Annual report

International Federation
of Red Cross and Red Crescent Societies

Maldives

Appeal No. MAAMV001

30/04/2010

This report covers the period 1 January to 31 December 2009.

Volunteers and staff working together, setting up to celebrate "World Red Cross Red Crescent Day 2009". Photo: Hussein Ibrahim, volunteer photographer

In brief

Programme purpose: With the Inauguration of first General Assembly of the Maldivian Red Crescent (MRC) on 16 August 2009 the main focus of 2009 was focused on creating an environment for a local National Society to be established and begin its work to gain recognition by the International Committee of the Red Cross (ICRC) as well as become a member of the International Federation of Red Cross and Red Crescent Societies (IFRC), with all rights and obligations.

Programme summary: With the birth of the National Society in the Maldives, all activities in the last quarter of 2009 was focused on its formation (developing its structures, capacities and programmes) and recognition within the community (be responsive to national vulnerabilities). Initially the community engagement was limited as activities implemented were mostly process oriented.

The legal foundation and ratification of the MRC Law by the Maldivian president took place in early May 2009. The law gave the legal right for an humanitarian organization – by the name MRC – to be established and undertake humanitarian work in the Maldives. Consequently, the interim planning group (IPG), which was leading the formation process with support of IFRC, scheduled the first General Assembly of MRC which was on 16 August 2009. The assembly elected the first governing board of MRC and adopted the National Society's statutes and rules of procedures.

The elected governing board approved MRC's interim development plan (which was prepared by the IPG) and undertook a systematic process of preparing a two-year MRC strategic development plan. Straight after the General Assembly, implementation of the plan took place with selection of the secretary general (during September) followed by hiring of key management and programme staff. This led to an induction of the National Society's governing board, management team, national advisory council members and programme staff was organized by IFRC as part of their capacity building. Formation of island units and atoll branches followed. The units and branches are to be formed in three atolls in early 2010 which in time will be able to develop services supported by appropriate structures, systems and capacity. Volunteers will be recruited from the units and branches to be directly involved in service delivery.

Financial situation*:* The revised budget is CHF 996,193 (USD 961,678 or EUR 671,212), in line with a

realistic implementation rate. Coverage is 146 per cent while expenditure from January to December 2009 was 99.4 per cent of the total 2009 budget. With the Maldivian Red Crescent now operational, expenditure during 2010 will increase significantly. As such, additional financial and in-kind contributions to the 2010-2011 plan, in support of the new National Society, are welcome and much needed.

Click here to go directly to the attached financial report.

See also Maldives Country Plan 2009-10, and the Earthquakes and tsunamis (Appeal 28/04) - Revised Plan of Action and Budget 2005-2010.

No. of people we help: The focus of the programmes has yet not been on delivering services at community level, but on developing structures and systems within MRC. Direct beneficiaries of this process were 30 staff members and national advisory council members. First aid training also reached more than 90 people.

Our partners: The national disaster management centre (NDMC), ministry of health, ministry of education, faculty of health sciences, ministry of youth, island authorities, American Red Cross, British Red Cross, Canadian Red Cross, French Red Cross, Hong Kong branch of the Red Cross Society of China, and the United Nations Development Programme (UNDP).

The major contributors to this plan, to date, include Canadian Red Cross and the Hong Kong branch of the Red Cross Society of China. On behalf of the MRC, the International Federation would like to thank all partners and contributors for their response to this appeal.

Context

The political scene in the beginning of the year was dominated by campaigns and preparations for the countries first multi-party parliamentary elections which took place on 9 May. Later in the year, the political situation remained calm with the government focussing on addressing the dire economic situation of the country. The president announced a set of austerity measures aimed at reducing recurrent expenditure. Among them is a plan to trim the civil service from an estimated 30,000 to a manageable 18,000 and to reduce allowances of civil servants. However, implementation of the first measure has been delayed as some section of public workers as well as opposition leaders vowed to resist a reduction of wages – saying that such a move would hurt household income at a time when the cost of living had skyrocketed. Consultations are ongoing among the various stakeholders.

On the social scene, urban violence and drug-related offences were reported during the second half of 2009. The Red Cross Red Crescent was not spared as the offices of British and American Red Cross societies were broken into. The two break-ins were part of a spree of similar crimes, which had also affected some government departments and private businesses. The police service have linked the crimes to frustration among drug users as law enforcement agencies continue to crack down on those involved with trafficking illegal drugs; cutting off supplies. During this period, reported cases of child abuse also increased, prompting an outcry from leaders, parents, youth and the civil society. With serious child abuse cases on the increase, hundreds of parents, including the country's president, held a march against child abuse to raise concern and awareness.

As for health in response to the worldwide H1N1 pandemic, the government of Maldives placed a system of monitoring people entering into the country and also arriving passengers in the six ports. It also led a mass awareness campaign of the disease leading to prevention and control, whereby, the recruited MRC volunteers in the islands for MRC unit formation were involved in the campaign. At the end of the year the number of confirmed H1N1 cases in the Maldives has reached 30. A number of cases have been recorded among people who did not travel abroad; the first death directly related to H1N1 – which was also the first locally transmitted case – was confirmed on 18 November 2009. The situation now remains stable though screening continues.

Meanwhile, given the vulnerability of the Maldives to the effects of climate change and associated sea level rises, the president of the island nation continued to campaign for action by the world leaders. On 17 October, the government of Maldives held a cabinet meeting underwater to highlight the threats of global warming. During the meeting, the president and his cabinet signed a document calling for global cuts in carbon emissions. Recognizing the vulnerabilities, the government has also formulated a strategic national action plan (SNAP) for disaster risk reduction and climate change adaptation.

Two forums were held during the reporting period – the first in August and the second in October 2009. They brought together several stakeholders to identify the key issues, concerns, gaps and challenges in capacity building and mainstreaming of disaster risk reduction and climate change adaptation, with a view of advancing, improving and mainstreaming efforts. The MRC and IFRC participated, alongside the UN country team and United Nations International Strategy for Disaster Reduction (UNISDR). The MRC has been positioned in the SNAP as a key partner with regard to implementation of disaster risk reduction and climate change adaptation-related activities at the community level.

Progress towards outcomes

Disaster management

Outcomes/Expected results

Programme purpose
To enhance capacities, skills, community ownership and resilience in reducing disaster risk and vulnerabilities.

Programme component	Component outcome
1.Disaster management planning	Improved ability to predict and plan for disasters to mitigate their impact on vulnerable communities and respond to and effectively cope with their consequences.
2.Disaster risk reduction	Risks and vulnerabilities to the effects of disasters are reduced through a community-based approach focused on developing disaster management capacities of community members.
3. National Society and community disaster preparedness capacity building	The capacity of the National Society in community disaster preparedness and post-disaster response is developed through an integrated approach that builds the National Society's capacities at the branch level.

Achievements :

Disaster Management Planning

In September 2009, the MRC participated in a three-day workshop organized by the NDMC to formulate a SNAP on disaster risk reduction and climate change adaptation and soon after, a national-level meeting was organized to adopt the plan. This coordination with the government enabled MRC to be positioned as a key partner for implementing disaster risk reduction activities at the community level. MRC is also a member of the disaster management steering committee constituted by the national disaster management council – as provided in the Disaster Management Bill that is awaiting approval by the Parliament – to act as the national platform for disaster risk reduction. As the MRC is at the early stage of development, disaster management planning is presently incorporated into community-based health and first aid (CBHFA) programme, which will be the first community programme of the new National Society.

Disaster Risk Reduction

The community of Raa Hulhudhuffaru completed construction of a multi-purpose safe refuge facility in August 2009. Construction work started in 2008 with majority funding provided by IFRC and the rest by the community itself. Community members were satisfied and looking forward to utilize the building for community development work. MRC and IFRC staff – in cooperation with the UNDP and the ministry of education – facilitated a session entitled "Introduction to Disaster Risk Reduction" during a training conducted for community school supervisors. This is linked to government efforts to have disaster risk reduction education incorporated into the school curriculum. Also in cooperation with the UNDP, MRC actively participated in marking the International Disaster Reduction Day. Through events organized jointly, secondary school students were exposed to the tsunami recovery programmes undertaken by the Red Cross Red Crescent. They were also introduced to MRC, its mandate and to its future programmes.

National Society and community disaster preparedness capacity building

Appropriate and relevant training opportunities continued to be provided for the programme team of IFRC as resource to the new National Society throughout the year. In November, a senior programme officer participated in the regional disaster management working group meeting and regional disaster response team refresher training, in Dhaka, Bangladesh. Seven other members of staff participated in a project management training conducted by a local organization. Starting December 2009, the staffs have formally moved into the new National Society's structure, reporting to the secretary-general along with nine staff seconded from the Maldives delegation.

Health and care

Outcomes/Expected results

Programme purpose
To enhance the capacities, skills, community ownership and resilience in reducing vulnerabilities to health threats in disasters and encourage community involvement in health and care activities, resulting in increased awareness, preparedness and involvement in health risk reduction.

Programme component	Component outcome
1. Community- based health and first aid	Increased preparedness in communities to cope with health in disasters challenges through integrated community-based health and first aid activities.
2. Voluntary non-remunerated blood donation	Communities are encouraged to make voluntary non-remunerated blood donations through existing blood donation mechanisms.
3. Pandemic influenza awareness	Increased awareness of pandemic influenza among the National Society's staff and volunteers.
4. National Society community health capacity building.	The capacity of the new Maldives National Society in community preparedness and post-disaster response is developed through an integrated approach for the formation and building capacities at the branch level.

Achievements :

Community-based health and first aid

During the reporting period, 227 people were trained in first aid; 95 were target community members while 132 were trained on a commercial context, mostly in resort islands. The trainings were conducted under the umbrella of the Maldives First Aid Practitioners' Network. In addition, standard first aid training was conducted for newly recruited MRC programme staff and island focal points. Also under the Maldives First Aid Practitioners' Network, the MRC conducted three first aid training upon request by the ministry of health and family. The governing board of the new MRC adopted community-based health and first aid (CBHFA) as the programme for community entry. During the reporting period, a framework prioritizing 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 – was developed.

Voluntary non-remunerated blood donation

The International Federation collaborated with the ADK Hospital, Faculty of Health Sciences, Maldivian Thalassaemia Society, National Thalassaemia Centre and Nurses Association in marking – jointly – the World Red Cross Red Crescent Day and the International Thalassaemia Day. Also, on the eve of the first General Assembly of the MRC, some 19 people comprising General Assembly members, International Federation staff, and members of the interim planning group donated blood to the country's largest public hospital, the Indira Ghandi Memorial Hospital. Others registered as blood donors and committed to donate blood on a regular basis. Their voluntary gesture was in response to a call from the hospital that its blood reserve was running low. Meanwhile, voluntary non-remunerated blood donation has been prioritized as a component of the CBHFA programme. The new National Society will work with the ministry of health and family to promote voluntary non-remunerated blood donations throughout the nation. It is also seeking cooperation with local non-government organizations, such as MVBLOOD.ORG, that are providing related services in order to build synergies on developing a national blood donor's database.

Pandemic influenza awareness

Following the H1N1 outbreak, infections were transmitted within the general community but limited to some islands and atolls Influenza – the MRC and International Federation explored ways of collaborating with the ministry of health and family in increasing H1N1 awareness within communities. As such, community-centred awareness by the MRC is ongoing hand-in-hand with unit and branch development. An information pack containing H1N1, Influenza A, dengue and chikungunya awareness materials was prepared and was utilized in the communities by the staff involved in unit and branch development. The information, education and communication (IEC) materials will complement the ongoing community-centred awareness. In addition, the International Federation delegation has been working closely with the ministry of health and family, and the UN system – under overall coordination of the World Health Organization (WHO) country office – on preparedness measures.

National Society community health capacity building
In June 2009 the International Federation (under the umbrella of Maldives First Aid Practitioners' Network), in collaboration with the Faculty of Health Sciences and the British Red Cross, organized a week-long first aid master trainers training; 18 persons benefited. The 18 – who were drawn from ADK Hospital, Faculty of Health Sciences, Maldives First Aid Practitioners' Network, Maldives National Defence Force, Maldives Police Service and the School Health Unit – are the first master trainers in the Maldives. To strengthen first aid practice in the Maldives, a three-day workshop was held as a first step towards standardization of first aid training in the country. The workshop was organized jointly by the International Federation and the Faculty of Health Sciences. Participants from the Centre for Community Health and Disease Control, Faculty of Health Science, First Aid Practitioners' Network, Health Safety Education (a non-governmental organization), Maldives National Defence Force, Maldives Police Service, and ministry of health and family reviewed the current first aid curriculum. They discussed how to have a unique approach to educating communities in first aid. A first aid consultant provided by the British Red Cross continuously provided technical advice during the forum.

Organizational development

Outcomes/Expected results

Programme purpose
Increase local community, civil society and Red Crescent capacity to address the most urgent situations of vulnerability in the Maldives.

Programme component	Component outcome
1. National Society and legal base development	A Maldives National Society is formed, functioning and recognized, and its institutional capacities established.
2. Leadership capacities	The capacity of governance and management of the new National Society at headquarters and branch level is built to develop and implement strategies, and to ensure good performance and accountability.
3. Well-functioning organization.	A well-functioning organization is ensured with sustainable systems, procedures and necessary staff with desired level of managerial and technical competencies.
4. Branch development	The National Society has established branches across the Maldives in order to develop and deliver services for the local population.
5. Volunteer and membership development	The National Society has established a well-managed countrywide volunteer and membership network.
6. Financial sustainability and accountability	Sustainability of the National Society is ensured through mobilization and management of resources, including through commercial first aid.
7. National Society infrastructure development	The National Society has a headquarters building with essential equipment and facilities to enable it develop and deliver services

Achievements :

National Society and legal base development
Soon after the legal foundation for the MRC was set in May 2009, the first General Assembly of the MRC was held on 16 August 2009, at which the National Society's statutes and rules of procedures were adopted and the first governing board was elected. This amounted to the formal establishment of the National Society. The Assembly also adopted an Interim Development Plan for 2009-2010.

Concurrently, the interim planning group presented a report on its work, findings and recommendations to the new governing board based on the formation process. It then ceased to exist. However, three of its members were elected to the governing board, four were appointed to the national advisory council and one was appointed as the government's representative in the National Society's complaints committee. As such, considerable knowledge and experience gained throughout the formation process has been retained within the National Society's governance.

Leadership capacities
As a National Society's leadership is at the centre of policy-making, decision-making, assuring integrity, running programmes and delivering services, competence and skill building within the governance, management, staff and volunteers has been prioritized. Seen as potential National Society staff, selected members of the interim planning group as well as some International Federation staff benefited from various competence building initiatives [before the General Assembly], including workshops, study trips to the national societies of Sri Lanka and the Philippines, and exposure to various Red Cross Red Crescent documents and materials. These efforts continued throughout the reporting period. For instance, during October, a two-day National Society leadership workshop was organized for members of the governing board, the national advisory council and the newly recruited secretary-general.

The leadership of the new National Society was granted opportunities for capacity building. During September, the president of the MRC attended a leadership training course in Geneva. After the course, he held a series of meetings with senior management in both the ICRC and the International Federation. In November, the president, secretary-general and four governing board members participated in the statutory meetings of the International Federation, and the Red Cross Red Crescent Movement, held in Nairobi, Kenya. Additionally, each governing board meeting – six have been held since the National Society was institutionally constituted – have had elements of competence building in the agenda.

The secretary-general began work in September 2009, and a few weeks later she recruited a finance and administration manager, along with other initial staff. All underwent respective induction programmes, specifically on the MRC, the Movement at large and the National Society's development plan.

Well-functioning organization
With the legal base firmly established, a governing board in place and gradually enabled to assume its responsibilities and with an initial management and staff, focus turned to implementing the National Society's interim development plan in a holistic, systematic and integrated manner. The approach is to pursue five interlinked components – programme development leadership development, institutional capacity development, external affairs development and branch development. Taken together, these five areas address all characteristics of a well-functioning National Society.

In the last three months, the MRC governing board – with the support of the secretary-general – has approved several policies, while the establishment of key systems is underway. The adopted policies include a code of conduct, a finance policy, a branch development policy and a volunteer policy. Set up of a membership recruitment and a financial system is ongoing (in line with the policies adopted by the governing board rules and regulations and manuals were developed to institutionalise MRC).

Branch development
A branch early implementation strategy had been elaborated long before the National Society's first GA. This enabled the governing board to adopt guidelines for the establishment of units and branches during September. Soon after, essential staff were recruited to initiate unit and branch formation, together with island focal points identified by the GA representatives of the atolls. The staff was intensively trained during the reporting period and were provided with a range of tools, including an outline of the support of programmes, finance, communications, etc, to unit and branch establishment.

Unit and branch formation began in earnest during November, initially concentrating on six islands in three atolls. Assemblies for the formation of the target units have been held during December, in accordance with the establishment plan. They will be followed by branch assemblies in January 2010.

Volunteer and membership development
A range of membership and volunteer related documents and materials have already been produced for the MRC. Among them are a volunteer manual, membership guidelines and procedures, a code of conduct and a volunteering policy. The latter two were adopted by the governing board during October. These efforts were supported by the volunteering development manager of the Federation Asia Pacific zone office. It has been ensured that all aspects of the volunteer management cycle will be duly considered by the new National Society.

Meanwhile, volunteer and membership recruitment is ongoing as part of unit and branch establishment. In fact, according to the National Society's statutes, a minimum of 20 members is required to form an island unit. It is projected that an average of 15 individuals will actively engage themselves as volunteers in each unit. This indicates that a minimum of 600 volunteers will have been mobilized and trained before the end of the coming year.

Financial sustainability and accountability
In the October meeting, the governing board of MRC adopted the National Society's finance policy, and soon after a qualified finance and administration manager was recruited. The manager has since received coaching from the Federation finance and administration delegate. Furthermore, in early December the manager participated in a planning, monitoring, evaluation and reporting (PMER) training workshop organized by IFRC in Male' in December 2009.

National Society infrastructure development
Initially it was planned that design and construction of a headquarters building for the new National Society would be initiated by the International Federation in 2008. This did not materialize due to funding considerations coupled

with uncertainty on when MRC would be institutionally formed. However, after its formation in August, authorities indicated that they would consider allocating land for a National Society headquarters building. A plot was identified during the reporting and a request for allocation was submitted to the relevant authorities. A feasibility study will be carried out in 2010 to integrate aspects of meeting National Society office space needs while taking an opportunity for income generation.

Humanitarian values

Outcomes/Expected results

Programme purpose
To create an environment where the humanitarian values, fundamental principles and mission of the Red Cross Red Crescent Movement are understood.

Programme component	Component outcome
1. Internal and external promotion of principles and values	Awareness of the International Red Cross Red Crescent Movement and the fundamental principles is increased.
2. Operationalization of principles and values	Fundamental principles and humanitarian values are integrated into other core Red Cross Red Crescent programmes.

Achievements:

Internal and external promotion of principles and values

During the reporting period, promotion of principles and values was incorporated into all governing board, management, national advisory council and staff competence building sessions. Furthermore, in the lead up to the first General Assembly, members of the interim planning group appeared in popular talk shows – radio and television – to pass on messages about the MRC, its mandate as well as the principles and values on which it is based.

Operationalization of principles and values

Promotion of the fundamental principles and humanitarian values is integrated into all community engagements and competence building initiatives. As such, it is not a stand-alone programme. Toward the end of 2009, the image of the new MRC was further enhanced through a range of corporate identity and promotional materials, among them ID cards, letterheads, forms, t-shirts and caps.

Constraints or Challenges to overall programme

Major constraint to the programme was the delay in formation of the new National Society which consequently dented the implementation of programmes as planned. However, several activities were implemented during the year that was inline with the expected results and was highly successful. Even with the challenges to implementation due to the lack of a National Society and grass root volunteer structures the year proved fruitful in establishing MRC's role in disaster risk management activities in Maldives.

On branch development, as the process has just begun, everyone had optimistic expectations on the formation process given the capable field officers and island focal points trained for the process. Constraints in implementation included the need for clarity on provisions in the rules of procedures referring to branch development which ultimately had been consolidated to form part of the amendments that will be proposed to the Governing Board which in turn will be recommended in the incoming second General Assembly for adoption. What is being critically looked into now is the mechanism to sustain the established six units and three branches which will have its branch assembly in January 2010.

Working in partnership

Within the Movement, the country office continued to facilitate cooperation and coordination between MRC, the ICRC, and partner national societies. The major contributors to this plan are Canadian Red Cross and the Hong Kong branch of the Red Cross Society of China. In addition, the ICRC provided support for the National Society's president competence building – through the leadership training held in Geneva during September – as well as covered part of the costs of participation by MRC to the statutory meetings held in Nairobi, Kenya.

Externally, coordination has been maintained with the Maldivian ministry of health and family, ministry of education, faculty of health sciences, NDMC, island authorities and the United Nations Development Programme. Delivery of first aid training continues to be done under the umbrella of the Maldives First Aid Practitioners' Network.

Contributing to longer-term impact

The MRC development process reflects a time-concentrated effort to make the new National Society well functioning through a capacity building approach that is holistic, systematic and integrated in its nature. An 'institutional context' will be put in place, stretching from the headquarters level, through branches, down to the smallest island units.

In this institutional context, skilled volunteers from the past, present and of the future can contribute in an organized way to the overall mission of the new National Society: reducing vulnerabilities and risks among the Maldivian population The ultimate aim is for the National Society to have community-focused, need-based humanitarian services delivered all over the country through a network of skilled volunteers belonging to those communities.

Looking ahead

Although the MRC is in an early development stage, community-based health and first aid (CBHFA) has been identified as its community entry programme. The first systematic interventions in this regard, including community capacity building, are planned for February 2010, in tandem with the branch development process. The target is to have CBHFA trainer capacities and strong disaster risk reduction competencies built up and attached to all branches by the beginning of 2011.

As the Maldives was the only tsunami-affected country without a National Society, it did not benefit from funding for National Society capacity building from Red Cross Red Crescent partners as they undertook tsunami programmes [with the exception of DM and OD funding from the Canadian Red Cross and the Hong Kong branch of the Red Cross Society of China]. In addition, because of the absence of a National Society, Maldives was not able to establish solid relationships with capacity building or development- oriented partners. IFRC and its members, therefore, have the challenge and responsibility to nurture the new and youngest addition to the Red Cross Red Crescent family.

So far, funding provided towards Appeal 2008-2009 for Maldives has managed the development process to 'survive' up to now. IFRC kindly requests partners to provide additional financial and inkind contributions – through the Maldives Country Plan 2010-2011 – to enable support to the new National Society.

Considering that the new National Society is at the beginning of its first development cycle, an early review of implementation will be conducted at the end of the first quarter of 2010 to measure progress against the interim development plan. The outcome of the review will inform a revision of Country Plan 2010-2011 as well as development of the National Society's strategic development plan.

How we work

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

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International Federation of Red Cross and Red Crescent Societies

MAAMV001 - Maldives

Annual Report 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/12
Budget Timeframe	2009/1-2009/12
Appeal	MAAMV001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	**269,279**	**0**	**726,914**	**0**	**0**	**996,193**
B. Opening Balance	**576,394**	**0**	**677,930**	**0**	**0**	**1,254,324**
Income						
Cash contributions						
Canadian Red Cross	*-66,251*		*104,174*			*37,923*
Norwegian Red Cross	*9,731*	*200,000*	*82,307*			*292,039*
C1. Cash contributions	***-56,520***	***200,000***	***186,481***			***329,962***
Outstanding pledges (Revalued)						
British Red Cross			*51,706*			*51,706*
Canadian Red Cross	*-99,205*		*-119,316*			*-218,521*
Canadian Red Cross (from Canadian Government)			*31,225*			*31,225*
C2. Outstanding pledges (Revalued)	***-99,205***		***-36,385***			***-135,590***
Other Income						
Miscellaneous Income			*1,873*			*1,873*
C6. Other Income			***1,873***			***1,873***
C. Total Income = SUM(C1..C6)	**-155,725**	**200,000**	**151,969**	**0**	**0**	**196,245**
D. Total Funding = B +C	**420,670**	**200,000**	**829,899**	**0**	**0**	**1,450,569**
Appeal Coverage	**156%**	**#DIV/0**	**114%**	**#DIV/0**	**#DIV/0**	**146%**

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	576,394	0	677,930	0	0	**1,254,324**
C. Income	-155,725	200,000	151,969	0	0	**196,245**
E. Expenditure	-265,610		-724,397			**-990,008**
F. Closing Balance = (B + C + E)	155,059	200,000	105,502	0	0	**460,561**

International Federation of Red Cross and Red Crescent Societies

MAAMV001 - Maldives

Annual Report 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/12
Budget Timeframe	2009/1-2009/12
Appeal	MAAMV001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure						Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	
	A						B	A - B
BUDGET (C)		**269,279**	**0**	**726,914**	**0**	**0**	**996,193**	
Supplies								
Other Supplies & Services	62,000	38,978					**38,978**	**23,022**
Total Supplies	**62,000**	**38,978**					**38,978**	**23,022**
Land, vehicles & equipment								
Computers & Telecom	12,100			12,052			**12,052**	**48**
Office/Household Furniture & Equipm.	800			773			**773**	**27**
Total Land, vehicles & equipment	**12,900**			**12,826**			**12,826**	**74**
Transport & Storage								
Storage	24,500	287		24,066			**24,353**	**147**
Distribution & Monitoring	0							**0**
Transport & Vehicle Costs	20,300	4,073		2,562			**6,636**	**13,664**
Total Transport & Storage	**44,800**	**4,361**		**26,628**			**30,989**	**13,811**
Personnel								
International Staff	273,600	92,940		207,338			**300,278**	**-26,678**
National Staff	129,180	61,754		68,831			**130,585**	**-1,405**
National Society Staff	54,000			47,126			**47,126**	**6,874**
Consultants	53,950	1,502		53,409			**54,911**	**-961**
Total Personnel	**510,730**	**156,197**		**376,703**			**532,900**	**-22,170**
Workshops & Training								
Workshops & Training	113,350	16,771		105,355			**122,126**	**-8,776**
Total Workshops & Training	**113,350**	**16,771**		**105,355**			**122,126**	**-8,776**
General Expenditure								
Travel	63,950	1,312		58,599			**59,911**	**4,039**
Information & Public Relation	22,390	3,621		21,684			**25,305**	**-2,915**
Office Costs	88,350	29,447		60,666			**90,113**	**-1,763**
Communications	9,850	2,316		7,943			**10,259**	**-409**
Professional Fees	500			2,442			**2,442**	**-1,942**
Financial Charges	1,115	2,876		987			**3,863**	**-2,748**
Other General Expenses	1,440			1,425			**1,425**	**15**
Total General Expenditure	**187,595**	**39,573**		**153,746**			**193,318**	**-5,723**
Programme Support								
Program Support	64,818	9,731		29,370			**39,101**	**25,717**
Total Programme Support	**64,818**	**9,731**		**29,370**			**39,101**	**25,717**
Operational Provisions								
Operational Provisions				19,769			**19,769**	**-19,769**
Total Operational Provisions				**19,769**			**19,769**	**-19,769**
TOTAL EXPENDITURE (D)	**996,193**	**265,610**		**724,397**			**990,008**	**6,185**
VARIANCE (C - D)		**3,668**		**2,517**	**0**	**0**	**6,185**	