs to green crescents.

Resource mobilization is another identified priority area and MRC has been conducting several resource generation, resource sharing and resource mobilizing initiatives as part of the plan 2010. The branch capacity building training emphasizes on resource generation guidance and importance to branch boards and unit boards. Income generated by MRC for the year 2010 to date is MRF 372,000 (USD 1 = MRF 12.75) and the forecast income for the year 2011 is MRF 820,000. In addition, MRC is conducting a market survey to assess potential market for commercial first aid in Maldives to initiate the development of a business plan for a commercial first aid programme in Maldives. MRC is also in the process of standardizing the first aid curriculum in Maldives and obtain accreditation to issue first aid certificates in Maldives.

The Federation country office continues to provide support and facilitate coordination for MRC's development plan and development process. The MRC Plan 2010 was largely supported by the IFRC country office with support from the regional and zone office, ICRC, Canadian Red Cross, Hong Kong Branch of the Red Cross Society of China, Republic of Korea Red Cross, British Red Cross and the Japanese Red Cross Society. The IFRC also supported external coordination by encouraging MRC participation in the Maldives Donors' Conference to touch base with donors and possible partners in its activities.

MRC has been working alongside government organizations and non-government organizations alike to improve partnerships and develop better services for the communities. Likewise, MRC has been positioned in the SNAP for DRR and CCA, launched by the Maldivian Government in October 2009, as a key partner in the implementation of disaster risk reduction and climate change adaptation-related activities at the community level.

MRC has also established excellent working partnerships with government counterparts: ministry of health and family (MoHF) and the National Disaster Management Centre (NDMC). MRC partnered with MoHF for the World Health Day celebrations in April 2010 where MRC provided first aid demonstrations to children and parents. Similarly, MRC is supporting the National Disaster Management Centre to complete the Maldives Hyogo Framework of Action (HFA) monitoring report 2009 – 2010 as part of the reporting steering committee. MRC is also currently partnering with UNDP Maldives on a disaster risk management project as part of the project's working group. MRC will be supporting by disseminating the project's information, education and communication (IEC) materials related to DRR and CCA to communities, through the branches, as part of the project.

In 2010, MRC conducted exposure visits to Nepal Red Cross Society and to Australian Red Cross as part of the initiative to build on the experience and lessons learnt by sister national societies. Nepal Red Cross Society provided an understanding of governance management, programme implementation and volunteer mobilisation, which is currently being translated to action within MRC after adaptation to Maldivian context. The visit to Australian Red Cross was focused on gaining an understanding of their specific programmes and the Australian Red Cross blood services. One main lesson learnt from the visit was that clinical blood management is not an area that MRC can undertake at this stage, however, blood donor recruitment and mobilisation is a potential programming area for MRC. Following the visit, MRC has been supporting the Maldivian Blood Donors – largest local blood donor mobilisation organisation in Maldives – in the recruitment and motivation of blood donors for voluntary non-remunerated blood donations. Similarly, taking inspiration from the highly successful Save-a-Mate programme in Australia, MRC is considering expansion of the excessive substance use prevention component of the CBHFA programme as a project.

In summary, while on its first year of existence, mandated by law through the Maldivian Red Crescent Act [Law 7/2009], MRC is essentially gaining recognition by other sectors at the national level, and eventually down to the community level. It has worked quite effectively in promoting initial services through its trained volunteers in the branches, while at the same time building their capacities including resource generation. MRC's work with its current partners is expected to continue on into the next year. Changes are being made to some aspects of the 2011 programme in light of lessons learnt during its one year of operation. It is expected that overall, activities will be further streamlined to better meet the needs of its beneficiaries and provide more effective services.

Secretariat supported programmes in 2011

The 2011 plan has been revised in view of the changing priorities and strategic directions adopted by the Maldivian Red Crescent. Programme areas and service interventions have become clearer in the past year of operation, enabling the national society to identify its priority programmatic areas and components. MRC has increased its scope in the areas of disaster management, and health and care programming and with an integrated organizational development component thereby shifting from an organizational development approach to a more defined service delivery model.

An extensive disaster management plan has been adopted inline with the draft Maldivian Red Crescent Strategic Plan focused on increasing the resilience of Maldivian communities to possible disasters by scaling up disaster planning, organisational preparedness and community preparedness. This programme area will facilitate the MRC role and mandate within the strategic national action plan on disaster risk reduction and climate change adaptation. It will support training, mobilizing and utilizing of volunteers in the units and branches to undertake disaster risk reduction and climate change adaptation activities at the community level.

MRC will also continue delivery of its Community-Based Health and First Aid (CBHFA) programme to newly formed and upcoming branches and units. In 2009 and 2010 the programme was initiated in 10 communities. The programme trained more than 110 CBHFA educators, who in turn delivered CBHFA messages to more than 600 indirect beneficiaries. Building on the success, the 2011 programme will also be using the CBHFA Framework which prioritizes community-based first aid, promoting voluntary non-remunerated blood donation and preventive community health such as awareness on control and prevention of excessive substance use, sanitation and hygiene promotion, and health awareness as major programme delivery components.

In 2010 the organizational development programme comprised of three inter-linked components: leadership development, institutional capacity and branch development, and resource mobilization and external affairs development. In 2011, organizational development, as an enabling action, will be integrated in the programmes, mindful of the aforementioned components, to build the capacities of MRC to deliver the aforementioned services in an effective, efficient and timely manner, with a level of sustainability. Communication, media, promotion of Fundamental Principles and Values are integrated and cross-cutting in all components.

The disaster management and health programmes aim to reach approximately 40,000 people over this period. The main direct beneficiary group will be the different community groups within the 48 communities that will be targeted by the MRC programmes in 2011. In addition, volunteers, members, leadership and staff also make a large part of the direct beneficiary group. MRC expects to train and mobilise more than 400 volunteers and 20

staff through out the year to implement and support programmatic activities. Government offices, organizations, specific interests groups, associations and commercial enterprises will also be part of the direct beneficiary group with the support of specific interventions and partnerships integrated within the programmes. These direct beneficiaries will in turn benefit and mobilise several indirect beneficiaries with community health and disaster risk reduction messages and skill transfer activities.

Disaster Management

a) The purpose and components of the programme

Programme purpose

To enhance local preparedness, response and recovery through community-based initiatives and advocacy

The disaster management programme focuses on using community-based approaches and advocacy to improve mitigation, preparedness, response and recovery actions in Maldivian communities with the aim of contributing to IFRC's Strategy 2020 Strategic Aim 1: Save lives, protect livelihoods, and strengthen recovery from disasters and crises. The programme will simultaneously develop the capacity of Maldivian Red Crescent to meet challenges rising from the risk of disasters by integrating capacity building initiatives for the newly developed branches and units within the programme. It will be using new disaster risk reduction approaches, in line with the priorities outlined by the Hyogo Framework for Action and the Millennium Development Goals with a priority on climate change adaptation. The ultimate goal is to support reduce impacts of disasters on target communities by developing and strengthening risk reduction and climate change adaptation mechanisms and capacities at the community level.

The disaster management programme budget for 2011 is CHF 366,718.

Programme component 1: Disaster Management Planning

Outcome: Increased awareness among communities about the local hazards, risks, capacities in order to undertake possible solutions

Understanding vulnerabilities and capacities is crucial for communities to undertake their own solutions to mitigate and prepare for possible disasters and risks. MRC will involve communities to conduct Vulnerability and Capacity Assessments (VCA) and draft community plans that would support in identifying the persistent hazards, risks and different activities that can be carried out by the communities. MRC aims to incorporate climate change projection tools to the VCA process, which will support in providing a clear picture of the future risks and vulnerabilities that the communities may face due to the changing climate of the country and the world. Recognising the importance of sharing the collected information and conclusions drawn with the community, MRC will be sharing the VCA reports and community plans drawn up with all the community based and government organisations in the community.

The VCAs will also support in designing interventions that are appropriate for the respective island communities. It will also support MRC to understand the needs in the communities better and help in developing programmes for the Maldivian communities that are needs based and relevant.

Programme component 2: Organizational Preparedness

Outcome: Improved capacity of Maldivian Red Crescent to mitigate and respond to possible disasters and risks by developing skilled human resources and capable branches and units.

As a new National Society, MRC needs to establish structures and mechanisms to support communities in their disaster risk reduction and disaster management efforts. Within this component Maldivian Red Crescent will be organizing units and branches in communities to support preparedness measures, to deliver relevant services and to render timely response in case of a disaster. In addition, development of related strategies, policies and procedures within MRC will also be initiated. MRC will also be training volunteers and staff in disaster management, disaster response, recovery and other related areas. Volunteer management and youth will be given priority in order to retain the enhanced human resource within the organization.

Programme component 3: Community Preparedness

Outcome: Increased community disaster preparedness, mitigation and response capability to render timely response service on their own

Inline with the HFA Strategic Direction 3: to use knowledge, innovation and education to build a culture of safety and resilience at all levels, MRC will conduct capacity building, education and awareness activities in communities based on the results of the VCA's conducted. MRC will be using an integrated approach of CBHFA and CBDRR as relevant to specific community needs. Within this component activities include training of volunteers and staff in CBDRR and CBHFA to conduct awareness programmes, trainings, drills and simulations. In addition, applying the lessons

learnt from the devastation during the tsunami due to the lack of response people at community level, MRC will support communities and branches to develop community level disaster response teams as well. Volunteer participation will be advocated strongly among the youth and women in community preparedness initiatives.

b) Potential risks and challenges

Disaster risk management (DRM) and DRR are concepts that are still fairly new to the Maldivian communities. This contributes to the lack of local professionals and experts in this field which in turn increases the difficulty in implementing relevant interventions of disaster resiliency in communities. Consequently, national level disaster management strategies and mechanisms are still being developed and drafted causing a lack of clarity about the national level disaster management strategy. Nevertheless, MRC will be using the resources and support of sister national societies and IFRC to implement a needs-based and technically sound disaster management programmes in Maldivian communities. In addition, the National Disaster Management Centre (NDMC) has scaled up its work and progressed to formulating a Strategic National Action Plan (SNAP) in DRR and CCA and a Disaster Management Bill – awaiting approval from the parliament. Maldivian Red Crescent worked closely with NDMC and the United Nations Development Programme (UNDP) in formulating the SNAP and DM Bill and will continue to be involved in the process. This will support understanding of the national-level strategies and how to apply them in programme implementation.

A major challenge to programme implementation in communities will be the challenge of logistics and travel due to the scattered nature of communities in Maldives. MRC aims to tackle this challenge by establishing strategically placed branches and units with trained volunteers all over the country that will support the implementation of the programme and delivery of services.

Health and Care

a) The purpose and components of the programme

Programme purpose
To promote healthy living through community based initiatives

Inline with IFRC's Strategy 2020 Strategic Aim 2: Enable healthy and safe living, the health care programme will use community based approaches to promote and support building of healthy communities in Maldives. The programme will simultaneously develop the capacity of MRC to deliver community health messages and relevant services to the communities in a timely manner. It will be focused on capacity building of volunteers at unit and branch levels to undertake assessments and deliver needs-based behaviour change communication messages to communities.

The health and care programme budget for 2011 is CHF 307,131.

Programme component 1: Community Based Health and First Aid (CBHFA)
Outcome: Increased community health preparedness practises and health resilience in communities

The CBHFA programme of MRC aims to tackle the identified need of increasing knowledge, awareness and systems to address relevant health issues in a community centred approach to the Maldivian communities. This programme will be implemented through the CBHFA framework of MRC which prioritizes community-based first aid (CBFA), promotion of voluntary non-remunerated blood donation, preventive community health, maternal and child health, prevention of excessive substance use, sanitation and hygiene promotion and health awareness [including in Influenza A H1N1] as major programme components.

The programme uses the Federation 'CBHFA- in action' tool kit to deliver behavioural change messages to enable the achievement of the desired outcome. Priority will be given to inclusion and involvement of youth volunteers in programme implementation to bring about a positive community change. The CBHFA programme will contribute to build better personal and community health, to establish inclusive public health systems, to strengthen ability to cope with natural and human-made health hazards and also enhance greater public adoption of environmentally sustainable living.

In addition, the programme will support, organise and build MRC branches and units in communities to support programme implementation and delivery. The programme will also act as the primary community entry programme supporting the introduction of the Red Cross Red Crescent Movement and possible services to the communities in need. It will support in mobilising volunteers to provide services and contribute to the functionality of the new branches and units. Maldivian Red Crescent will be conducting comprehensive Vulnerability and Capacity Assessment (VCA) within the programme to identify the major health issues that are relevant to the specific communities and thereafter trained CBHFA volunteers will apply the relevant CBHFA priority components as appropriate. The role of women in health advocacy in their communities, forming as the volunteer corps of the branches will be promoted in this activity.

b) Potential risks and challenges

One major challenge to the implementation of the programme is the geography of the country and its related population distribution. Tsunami interventions revealed that massive expanses of water bring out as many logistical challenges as any thick jungle or snow-tipped mountain range. Uncontrollable factors such as weather can also become an obstacle in programme implementation, especially when hindering travel by sea. While this may be a challenge in the beginning, grassroots presence [in the form of units and branches] will eventually ensure ready access to programmes and services by the island communities. In fact, this grassroots presence will, in the long run, be the paramount strength of the Maldivian Red Crescent.

Another risk is of duplicating the work of the government and other civil society organisations in communities in the area of health awareness and health services. However, the Ministry of Health and Family is the government counterpart to the Maldivian Red Crescent therefore supports in being updated of government programmes and activities in communities and this also ensures that MRC has access to the required technical support and resources from the local government. MRC is also a part of the Maldives Health Promotion Network – a network of all health related government and non-government stakeholders-. The network supports in keeping MRC updated on health awareness and related activities conducted by non-government organisations and civil society organisations in communities.

Organizational Development/Capacity Building

a) The purpose and components of the programme

Programme purpose

To build a sustainable National Society by enhancing institutional structures, systems, skills and capacities to deliver quality services

MRC will undertake an integrated capacity building and organizational development programme to ensure that it starts with a sound foundation in order to deliver services, thereby attaining the goal outlined above. The programme focuses on developing capacities of MRC with the aim of contributing to IFRC's Strategy 2020's Enabling Action 1: build strong national Red Cross and Red Crescent Societies. OD consist of leadership development, institutional capacity and branch development and resource mobilization and external affairs development integrated in the programmes of the National Society.

The organizational development/capacity building programme budget for 2011 is CHF 130,997.

Programme component 1: Leadership Development

Outcome: Maldivian Red Crescent's governance and management is guided and strengthened to effectively lead the organization and its service delivery.

The development of a new National Society is dependent on good leadership. Once the capacity and competence of the leadership is built, developed and maintained, it can guide and ensure that Maldivian Red Crescent is effectively steered towards its mission and objectives.

Building the capacity of governance and management will be prioritized to enable them to carry out its work in accordance with its statutes, policies, procedures, strategies and plans. An important approach incorporated into building leadership skills is peer-to-peer learning and sharing experiences with other national societies. Members of the governance and management will be encouraged to participate in key regional and international forums of the International Red Cross and Red Crescent Movement, such as statutory meetings. Besides establishing a platform for cooperation with different Movement partners, participating in such events will enable the leadership of MRC to understand the Movement and its decision making mechanism, thus positioning them to translate and apply them locally.

Programme component 2: Institutional Capacity Development and Branch Development

Outcome: Creation of a strong and sustainable organization able to provide effective services to vulnerable people nationwide.

A well-managed and sustainable organization will be attained through capacity building of its branches, and development and implementation of sound policies, structures, systems and procedures for human, physical and financial resource management. An efficient support service capacity will also be developed. The new National Society has started setting up human resource frameworks and develop steering documents, including a human resource policy, a code of conduct, staff rules and regulations as well as staff recruitment, selection and retention systems.

To entrench fiscal accountability within the National Society, support being provided in developing proper finance management systems – including computerization and implementation of minimum accounting standards to ensure that adequate systems are in place. Establishment of appropriate logistics and administrative systems and procedures will also be undertaken.

Establishing a strong network throughout Maldives to ensure service and membership coverage, branch development will be a critical focus area of the National Society. This will contribute towards making the Maldivian Red Crescent a well functioning

Programme component 3: Resource Mobilisation and External Affairs Development
Outcome: The Maldivian Red Crescent is well positioned, understood, profiled and supported, thereby able to mobilize members and financial resources.

This component aims to position MRC as an organization with a clear idea of its roles and responsibilities, with the necessary capacity to mobilize support to meet the needs of the vulnerable people and the capacity to exhibit accountability to its donors, supporters and beneficiaries. Efforts will be put on five major areas to help attain the desired outcome: communication and public relations, resource mobilization, dissemination and membership recruitment, knowledge management, and planning, monitoring, evaluation and reporting (PMER).

Local fundraising mechanisms will be a priority to ensure that the new NS begins working towards financial self-sustainability. Attainment of self reliance will involve the following: developing a solid membership base, thus generating membership fees; conducting fundraising campaigns targeting members of the public as well as the business community; implementing innovative income-generating activities,; and promoting individual voluntary contributions.

Commercial first aid will be developed as a fundraising programme to support resource mobilization initiatives of the National Society. It will utilize the capacity that already exists as part of Maldives First Aid Practitioners' Network. First aid training will target businesses, corporations, industries and resorts among others. This component will complement advocacy by MRC for authorities to make first aid skills compulsory in every workplace

b) Potential risks and challenges

A major risk to the programme is the fact that until now Maldives has not had a National Society. Therefore, the success of the programme is dependent on the acceptance, ownership, support and contribution of the targeted communities. In mitigation approaches, the promotion of an understanding of MRC's mandate has been prioritized. This will consistently be done through all programme components as well as through specific public relations and communications activities.

Access to initial or seed funding is another challenge as there is no question that the new National Society will require a balance of strategic funds, from the very outset, from local and national sources as well as from Red Cross Red Crescent partners in order to build its immediate strengths within a self-sustaining and well phased scale-up plan. This is crucial because since MRC was not in place over the last four years [to benefit from the investments made by the Red Cross Red Crescent partners who have undertaken tsunami recovery programmes] opportunities have been lost for capacity building.

The primary tactic to manage the above-mentioned risks is to ensure strong collaboration, cooperation and joint implementation by all programme components as well as the headquarters and the branches. Leadership at headquarters and branch levels will play a crucial role in supporting the aims of the programme. Training sessions, meetings and workshops will be organized to ensure that the leadership understands and enthusiastically supports goal attainment. Finally, synergies will be built within the NS to ensure that implementation of programme components proceeds at the required pace.

Principles and Values

a) The purpose and components of the programme

Programme purpose
To integrate and enhance understanding of Fundamental Principles and Values within Maldivian Red Crescent and in communities

Promotion of the fundamental principles and humanitarian values will be cross-cutting and integrated into all interventions and community engagements. It will be incorporated into all trainings and activities as an integral part of dissemination, especially within the CBHFA and DRR activities. It will also form part of the leadership training for governance and in branch capacity building. The image of the newly developed MRC will be further

enhanced, strengthened and complimented by the continuous process of disseminating the Movement's Principles and Values.

To promote an understanding of the National Society's mandate, promotion of the fundamental principles and humanitarian values will be conducted during major events as well. Induction sessions will be organized for all staff and volunteers while information on Maldivian Red Crescent activities will be disseminated through the media, the internet utilizing varied information materials. This will position the National Society as a competent and credible humanitarian actor. Promotion of principles and values will also be geared towards influencing behavioural change within the community, and inspiring tolerance, respect for diversity and non-violent social problem solving.

The principles and values programme budget for 2011 is CHF81,482.

b) Potential risks and challenges

MRC is recently formed and therefore new to the Movement and the Fundamental Principles and Values. It lacks capacity on application of the principles and values in everyday activities and how to advocate with the aid of the principles. However, as a National Society "in formation", MRC is closely guided and mentored by IFRC and ICRC. In addition, MRC has members of its national staff who were absorbed from tsunami recovery programmes who have sound knowledge of the Red Cross Red Crescent Movement and working knowledge of the Fundamental Principles and Values. These staff, together with the movement counterparts, will support in disseminating and integrating principles and values into all MRC activities and programmes.

Role of the secretariat

a) Technical programme support

The Federation country office in Maldives will provide technical as well as international resource mobilization support for MRC, with assistance from the South Asia regional office in Delhi, the Asia Pacific zone office in Kuala Lumpur and the Secretariat in Geneva. This will build on the support that IFRC has been providing since 2005 with regard to the formation of the National Society and facilitating immediate and future partner national society partnerships.

During 2011, the Maldives country office will consist of the following two international delegate positions specifically to support the Maldivian Red Crescent: the first for representation, the second to support overall organizational and programme development.

To enable effective support to the new National Society, the country office will also maintain national staff capacity which will include a communications and PMER manager, finance manager and administrative support staff.

The coordination budget for 2011 is CHF 102,000.

b) Partnership development and coordination

IFRC will support MRC in establishing national, regional and global cooperation within and outside the Movement. This will entail building on existing partnerships – established in the course of implementing tsunami recovery programmes – and exploring new ones.

Within the Movement, the country office will facilitate cooperation and coordination between MRC, ICRC, and partner national societies. This will ensure collective effort and solidarity in pursuit of common goals. Through harmonized actions and resources, the Red Cross Red Crescent will efficiently and effectively support the National Society's response to the needs of vulnerable communities. For instance, ICRC support will be crucial in promoting the International Humanitarian Law (IHL), Fundamental Principles and humanitarian values as well as and conducting emblem campaigns. Similarly, the new National Society will benefit by links with other national societies facilitated by the country office and the region or beyond for funding support or peer-to-peer learning. This is in pursuit of achieving IFRC's Strategy 2020's Enabling Action 3: Function effectively as the International Federation.

Externally, the support will include working with national authorities for better recognition of the auxiliary role of MRC. The country office will also actively promote collaboration between the National Society and international organizations with in-country presence, such as UNDP, UNICEF, WHO and Handicap International, in areas where common grounds can be met, to ensure synergy and complementary approaches. In addition, partnerships [which will open the door for funding and technical support] will be developed, thereby increasing the capacity of the National Society to provide services to the most vulnerable communities.

Finally, as elaborated in the 'country context', the country office will encourage continued collaboration between MRC and other stakeholders working towards building local capacities and mainstreaming of DRR and CCA.

These partners include the National Disaster Management Centre (NDMC), UNDP and the United Nations International Strategy for Disaster Reduction (UNISDR).

c) Representation and Advocacy

Using its status as an international organization, IFRC will promote the humanitarian agenda of MRC and support it in maintaining positive links with the government, embassies and international organizations represented in country.

The head of the country office will work closely with the Secretary General of MRC to ensure that the Red Cross Red Crescent is well represented in inter-agency and other forums that take place in the country. Advocacy will also be carried out through formal and informal contact with interlocutors and providing up-to-date information on the National Society's programmes. As part of Enabling Action 2: Pursue humanitarian diplomacy to prevent and reduce vulnerability, this work will be done according to the International Federation's newly adopted humanitarian diplomacy policy to increase the National Society's profile.

Furthermore, the country office's communications and PMER team will support MRC in establishing key linkages with media outlets including television, newspapers and radio. The National Society will be encouraged to use them to promote its work as well as disseminate humanitarian messages to the public and other stakeholders. This is in recognition that good access to the media is important for successful dissemination and advocacy.

Promoting gender equity and diversity

Maldives ratified the *Convention on the Elimination of all forms of Discrimination against Women* (CEDAW) in 1993. According to the latest UNDP humanitarian development indicators, women in Maldives hold 12 per cent of seats in parliament while 49 per cent of professional and technical workers in the country are women⁶. In addition, there are 12,629 females employed as permanent employees in the Maldivian civil society to 11,456 male employees⁷. These statistics show gender equity exists to an adequate level among civil service as well as in professional and technical occupations. However, the number of females in senior elective and senior positions is significantly low compared to males. This was, to some extent, evident during the elections for Maldivian Red Crescent governing board members during the first and the second General Assembly where women candidates were unsuccessful, resulting in an all-men board twice.

IFRC will support MRC in its work to ensure that women are given equal opportunities in governance and management positions at the headquarters and branch levels. MRC is currently, the only National Society in South Asia to be headed by a woman as secretary general. MRC leadership at the branch and unit levels in its initial six branches is balanced with both women and men representatives. Already, some positive steps have been taken at policy level, with the volunteering policy, draft human resource policy – as well as other policy documents – strongly addressing this issue. Similarly, MRC staff and volunteer recruitment is guided by equal opportunity and gender equity guidelines. Several other initiatives are being undertaken to improve diversity in MRC membership and volunteer base as well.

The Swiss Embassy funded a project on community empowerment integrated in branch capacity building. It consists of a two-day women and community empowerment training. With the help of a consultant, MRC has prepared a comprehensive women empowerment training package that is aimed to increase awareness on issues, opportunities and constraints to women empowerment in communities and to encourage the involvement of women in MRC membership, volunteer work and leadership roles. The training encompasses legal, international and religious opportunities for women, women's rights, gender based violence and underlying issues, economic empowerment of women, women and maternal health, women's role in community empowerment, women and children in emergencies and gender in Red Cross Red Crescent movement. It was first launched in Male' branch of MRC in September and was well-received by the community and the participants. To date 21 volunteers have participated in these trainings. MRC encourages participation of both women and men in the trainings, recognising that women empowerment is a community responsibility.

In addition, MRC will include gender equity and diversity as a cross-cutting element to all its programmes and service delivery. It aims to conduct recruitment of volunteers to be representative of the communities they serve and live in [a mix of men and women, younger and more senior people, and as well as urban and semi-urban dwellers].

⁶ Human Development Report 2009, UNDP

⁷ Department of National Planning, <http://planning.gov.mv/yearbook2010/Employment/5.1.htm>

Quality, accountability and learning

As a newly formed National Society, MRC is conscious in documenting lessons that are being and will be learnt in the process of its development. The purpose of the exercise is to capture best practices in development which would not only enhance the capacity, knowledge and skills of the National Society but also facilitate in sharing these with other national societies, partners, supporters, volunteers and members.

Programme development will be based on lessons learnt from previous large-scale disasters, including the 2004 tsunami, as well as experiences of other national societies. The use of standardized approaches and appropriate tools such as VCA and the better programming initiative will be encouraged to ensure the quality and appropriateness of the programmes developed and implemented. In addition, the programmes will consistently strive to meet the humanitarian charter and minimum standards. To date, some staff and governing board members have already had the opportunity to participate and learn from international seminars, training workshops and exposure trips. The best practices obtained are being adapted and applied to ongoing and future programmes.

At the same time, MRC programme staff and volunteers are constantly provided training to enhance their community engagement and technical skills. This ensures that staff, members and volunteers are capable in responding to challenges they come across in implementation and development. In first aid, MRC has already trained 18 master trainers, 60 first aid trainers and more than 800 First Aiders across different communities which supports to make the first aid programme highly successful and sustainable. MRC staff, members and volunteers' relations with beneficiaries is guided by the MRC Code of Conduct which all staff and volunteers must adhere to while executing their duties.

The country office – with support from the regional and zone offices – will also ensure full compliance with the Federation finance and procurement regulations, including international training for finance staff. Guided by IFRC, MRC has developed a finance manual which is already in implementation, after the policy was adopted by the governing board. Furthermore, IFRC will conduct an annual internal and external audit of programmes, including comprehensive management reviews. This will complement external audits that MRC will undergo as per law and statutes.

Finally, to determine whether the National Society is on track to attain the overall goal of the programme – *to ensure that by end of 2011, Maldivian Red Crescent will have fulfilled the 10 conditions for recognition by the International Committee of the Red Cross (ICRC) and simultaneously become a full-fledged member of the International Federation* – IFRC and ICRC will conduct joint assessment missions. The number of missions will be based on the rate of progress towards objectives.

Contact information

For further information specifically related to this plan, please contact:

Maldivian Red Crescent:

- Rasheeda Ali (Secretary General); email: rasheeda.ali@redcrescent.org.mv; phone: 3307665 and fax: 3347009

IFRC country office in Maldives:

- Susanna Cunningham (Head of country office); email: susanna.cunningham@ifrc.org; phone +960 332 1987; fax +960 332 1951

IFRC South Asia office in Delhi:

- Azmat Ulla (Head of regional office); email: azmat.ulla@ifrc.org; phone: +91 11 2411 1125; fax: +91 11 2411 1128
- Michael Higginson (Regional programme coordinator); email: michael.higginson@ifrc.org; phone: +91.11.2411.1122

IFRC Asia Pacific zone office in Kuala Lumpur:

- Jagan Chapagain (director of operations); email: jagan.chapagain@ifrc.org; phone: +603 9207 5702;
- Alan Bradbury (head of resource mobilization and PMER unit); email: allan.bradbury@ifrc.org; phone: +603 9207 5775

Please send pledges of funding to: zonerm.asiapacific@ifrc.org

[<budget and map below; click here to return to title page>](#)

MAAMV001 - Maldives

Budget 2011

Budget 2011

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	Total
Supplies						
Land, vehicles & equipment						
Transport & Storage						
Personnel	184,178	139,743	49,656	40,123	102,000	515,700
Workshops & Training	37,827	40,185	19,092	2,002		99,106
General Expenditure	122,331	108,458	54,254	34,384		319,427
Depreciation						
Contributions & Transfers						
Programme Support	22,382	18,745	7,995	4,973		54,095
Services						
Contingency						
Total Budget 2011	366,718	307,131	130,997	81,482	102,000	988,328

