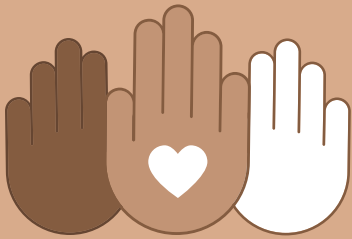Maldivian
Red Crescent

Strategic Plan
2019 - 2030

Author
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The Seven Fundamental Principles of the Red Cross Red Crescent Movement

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace among all peoples.

Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality

In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary Service

It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity

There can be only one Red Cross or Red Crescent society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

Contents

Foreword

The Maldivian Red Crescent, through its mandate to provide humanitarian services, and prevent and alleviate human suffering, works as an independent auxiliary organization. Over the past decade, the MRC has actively and primarily worked in the areas of disaster management, emergency preparedness and response, health and wellbeing, social inclusion, and youth development. The technical expertise provided in these areas support the efforts of public authorities, and other institutions with similar objectives, nationwide.

The new strategic planning cycle coinciding with the tenth year of MRC is a welcome opportunity to strengthen the organization and its services. The MRC Strategic Plan 2019-2030 is its third such plan and will pave the way to work towards better consolidation of the mandate and identity. The 12-year plan gives ample room for adaptation to the changing world, while adhering to 4-year review periods, with the first results framework developed for 2019-2022.

A long-term strategic plan towards 2030 allows MRC to align its priorities and to contribute towards broader development agendas such as the Sustainable Development Goals (SDGs) Agenda, and also considers other global agreements such as the Sendai Framework, Paris Agreement, and the Global Compact for Migration.

The strategic priority areas and the corresponding work were carefully formulated after extensive consultations across many relevant sectors and will be built on existing expertise and experiences, and after analyses of the current and foreseeable needs in Maldives. The plan advocates for a better integrated approach and cohesion among humanitarian work, sustainable development work, and climate change, to work towards island and national level resilience. Strengthening emergency response at an institutional level, strengthening first aid and psychosocial support services, resilience-based planning, health in a changing environment, promoting humanitarian values and volunteer work, and organizational development and sustainability are the areas of work that the MRC will build capacities and implement work in, and advocate for. Through all of these crucial

Ali Nashid
President

Aishath Noora Mohamed
Secretary General

areas, the critical issues around protection, gender, inclusion, and diversity are carefully factored in.

The past decade has shaped and defined our organization in tremendous ways. Through the many challenges and opportunities that were presented, MRC has been able to build trust not only among public authorities, but within communities as well. Capacities across many crucial areas have been built, across the country. In the next ten years, and more, to truly champion decentralization, we will have to structure ourselves better to have presence in all 20 atolls. The need for better accessibility of services complemented with outreach is evident.

Resilience, at island and national levels, is at the heart of this plan. It is the ways in which people can come out of disaster and emergencies and rebuild their lives. It is how sustainable development can prevent these stresses from having long-lasting effects. It is how communities can belong to strong, inclusive, and equitable networks among themselves, to resist shocks. It is the means through which MRC can strengthen and fulfil its mandate of humanitarian work, and ensure that human suffering is prevented and alleviated.

The formulation of this MRC Strategic Plan 2019-2030 has been a rewarding journey. It has allowed us to pause and reflect on where we are, how far we have come, and how we can step into the future, with foresight, with strategic partners who we can support and who can support us, and with a clearer view of what to anticipate and how the organization can adapt. Our heartfelt thank you goes to the Governing Board of the MRC, who led this process and oversaw crucial details of this plan.

Thank you, to the Steering Committee members who provided close guidance - Aisha Niyaz and her sound knowledge around sustainable development and climate change, Arif Rasheed as a representative from the Governing Board who provided vast expertise and knowledge, and Ahmed Shabin as a representative from a Branch who added immense value with experiences as a former staff and current governance member, and Ibrahim Irushad as a representative from a

Unit to address unique challenges faced in different contexts and to contribute to the solutions. To our colleagues who coordinated the strategic planning process so diligently. Thank you, Fathimath Himya, Yasmin Rasheed, and Mizy Musthafa, for ensuring a smooth and inclusive process, from the consultations to the internal reviews, until endorsement, and for everything in between.

To Raniya Sobir, our consultant for the strategic planning process, who facilitated this process with such clarity and care, thank you.

To all the participants of the Sectoral Experts Meeting, and then later the discussions with partners, thank you – for your critical insight and advise into how MRC can best perform its duty in humanitarian work. The consultations with internal and external stakeholders were a defining factor in shaping the priority areas.

IFRC and ICRC, to whom we are always grateful for being there through MRC's nascent stages to today, and beyond, thank you for continued support through our kinship. We are excited to take these ideas forward, with you by our side.

None of the work we do would add meaning to the lives of people, the way it does now, without volunteers and members. Our deepest appreciation to those who embody the spirit of humanity, day in and day out. Thank you.

We look forward to the many opportunities to serve humanity together!

List of Abbreviations

CERT	Community Emergency Response Team
CFA	Commercial First Aid
CVD	Cardio-Vascular Diseases
ERT	Emergency Response Team
GDP	Gross Domestic Product
HPA	Health Protection Agency
IEC	Information, Education, and Communication
ICRC	International Committee of the Red Cross
IFRC	International Federation of Red Cross and Red Crescent Societies
IOM	International Organization for Migration
LDC	Least Developed Country
MDGs	Millennium Development Goals
MRC	Maldivian Red Crescent
NEOP	National Emergency Operational Plan
NCDs	Non-Communicable Diseases
NDMA	National Disaster Management Authority
ODA	Overseas Development Assistance
PSS	Psychosocial Support
PWD	Persons with Disability
SDG	Sustainable Development Goal
SEOP	School Emergency Operation Plan
SFDRR	Sendai Framework for Disaster Risk Reduction
VCA	Vulnerability and Capacity Assessment

Executive Summary

The Maldivian Red Crescent's Strategic Plan 2019-2030 is its third Strategic Plan. In the past, planning cycles took place every four years. This Strategic Plan aims to set a long term direction for the organisation to consolidate its organisational mandate and identity in the Maldives.

This 12 year plan includes broader objective statements that are set against the year 2030 with the intention of aligning with the Sustainable Development Goals (SDGs) Agenda. Complementing the objective statements are four year results frameworks, with the current one planned from January 2019 to December 2022. This results framework will allow for evaluating and reviewing the organisations performance regularly, and shall be updated every four years to meet the stated 2030 goals.

The planning process was commenced in July 2018 and was concluded in April 2019. The Strategic Plan 2019 – 2030 was developed by an external consultant, together with the MRC's governance, volunteers, and staff. A Steering Committee was formed at the very beginning to provide quality assurance to the process.

Secondary sources of information for the desk review include MRC's internal documentation, relevant national policies and plans, and global best practices relevant to areas of work of the MRC. Primary data collection included a range of interviews, focus group discussions, and workshops involving internal and external stakeholders. Consultation meetings and an event to gather sectoral experts for technical insight contributed to the building of the results framework from 2019-2022. The draft plan was reviewed by MRC's governance and management, the Steering Committee, and was shared and discussed with key partners and experts across relevant sectors.

> **"This MRC Strategic Plan 2019 - 2030 centres on the concept of resilience."**

The final step of the strategic planning process was to get a final draft approved by the Governing Board of the MRC, after which the Strategic Plan 2019 – 2022 was officially adopted in the 10th General Assembly on April 27 2019.

This MRC Strategic Plan 2019-2030 centres on the concept of resilience. It advocates a shift in thinking and practice, recognising the need for better coherence in the areas of disaster management, climate change, and development work. This approach aims to increase effectiveness of MRC's humanitarian role and work done in Disaster Risk Management.

This shift is also better aligned with the IFRC's work on resilience and the emphasis on better integrated approaches for roles in Disaster Risk Reduction.

This thinking is further reflected in the alignment with other key global development agendas such as the SDGs, Sendai Framework for Disaster Risk Reduction, and the Paris Agreement.

To achieve national and island resilience, this plan outlines six strategic priorities for the MRC.

The six priorities are:
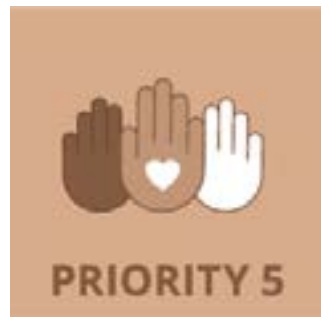

Strengthen Emergency Response

Strengthen First Aid and Psychosocial Support Service

Facilitate Planning for Resilience

Promote Health and Wellbeing in a Changing Environment

Foster Humanitarian Values and Volunteerism

Organisational Development and Sustainability

Introduction

The Maldivian Red Crescent

The MRC was established as a legal entity under the law 'Maldivian Red Crescent Law' (Law No: 7/2009).

According to the law, the primary objective of the MRC is to provide humanitarian aid, and to prevent and alleviate suffering. Other objectives of the MRC are to provide humanitarian aid to civilian and military victims, and those suffering, at times of war, conflict and peace; to protect and assist the victims including preservation of the physical integrity and dignity of the victims, at times of war, conflict and peace; to contribute to the improvement of the conditions of the weak and the vulnerable; in times of ill health, in prevention of diseases, and in response to all humanitarian emergencies; to provide support to government organizations assisting the victims and those effected by disasters and natural causes.

The law emphasizes the MRC as an independent, voluntary aid organization, auxiliary to the public authorities in the humanitarian field.

The International Committee of the Red Cross (ICRC) recognized the MRC as a full-fledged member of the International Federation of Red Cross and Red Crescent Societies (IFRC) on 9 November 2011. Subsequently, MRC became the 187th member of the IFRC on 23 November 2011.

Currently MRC has more than 320 members and 2200 volunteers. To date, MRC has established 10 Branches across the Maldives. Each branch is made up of two Units.

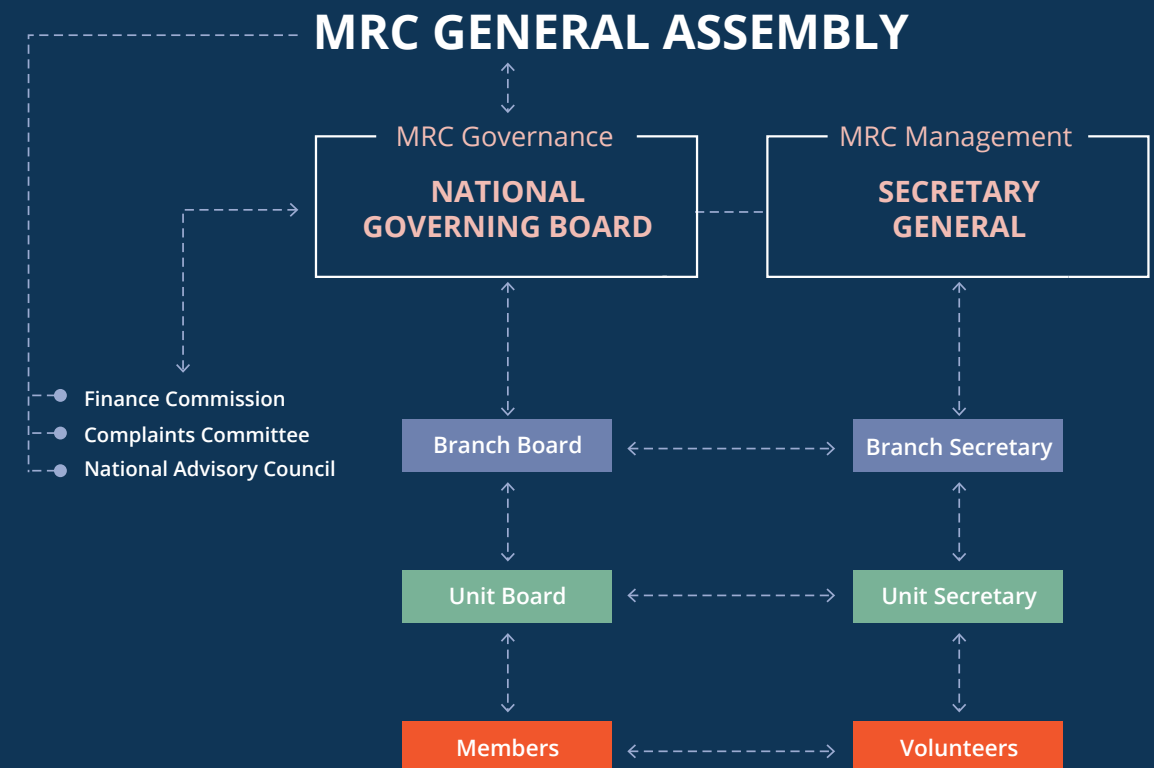The organizational structure of MRC is illustrated in the figure below.

Figure 1 MRC organizational structure

Areas of Work of the Maldivian Red Crescent

Disaster Risk Management

Emergency Response

Emergency response is mandated by law to the MRC, and is a core activity of the organisation's Disaster Management work. MRC's community based Emergency Response Teams are trained to be mobilised to respond to a range of disaster and emergencies, including (but not limited to) flooding, sea swells, cyclones, fires, civil unrests, and accidents on the sea. The response work ranges from providing first aid and Psychosocial Support, distributing relief aid, mobilising communities, and providing support to Internally Displaced People. MRC's emergency response operations at the national and local levels complement the national emergency response systems of the National Disaster Management Authority.

Disaster Preparedness

MRC's disaster preparedness activities are centred around strengthening communities' capacity to respond to disasters. Technical support is provided to implement various initiatives such as emergency drills in schools (School Emergency Operation Plan), hospitals and health centres (Hospital Emergency Operation Plan), fire drills, and tsunami drills, with the relevant stakeholders, such as the NDMA, MNDF, MPS, relevant ministries, UN agencies, and communities. Through these full-scale simulation exercises or desktop drills with injections, participants are trained in emergency evacuation, search and rescue, first aid, fire-fighting, and community mobilisation. Information, Education, and Communication (IEC) materials are created to raise awareness and to make knowledge readily available and accessible.

In addition to this, the Vulnerability and Capacity Assessment (VCA) is used as a tool to facilitate risk assessments and local level planning. It aims to involve communities, local authorities, and humanitarian and development organisations from the outset to identify risk reduction activities to prevent or lessen the effects of expected hazards, risks, and vulnerabilities, and to develop action plans to prepare for and respond to the identified risks. MRC trains and mobilises local teams and volunteers to facilitate the VCA data collection process. The VCAs once compiled, can be used to design disaster risk reduction interventions and projects.

Health and Social Care

Epidemic Preparedness and Response

From responding to rises in cases of influenza and dengue, to promoting awareness and advocacy on epidemic control, MRC has played a key role in responding to health epidemics over the past decade. The creation and dissemination of IEC materials, door to door campaigns, cleaning up of mosquito breeding sites, information sessions in schools, and the translation of public awareness messages into various languages with the help of migrant volunteers, MRC is at the forefront of preparedness and response in the area of health as well. MRC has also partnered with the Ministry of Health to support national campaigns to prevent communicable diseases, such as the Measles and Rubella Elimination Campaign, and works with various NGOs to amplify efforts against non-communicable diseases.

First Aid

First aid is an essential service that the Red Cross Red Crescent Movement is known for. As such, in the Maldives, MRC has been one of the sole providers of first aid trainings in the Maldives since its inception. MRC's first aid activities first began as part of a Community Based Health and First Aid Programme. The Commercial First Aid Programme was later developed as a means of resource mobilisation, whereby first aid trainings were facilitated to the corporate sector for a fee. In addition to this, first aid services for various events are also provided for a fee and is a main source of income for the Branches. MRC's first aid trainings are taught through standardised syllabuses, globally recognised certificates, and with vast expertise, supported by the Red Cross Red Crescent Movement.

Patient Transport Service

One of the main objectives of the Patient Transport Service is to provide patients who seek regular health care services, such as elderly patients, with a bed-to-bed service. This project was initiated with the assistance from the Singapore Red Cross and has since been sustained through the generous support from Universal Foundation, Maldives. To effectively provide this service, MRC's volunteers are trained in first aid, and moving and lifting. The 8-hour service was expanded to a 24-hour service to accommodate the growing demand, especially given how this service brought relief to families living in places with limited accessibility, in the densely populated Male' City.

Psychosocial Support and Mental Health

Psychosocial Support has been provided by the MRC as part of disaster and emergency response, in addition to the creation of a PSS Centre in 2016 with the aim of building capacity and developing resources to provide sustainable PSS to the Greater Male' Region. The PSS Centre functions by establishing standards and guidelines, designing and delivering programmes through relevant partnerships, and expanding the pool of PSS facilitators, counsellors, health professionals, and volunteers who support PSS work.

Complementing the PSS, MRC also promotes mental health advocacy and does so through several initiatives such as social media campaigns, flash mobs, Facebook live events where audience can tune in to listen to and ask questions to a psychologist or psychiatrist.

Healthy Living

MRC has in recent years, been associated with promoting healthy living with the aim of addressing the growing issue of Non-Communicable Diseases (NCDs) in the Maldives. MRC is partner to the national NCD Alliance, which aims to promote collaborative work to combat NCDs. As part of NCD prevention, MRC has led several health camps at local level. In the health camps, a wide range of areas are covered, where the doctors are available for consultation, typically for a period of two days. The health camps are coincided with information sessions held at schools targeting students and parents.

Social Care and Inclusion

MRC works on promoting broader social inclusion through community engagement activities. Through initiatives such as the Madhadhu programme by Male' Branch and Haa Dhaalu Branch, volunteers reached out to the hospitalised elderly and senior citizens, were given information about healthy living, and walking clubs were formed to create an avenue for social engagement, MRC has fostered humanitarian values through volunteer work.

MRC also works closely with particularly vulnerable populations such as migrant workers, regardless of their legal status, to provider better access to health related information, and to advocated for equal access to healthcare, without discrimination.

MRC's Added Value as a Humanitarian Organization in the Maldives

Youth Empowerment

Youth Camps and Leadership Training

The youth bulge of the country at this moment in time, is reflected in MRC's membership and volunteers – the majority is made up of young people. MRC's youth oriented activities include youth camps, forums, and trainings. The youth camps aim to promote awareness among youth about social issues, encourage leadership, and teach life skill to young people. It also serves as a platform to introduce the Red Cross Red Crescent Movement to youth and to open opportunities to volunteer and to be an active part of the National Society.

MRC also facilitates the participation of youth in several international forums such as the Model IFRC General Assembly and other international youth exchange programmes.

Volunteer Engagement

The Red Cross Red Crescent Movement is widely recognised as the largest humanitarian movement in the world that is volunteer driven. Volunteers remain at the heart of all of MRC's work. As a country with a large youth population, MRC's volunteer platform is valuable for youth empowerment in the country as it offers youth opportunities to contribute to society, opens career opportunities, particularly through skills gained in first aid and emergency response, and allows young people to enhance their social skills and networks.

Partnership with National Stakeholders and MRC's Auxiliary Status

Since its inception, MRC has been successful in fostering working relationships with key national partners to implement its activities in a coordinated and effective manner. Through a process of building trust and confidence, MRC has gained recognition as a key partner to government entities in areas of disaster management, emergency response, and health preparedness. As a result, MRC's role is reflected in several national policy frameworks on disaster management and it is represented in national policy platforms. MRC's partnership with national stakeholders reinforces its own role and status as an auxiliary body to support and complement actions of public authorities. It has increased the potential for MRC to work closely with government entities and to align its work with government and vice versa.

Expertise and Technical Resources

MRC has a range of proven expertise and technical resources in many areas, in addition to its adherence to quality and standards. MRC is recognised for its capacities in Disaster Risk Management, emergency response, first aid, PSS, prevention and preparedness in the areas of health, and for the wide outreach of these capacities given its established Branches across the country. MRC is also equipped with tools to facilitate risk assessments and data collection in communities through Vulnerability and Capacity Assessments, allowing MRC to act as a technical partner to improve the quality of disaster risk management activities and to advocate for better national standards and quality assurance in these areas. Belonging to the IFRC means having access to readily available expertise and experiences from 190 other national societies. Considering the aforementioned, MRC has the potential to further widen its scope to cover new programmatic areas such as climate change and resilience programming.

Decentralised Local Presence

MRC is one of the few entities in the Maldives, apart from the government, that has decentralised presence and operations. MRC has to date established 10 Branches across the country. While the functionality of the Branches may differ, the local presence on the ground allows for locally led, timely, and cost effective disaster management and development activities. The institutional presence and functionality on the ground promotes the continuity and consistency of MRC's work. A notable example is the Emergency Response Teams that are managed locally and function on a continued basis within Branch level operations of MRC in the respective atolls. In times of disasters and emergencies, and other peace-time activities, the localised presence allows for the mobilisation MRC teams and assistance to islands that may not have MRC representation but are within proximity to islands with MRC Branch presence.

Mobilisation of Volunteers

MRC is one of the first organisations in the Maldives that operated through volunteer mobilization and promoted it in an organized manner. MRC's ability to mobilise significant numbers of volunteers means that it can carry out activities that require complex logistics and coordination, across the country. MRC has been a strategic partner to a number of emergency drills that have been implemented in several communities, and was done through a community intensive, participatory approach, by mobilising volunteers. Activities such as health camps, youth camps, door to door campaigns, or community clean ups are done as such as well. MRC's volunteer pool comprises of people from vast backgrounds coming from various professions and varying knowledge, enhancing the overall technical resource base of the organisation. MRC also has no restrictions on migrants becoming members or volunteers, which adds value to the work done to reach the most marginalised and vulnerable in the communities.

Development Landscape of the Maldives –
A Situation Analysis

Overview

Located in the Indian Ocean, with an area of 115,300 square kilometres, including the sea, the Maldives comprises of 1,192 coral islands out of which 187 are inhabited, 135 are tourist resorts and 1,005 are uninhabited.[1] The population, based on Census 2014, gives a total of 437,535 people residing in the country in 2014. This includes 339,761 locals and 97,774 [2] foreign residents. According to the World Bank data for 2017, the Gross Domestic Product (GDP) of the Maldives was valued at US$ 4.6 billion and the country has a per capita income of US$ 9,570.[3] This makes the Maldives the country with the highest per capita income in South Asia. The Maldivian economy has primarily been driven by the country's tourism industry and the growth of tourism-related sectors such as construction, telecommunications, and transport.

The aid landscape of the Maldives has changed significantly in the last decade. The key turning point was the graduation of the Maldives from Least Developed Country (LDC) status to a Middle Income Country in early 2011. This decision by the United Nations coincided with the of phasing out of foreign assistance, the Maldives received for the Indian Ocean Tsunami response and a democratic transition that took place in 2008 through multi-party elections. As a result of LDC graduation and the peaceful transfer of power, Maldives was no longer considered a priority country for international assistance, particularly for multi-lateral aid. This is evident by the sharp fall in Overseas Development Assistance (ODA). In 2010, Maldives received a net ODA of US$ 111.7 million while in 2017 the figure was US$ 26.9 million. Due to these trends, the Maldives has seen a shift in foreign assistance towards bilateral aid and an increased share of foreign loan financing of development projects.

Demographic Changes and Projections

Based on the 2014 Census, population projections show interesting shifts.

The child population (population under 15 years of age) in the Maldives is expected to decline after 2030, and the elderly population (aged above 65 years) will increase. In 2014, the child population (0-14) consisted of 22 percent and by 2050 the child population is reduced to half of it.[4] The child population is expected to peak at 2030 and then decline. Census 2014 shows that the number of elderly people was 16,337 people which accounted for 5 percent of the total Resident Maldivian Population. By 2030, this figure would reach 17,539 and by 2054, the population aged 65 years and above is projected to be 88,963 persons, taking up a share of 14 percent of the Resident Maldivian Population. This means officially, the Maldivian population can be considered as an ageing population.[5]

The youth population of the Maldives has increased significantly. As part of the resident population, 162,022 persons were aged 18 to 34, consisting of 118,735 Maldivian residents and 43,287 foreign residents.[6] The number of individuals aged 15 to 34 had increased from 121,000 in 2000 to 136,000 in 2014, representing around 40 per cent of the Maldivian resident population. When adding the foreign resident population aged between 15 and 34, the total number of young people rises to about 180,000, which represents 45 per cent of the total resident population.

Another considerable population trend is the growth of the foreign migrant worker population. According to 2014 Census, there were 97,774 persons which accounted for 22 percent of the total Resident Maldivian Population.[9] 88 percent of the foreign population comprise of males. According to Census 2014, the largest share of the population includes Bangladeshis with 58 percent followed by Indians contributing to 21 percent.[10] In the period 2014-2021, the foreign population is expected to grow at 10 percent per year. By 2054, there is a shift in the share of foreigners, with 43 percent as foreigners and 57 percent as Maldivians.

The Resident Foreign Population is considered as a 'never ageing population' given that foreigners working in the country is expected to remain for about 10 years before they depart. Hence, due to the 'temporary nature' of their residency, 98 percent of the Foreign Population will be in the working age group (15-64 years). As for the distribution of foreigners between Male' and the Atolls, currently 38 percent of the foreigners live in Male', 62 percent of the foreigners are distributed across the 20 Atolls and Non-Administrative Islands as per 2014 Census. This distribution is likely to remain the same in the coming years.

The population trends provide important projections on internal migration and the urbanization context of the Maldives. According to the 2014 Census, the majority of the Resident Population lived in the Atolls (68 percent).[11] The Resident Maldivian Population in Male' is estimated to increase due to constant positive migration rate to Male'. If internal migration continues at its current level, the Resident Maldivian Population in the Atolls is expected to decrease in the coming years and by 2030, Male's population size will overtake that of the atolls (Male' is expected to have 51 percent of the population and the atolls would have 49 percent of the population in 2030). This means that by 2030, the urban population of Maldives would exceed that of the rural population. By 2050, 65 percent of the Resident Maldivian Population would be in urban areas (Male') and by 2054 the figure is expected to reach 69 percent.

[1] National Bureau of Statistics (2018). Maldives Statistical Yearbook 2018.

[2] Adjusted for under coverage.

[3] World Development Indicators Database – Country Profile – Maldives.

[4] UNFPA and National Bureau of Statistics, Ministry of Finance and Treasury (2016). Maldives Population Projections 2014-2054. Assumptions and Results Analysis. Male', Maldives.

[5] A population is considered relatively old when the proportion of the population age 65 and over exceeds 8 to 10 percent (Gavrilov and Heuveline, 2003)

[6] UNFPA. 2017. Thematic Analysis on Youth in the Maldives based on 2014 Population and Housing Census data. Male', Maldives

[7] UNFPA and National Bureau of Statistics, Ministry of Finance and Treasury. (2016). Maldives Population Projections 2014-2054. Assumptions and Results Analysis. Male', Maldives.

[8] Census 2014 - National Bureau of Statistics, Ministry of Finance and Treasury. 2014. Maldives Population and Housing Census Statistical Release II: MIGRATION. Government of Maldives. Male', Maldives.

[9] UNFPA and National Bureau of Statistics, Ministry of Finance and Treasury. (2016). Maldives Population Projections 2014-2054. Assumptions and Results Analysis. Male', Maldives.

[10] Census 2014 - National Bureau of Statistics, Ministry of Finance and Treasury. 2014. Maldives Population and Housing Census Statistical Release II: MIGRATION. Government of Maldives. Male', Maldives.

[11] Ibid.

Disaster Risk Reduction

The Maldives had rarely experienced a major natural disaster until the 2004 Indian Ocean Tsunami. The tsunami exposed the vulnerability of the Maldives as 62 percent of the GDP was lost in a matter of seconds. Nearly a third of the population was affected through loss or damage to homes, livelihoods, and local infrastructure. According to disaster risk information compiled, the eastern sector of the Northern and Central islands of the Maldives are highly vulnerable to tsunamis while the Northern islands have the greatest exposure to surge hazards and cyclones.[12] Other hazards include earthquakes, thunderstorms, flash floods, and prolonged dry periods. The vulnerability to natural hazards and disasters in the Maldives can be best understood in the context of climate change impacts (see below).

The disaster risk management in the Maldives is guided by the Disaster Management Act which was ratified in 2015, although the full scale implementation of the act is yet to take place. The disaster risk management role is led by the NDMA and is responsible for coordinating response to natural disasters as well as human induced disasters. Recent data shows frequent responses to natural hazards such as floods, surges and heavy rainfall and human induced disasters which mostly includes fire and water shortages.

Climate Change

Climate change poses a serious challenge to the existence and viability of the Maldives due to its low lying status.[13] Some of the current climate change trends observed in the Maldives show a decrease in annual rainfall and number of rain fall days which indicates an increase in dry periods, an overall increase in temperatures, sea level rise and increase in sea surface temperatures.[14]

The Maldivian communities are highly exposed to impacts of these climate change trends including sea level rise, surges, and flooding. Eighty percent of the land area is less than one meter above sea level, 44 percent of the settlement footprints of all islands are within 100 meters of coastline, more than 50 percent of housing structures of 121 islands are within 100 meters of coastline, and more than 67 percent of inhabited islands reported beach erosion in the year 2013 at different scales and severity.[15] When considering critical infrastructure, infrastructure of four international airports are within 50 meters of coastline, majority of the power, utility, and communication infrastructures, 99 percent of tourist accommodation and 70 percent of fisheries infrastructure are within 100 meters of coastline.

Although no formal assessment has been done to establish the direct impacts on health due to climate change impacts, climate driven phenomena such as heat and extreme weather events are expected to affect human health. Evidence gathered through semi-structured interviews for the Second National Communication of Maldives to the United Nations Framework Convention on Climate Change, shows that health impacts of increasing temperatures include skin irritation, dehydration particularly among labourers, (majority of whom are foreign migrant workers) and could be a possible cause of death among elderly. Indirect impacts of rising temperatures in relation to climate change include outbreak of vector borne diseases such as Dengue, Chikungunya, and Scrub-typhus. Data presented in the Second National Communication of Maldives to the United Nations Framework Convention on Climate Change show that El Nino years and years subsequent to El Nino years (such as 2006, 2007, 2009, 2010 and 2011) show relative increase in number of reported Dengue cases which strongly suggest the epidemic dynamics of dengue fever is influenced by climate variability.

Emerging Health Risks

The Maldives has made significant gains in the health sector over the past decades which is evident in increased life expectancy, reduction in fertility, and mortality rates. Progress has been made in addressing communicable diseases, the country is malaria free while diseases like polio, neonatal tetanus, whooping cough, and diphtheria are non-existent.[16]

Dengue, diarrhoeal diseases, and Acute Respiratory Infections (ARI) continue to cause significant morbidity among children and adults. In 2012, ARI, viral fever, and diarrhoeal diseases were the communicable diseases with the highest incidence. Diseases such as Scrub Typhus and Toxoplasmosis have also emerged and continue to be endemic. The discussion in the previous section shows the potential for climate change impacts increasing the population's vulnerability to vector borne diseases.

NCDs have been identified, as the leading cause of mortality in the Maldives. In 2014, NCDs accounted for 81 percent of total deaths.[17] The leading causes of death include cardiovascular diseases (CVDs), and hypertensive diseases as the top diseases followed by chronic respiratory diseases and diabetes. CVDs jumped from the tenth cause of death, in 1990 to the first position in 2010. Dietary habits, high blood pressure, high body mass index, and smoking were in the top five attributable risk factors for the burden of disease in the country.

Although the prevalence of mental disorders in the Maldives is still largely unknown, there is growing evidence which suggests that it is on the rise. The 2003 survey of the Mental Health Situation in the Maldives revealed that 29.10% of the sample self-reported that they suffer from mental health conditions.[18] Furthermore, twice as many women were found to suffer from depression, anxiety, and somatic symptoms compared to men. Analysis of prevalence of suicide in the Maldives between the years 2008 to 2013 shows that suicide levels have increased significantly. In the 'Rapid Situation Assessment of Drug Abuse in Maldives', 20 percent of drug users reported psychological problems such as excessive worrying, anxiety, sexual dysfunctions, and sadness as the main reason for initiating drug abuse.[19] Furthermore, in the same study it was reported that 74 percent of family members of the drug users had problems with sleeping while 90 percent of those interviewed reported that they suffered from emotional problems. Mental health issues were also noted to be common amongst victims of child abuse, domestic violence, and gender based violence.[20]

[12] Strategic National Action Plan for Disaster Risk Reduction And Climate Change Adaptation 2010- 2020

[13] Ministry of Environment and Energy (MEE). 2015. Maldives Climate Change Framework. Government of Maldives. Male', Maldives.

[14] Ministry of Environment and Energy (MEE) 2016. Second National Communication of Maldives to the United Nations Framework Convention on Climate Change. Government of Maldives. Male', Maldives.

[15] Ministry of Environment and Energy (MEE). 2015. Maldives Climate Change Framework. Government of Maldives. Male', Maldives.

[16] Ministry of Health. 2016. Health Master Plan 2016-2025. Government of Maldives. Male', Maldives.

[17] Ministry of Health. 2015. Multi-sectoral Action Plan for the Prevention and Control of Non-Communicable Diseases in Maldives (2016-2020). Government of Maldives. Male', Maldives.

[18] World Health Organization (WHO) and Ministry of Health. 2016. National Mental Health Strategic Plan - Republic of Maldives, 2016-2021. Male', Maldives.

[19] Ibid.

[20] Ibid.

Strategic Plan for the Period 2019 – 2030

A Shift in Thinking – Towards Increasing Island and National Resilience

Available evidence shows that the frequency and intensity of natural hazards and disasters are being affected by climate induced stresses and weather variabilities which in turn have negative implications on developmental progress. A growing recognition therefore exists at the global level on linking humanitarian response with climate action and long term development more effectively. This responds to current gaps in thinking and practice where there is a disconnect between the three streams of work - humanitarian, climate, and development action.

The situation analysis in the previous section highlights a similar context in the Maldives where climate change trends are likely to result in increased flooding, heat, coastal erosion, and surges which can have devastating impacts on housing, infrastructure, tourism, agriculture, fisheries, and human health.

However, similar to global practice, humanitarian response and disaster risk reduction efforts in the Maldives do not factor climate risks sufficiently despite the high exposure of the island communities to climate induced natural hazards. At the national level, significant work is done in the areas of disaster risk management, climate change, and development, however, the need for better coordination and alignment of priorities still exist.

Within this context, it is proposed that MRC's new program design centre on the concept of resilience in order to achieve effectiveness in MRC's humanitarian action and disaster risk management work. While there are many definitions and conceptual frameworks explaining resilience, the definition of resilience used for this strategic plan is 'resilience as a capacity that ensures stressors and shocks do not have long-lasting adverse development consequences'.[21] This definition is further developed into a resilience measurement framework that is widely recognized among the development agencies including DFID, USAID, and the Interagency Resilience Working Group.

[21] Constas, M., T. Frankenberger, and J. Hoddinott. 2014. Resilience Measurement Principles: Toward an Agenda for Measurement Design. Resilience Measurement Technical Working Group Technical Series 1. Food Security Information Network

The IFRC further reiterates the importance of focusing its work on resilience in its recent policy on climate action [22] :

- 'We have a mandate, given to us by governments at the International Conference, to raise awareness of the serious humanitarian concerns related to climate change. This mean advocating on behalf of those most at risk from the effects of climate change, those who are the most vulnerable and marginalized...'.

- Through our humanitarian action on the ground, we are continually responding to current and predicted humanitarian consequences of climate change (both extreme events and slow-onset events) and are actively supporting better information, disaster risk management and climate change adaptation...'.

- 'As the largest humanitarian organization in the world, we are helping to bring coherence between the humanitarian, development and climate change agendas and are promoting and implementing integrated risk management approaches at the national and local level.'.

The proposed programmatic and organizational priorities for MRC in this strategic plan is illustrated in the figure below. There are six strategic priority areas in total, five for programmes and services, and one for organizational development and sustainability.

To further increase coherence and impact of MRC activities, the intervention areas under each priority were structured into four elements. This includes:

i Expertise - What expertise and knowledge/ internal capacity will MRC offer in this area?

ii Service/implementation - What would MRC implement or do in this area?

iii Advocacy - what would MRC advocate for or aim to influence or change at national and local level to complement what it does?

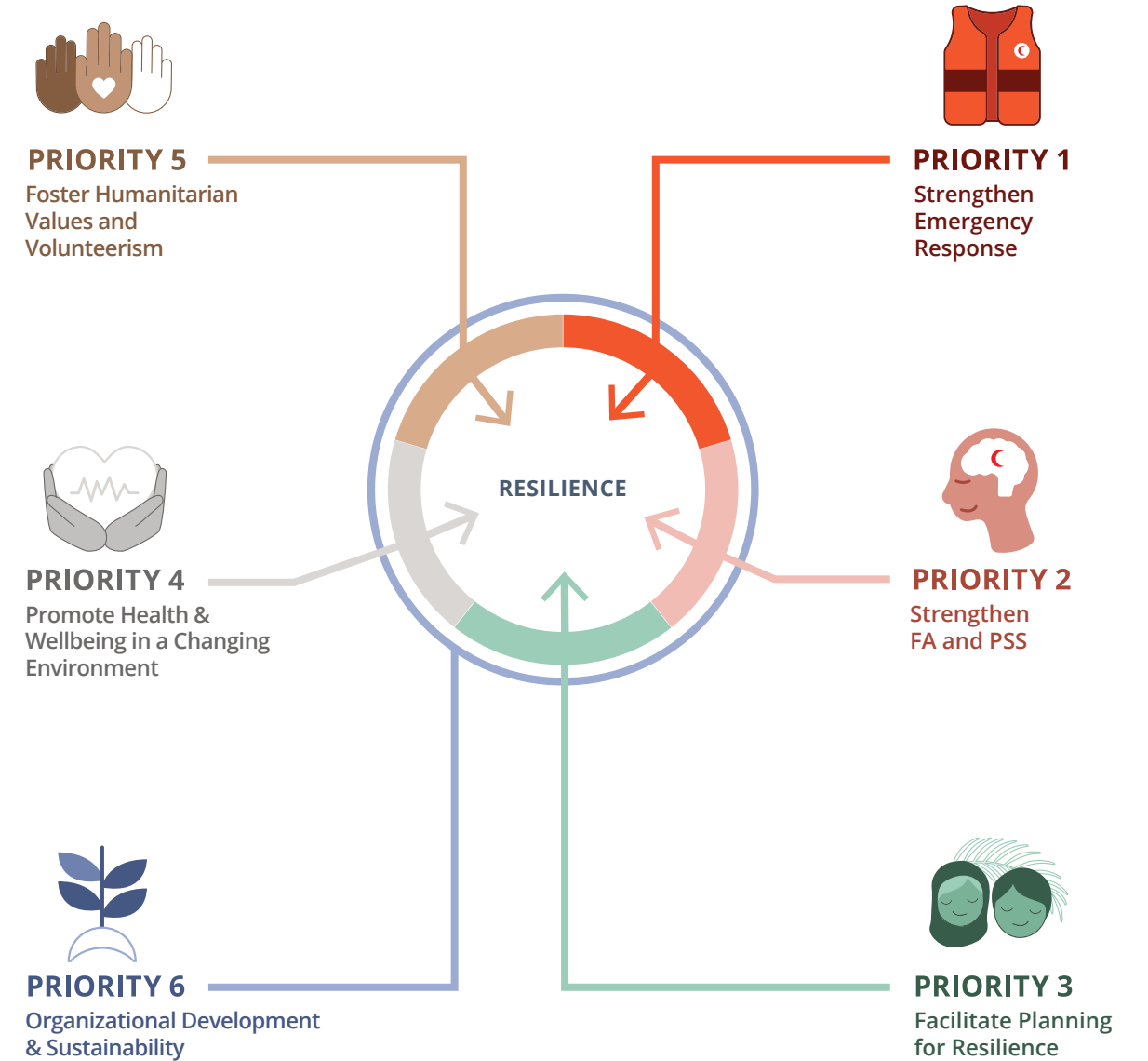iv Inclusivity - how would MRC address inclusivity in its interventions in this area?

PRIORITY 5
Foster Humanitarian Values and Volunteerism

PRIORITY 1
Strengthen Emergency Response

PRIORITY 4
Promote Health & Wellbeing in a Changing Environment

RESILIENCE

PRIORITY 2
Strengthen FA and PSS

PRIORITY 6
Organizational Development & Sustainability

PRIORITY 3
Facilitate Planning for Resilience

Figure 2 – Proposed strategic framework of MRC – 2019 to 2030

Impact Population

MRC has identified three impact population groups that would directly benefit from the proposed resilience programme and strategic priorities. However, it is reiterated here that MRC's humanitarian work and assistance will be extended to those in need, in times of emergencies and disasters, without any discrimination. The focus on these target groups aim to build on the past experience of MRC's work with the groups and to increase the focus and impact of the proposed programmatic actions in this Strategic Plan.

Adolescent and Youth [23]

MRC aims to work with adolescents and youth primarily through the proposed Red Crescent youth program and through its volunteer network.

The situation analysis highlighted the increase in youth population of the Maldives since 2000. Within adolescents and youth there are those who face vulnerabilities depending on geography, family circumstances and gender.

Within this category, some of the most at-risk groups include adolescents and youth who experience family problems, violence against women, child and sexual abuse, mental stresses or disorders, and family breakdown. In addition to this, this category also includes adolescents and youth who are engaged in substance abuse and/or are in conflict with the law. Youth, both in Male' and those who migrate to the capital, and experience unemployment due to various reasons such as those who are unable to find suitable work that matches their level of education, or because of the lack of opportunities, ill health, and/or disability are also considered under these groups.

Foreign Migrant Workers

MRC aims to continue work closely with migrant workers to extend protection and relief during emergencies, increase access to health risk information and services, and promote the integration and acceptance of migrant workers in the community through better social inclusion.

The situation analysis highlighted the population trends and projections relevant to the migrant worker population. Within this population, there are three categories of people that face several challenges and vulnerabilities. With projected increase in population trends of the foreign migrant worker population, it is expected the scale of challenges vulnerabilities facing these groups will increase. The three categories are -

Firstly, the irregular or undocumented migrant workers, those that are smuggled or trafficked.[24] According to IOM, in early 2015, the Government estimated there are over 35,000 undocumented migrants in the Maldives. Some of the challenges facing these groups include identification and travel documentation/records being seized by the employer, and being smuggled or trafficked into the country by rogue agents to take advantage of available quotas. This group of foreign migrant workers lack legal status, often do not have an employer, are unemployed or engaged in informal work such as day wage labour work. [25] They do not have access to medical insurance, are subject to harsh living conditions, and are at risk of exploitation (working long shifts without time off and non-payment of wage).[26] They are unable to access support from the government and experience barriers in receiving relief in times of emergencies and disasters.

Secondly, low skilled, uneducated or illiterate foreign migrant workers. According to an analysis of the 2011 Maldives employment data by ILO, foreign migrant workers account for 76 percent of 'elementary' occupations. They are vulnerable to exploitation, subjected to overcrowded housing, confiscated documents, unfair dismissals, working long shifts without time off, forced labour conditions, non-payment of wage, and are exposed to occupational health hazards and injury. These conditions further compromise their health status.

Thirdly, female migrant workers employed in the low skilled category. They receive harsh treatment by their employers, frequently face sexual harassment, and restriction of movement.

Most At Risk to the Effects of Climate Change

MRC recognises the potential impacts that will occur for people directly affected by climate induced stresses and the emergency response that will cater to these impacts. MRC will also address health risks associated with climate and weather impacts in its health interventions.

This includes those that are directly affected by climate change impacts, including those that have housing structures or settlements in areas that are experiencing coastal erosion, and are at risk of displacement, the businesses, farmers, and fishermen who are affected by climate impacts, the people who are affected by climate induced natural hazards such as storms, winds, flooding, or coastal inundation, and those exposed to climate relevant health risks as stated in the situation analysis.

It is important to acknowledge that within this category, vulnerable populations including PWDs, the elderly, women, and children are most exposed and required targeted protection as part of the response to climate impacts, and climate induced stresses.

[23] The Government of Maldives defines the official age group of youth as people aged 18 to 34. Globally, adolescents are typically people aged 10-19 years of age and youth are those aged 15-24.

[24] According to ILO when foreign migrant workers are employed without being regularly admitted, or without being able to produce evidence of their regular admission, they are considered 'irregular' or 'undocumented' migrant workers. If the irregular entry into the foreign country is deliberate and assisted by a person who derives a benefit from the violation of immigration laws, the migrant worker is classified as 'smuggled'. If the irregular entry does not result from consensual transaction, but from fraud with the intention to exploit a person, the person is defined as 'trafficked'.

[25] Saeed, S. 2015. Maldives Migrant Worker System Assessment Report. Transparency Maldives. Male', Maldives

[26] IOM Maldives. 2014. Results of the Field Survey on Human Trafficking in Male', Maldives. IOM. Male', Maldives.

PRIORITY 1

Strengthen Emergency Response

Objective 1:

By 2030, MRC has functioning Emergency Response Teams (ERTs) in all 20 MRC Branches.

National policy relevant to the strategic priority:
National Emergency Operational Plan (NEOP) and CBDRM 2.0

Priority 1 of the proposed resilience programme focuses primarily on the institutional aspect of the emergency response role in disaster risk management in the Maldives. This strategy builds on MRC's existing capacity, experiences, and strengths in providing emergency response services through the community based ERTs. The strategy involves increasing ERT operation in MRC Branches, increasing the capacity of ERTs through training, and advocating for the standardization of emergency response trainings at national level.

It must be noted and recognised that emergency response is a key role as mandated by the MRC Law, as an auxiliary organisation to public authorities.

This strategy also establishes MRC's focus and priority explicitly on emergency response. However, within this Priority, it is recognized that MRC would continue to extend support to various stakeholders that lead emergency preparedness activities such as preparing school and hospital emergency operational plans, facilitating disaster response drills, evacuations, and testing early warning communication.

PRIORITY 2

Strengthen First Aid and Psychosocial Support Services

Objective 2a:

By 2030, MRC is the lead first aid provider and trainer in the Maldives.

Objective 2b:

By 2030, MRC has PSS services available in all 20 atolls.

National policy relevant to the strategic priority:
Health Emergency Operational Plan

Priority 2 of the resilience programme focuses on the provision of emergency services and support. This builds on MRC's current role in providing first aid and PSS as part of emergency response.

First aid is considered a strength of MRC and MRC has potential to consolidate PSS which it has started in the recent past. The strategy involves increasing first aid and PSS service availability, strengthening the quality of first aid and PSS services, and increasing overall first aid capacity of communities and service providers through training. While emergency response services typically include a range of actions, this Priority establishes the fact that MRC's lead role and core expertise in emergency services would be in first aid and PSS.

The Priority also recognizes that while the key priority is to strengthen first aid and PSS as an emergency service, MRC would play an active role in expanding its Commercial First Aid Programme, community first aid, and mental health related interventions so that first aid and PSS teams can be engaged during peace time to enhance MRC's role and support in these two areas.

PRIORITY 3

Facilitate Planning for Resilience

Objective 3:

By 2030, MRC is a lead facilitator of risk-based island and city development planning in the Maldives.

National policy relevant to the strategic priority:
Maldives Climate Change Framework 2015 and Local Development Planning Manual (Tharaggee ge Aiy Mathee Foiy) of the Local Government Authority – 2016, and CBDRM 2.0

Priority 3 focuses on strengthening risk-based resilience planning at island and city levels. This builds on MRC's current role in the preparation of risk assessments using the VCA tool. The key strategy is to expand MRC's coverage of risk assessments, to increase the utilization of these assessments, and data in local level planning, (in disaster management planning, adaptation planning, and local development planning) and to advocate for a national risk assessment guideline.

The Priority specifically focuses on using climate forecasting in risk assessments and adapting risk assessment processes and data collection to urban contexts.

PRIORITY 4

Promote Health and Wellbeing in a Changing Environment

Objective 4:

By 2030 MRC is a key contributor in promoting health and wellbeing of the most vulnerable groups to the impacts of a changing environment associated with demographic trends, urbanization, environment, and climate change.

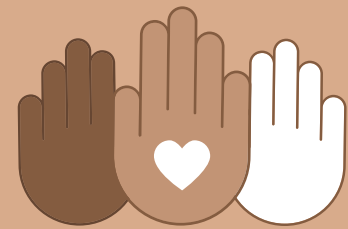**National policy relevant to the strategic priority:** Health Master Plan 2016-2025 and Maldives Climate Change Framework 2015

Priority 4 focuses on promoting an integrated approach to address existing and emerging health risks in the Maldives factoring climate change related impacts on human health. This builds on MRC's successful interventions in the recent past in health preparedness and epidemic control including the responses to rise in cases of influenza and dengue.

The main strategy centres on shifting current practice of response to more preparedness and prevention activities particularly with regard to communicable diseases including vector borne diseases. This shift in practice recognizes the fact that some of these disease outbreaks are affected by climate induced weather trends such as unpredictable rainfall. It is therefore important for MRC to strategize increase public and service provider awareness and response capacity to these changing contexts.

The strategy here also focuses on increasing health related outreach and interventions targeting the foreign migrant worker population which MRC has been actively undertaking to date. In addition to health preparedness, MRC will support interventions in road safety, occupational health hazards, and injury prevention given the increasing scale of challenges and gaps in response in these areas.
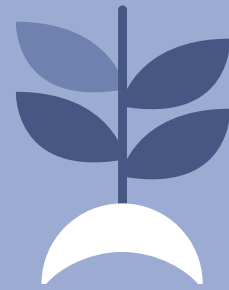
Foster Humanitarian Values and Volunteerism

Objective 5:

By 2030, MRC is the lead actor in the Maldives cultivating humanitarian values and volunteerism.

National policy relevant to the strategic priority:
CSG Guidelines

The main strategy in this Priority is centred on inclusivity and partnership building. It involves actions such as institutionalizing and localising a community engagement framework that promotes inclusivity and partnerships reflecting on the experiences of MRC. Within the community, MRC Branches will work towards building partnerships with local actors, and increasing the integration of vulnerable groups in community development activities.

A core action area under this Priority is to promote Red Crescent Youth Programme with a view to investing in humanitarian values and building a generation of young people that will promote unity within their respective communities. Some of the action areas in this Priority overlap or are intended to positively benefit Priority 6.

Organisation Development and Sustainability

Objective 6a:

By 2030 MRC will have a functional Branch in each atoll/city of the Maldives.

Objective 6a:

By 2030 MRC will have at least 50 percent of its costs covered by regular and unrestricted sources.

Priority 6 focuses on organizational development and sustainability. It includes five key areas - governance and membership, volunteer management, resource mobilization, partnerships and outreach, and management and service delivery.

These intervention areas are intended to improve the overall efficiency and effectiveness of the proposed resilience programme. The strategy focuses on expanding MRC's operation in the country (through increasing Branches and Units), streamlining its internal governance and management structure, increasing the diversity and representation of population groups amongst members and volunteers, increasing revenue generation and self-sustainability of the organization through regular and unrestricted income, increasing the visibility and outreach of MRC, and strengthening internal workflow and data management systems.

Alignment of Priorities to Global Development Agendas

The Sendai Framework for Disaster Risk Reduction (SFDRR)

The SFDRR is a 15-year, voluntary, non-binding agreement which was endorsed at the UN General Assembly in 2015 which recognizes that the State has the primary role to reduce disaster risk but that responsibility should be shared with other stakeholders including local government, the private sector, and other stakeholders. SFDRR aims to bring about substantial reductions in disaster fatalities, numbers of affected people, and economic damage.

Various efforts are currently undertaken by the Government of Maldives together with development partners to implement the SFDRR commitments, to gather data and report progress made at the country level. The Sendai Framework has seven targets and four priorities for action. The relevance of the proposed strategic priorities in this Strategic Plan against the targets in SFDRR are summarized in Table 1 below. The most relevant targets include Target A, B, E and G.

The Agenda 2030 – Sustainable Development Goals (SDGs)

At a UN Summit in September 2015, Member States of the United Nations adopted The 2030 Agenda for Sustainable Development with a set of goals known as the SDGs at its core.

Following this, important steps were taken by the Government of Maldives to shape the SDG agenda for the Maldives. This includes national dialogues, public awareness, and the setup of an institutional mechanism to coordinate SDGs by the Ministry of Environment and Energy of the Government of Maldives in 2016. The SDGs have been adopted in various national policy documents.

Although the Maldives successfully achieved five out of the eight Millennium Development Goals (MDGs) ahead of schedule, making it South Asia's only "MDG+" it lagged behind on the goals on gender equality (MDG3), environmental sustainability (MDG7) and global partnership for development (MDG8). The SDGs present a larger and more ambitious agenda and the Maldives will have to prioritize efforts to reach the SDG targets most relevant to the development context of the country. In this context, this Strategic Plan outlines key priorities and actions that will contribute to achievement of several SDG targets (see Table 1 below). Overall, the programmatic framework proposed for the MRC will contribute to three main SDGs – SDG 3 on health, SDG 10 on reducing inequality, and SDG 13 on climate action.

The Paris Agreement

The Paris Agreement, sealed in December 2015, was the first global legally binding agreement to include a global goal on adaptation and an ambition to build climate resilience. It recognizes the "need to avert, minimize and address loss and damage associated with the adverse effects of climate change, including extreme weather events and slow onset events."

According to the IFRC, "the balanced approach that the Paris Agreement presents between adaptation and mitigation, and its emphasis on climate resilience, will provide new opportunities the IFRC movement for supporting the implementation of adaptation commitments at the national and local level to reach the most vulnerable people".[27]

The Maldives was one of first nations to ratify the Paris Agreement in April 2016. The resilience approach applied in this Strategic Plan and the proposed priorities and actions recognizing the interlinkages between climate stressors, disaster risk reduction, and development align closely with the priorities of the Paris Agreement. MRC's programmatic actions will therefore be relevant and should directly feed into the Government of Maldives reporting on the Nationally Determined Contributions which is the mechanism for Parties to the Paris Agreement to communicate on how they intend to reduce emissions and achieve adaptation.

The Global Compact for Safe, Orderly, and Regular Migration (GCM)

The Global Compact for Migration, adopted in an Intergovernmental Conference in 2018, in Morocco, is the first-ever UN global agreement on a common approach to international migration in all its dimensions. It emphasises on the importance of a cooperative approach and grounds its inherent values in non-discrimination, human rights, and responsibility-sharing.

It covers a broad spectrum of issues ranging from mitigating risks and vulnerabilities migrants face at various stages of migration by protecting and fulfilling their human rights, and providing them with care and assistance, and creating space to enable migrants to enrich societies they migrate to, through economic and social capacities.

[27] International Federation of Red Cross and Red Crescent Societies (IFRC). 2017. Framework for Climate Action Towards 2020. IFRC. Geneva.

Table 1
Alignment of Priorities to SDGs and the Sendai Framework

Priorities		Main SDG goal	Most Relevant SDG Target(s)	Sub-SDG Goal(s)	Relevant SDG Target (s)	Sendai Framework
PRIORITY 1	**Institutionalised Emergency Response through ERTs** **Goal 1 –** By 2030, MRC has functioning emergency response teams (ERTs) in all 20 MRC branches	13	13.1 (13.1.1)	SDG1 SDG11	1.5 (1.5.1) 11.5 (11.5.1)	Target A, B & G
PRIORITY 2	**Strengthened Emergency Response Services** **Goal 3.a –** By 2030, MRC is the lead first aid provider and trainer in the Maldives **Goal 3.b –** By 2030, MRC has PSS services available in all 20 atolls	13	13.1 (13.1.1)	SDG1 SDG11	1.5 (1.5.1) 11.5 (11.5.1)	Target A & B
PRIORITY 3	**Resilience-Based Planning** **Goal 3 -** By 2030, MRC is a lead facilitator of risk-based island and city development planning in the Maldives	13	13.1 (13.1.2) 13.2 (13.2.1) 13.3 (13.3.1) 13.B	SDG11 SDG1 SDG17 SDG15	11.a (11.a.1 &11.a.2) 11.b (11.b.1) 1.5 (1.5.3,1.5.4) 17.18 15.9 (15.9.1)	Target E & G
PRIORITY 4	**Health and Environmental Well being** **Goal 5 –** By 2030 MRC is a lead contributor in health promotion and disease control and a lead advocate of climate and environment related health risks	3	3.3 (3.3.2-3.3.5) 3.6 (3.6.1) 3.9 (3.9.1) (3.9.2)	SDG8 SDG12 SDG13 SDG14 SDG17	8.8 (8.8.1) 12.5 13.B 14.1 (14.1.1) 17.8	Target B
PRIORITY 5	**Social Capital and Humanitarian Values** **Goal 5 –** By 2030, MRC is a lead actor in the Maldives contributing to strengthening social capital through humanitarianism	10	10.3 (10.3.1)	SDG5 SDG8 SDG16	5.1 (5.1.1) 8.8 (8.8.1) 16.b (16.b.1)	Target A & B

PRIORITY 1
Strengthen
Emergency Response

Objective: By 2030, MRC has functioning
Emergency Response Teams (ERTs) in all 20 MRC Branches

Outcomes	Outputs	Target (2019-2022)	Stakeholders
1.1 Capacity Building and Expertise	1.1.1 ERTs formed and their capacities developed.	1.1.1.1 - 10 MRC Branches have trained and equipped ERTs. 1.1.1.2 - ERT Trainers are based in 10 MRC Branches. 1.1.1.3 - Minimum standards and skills for ERTs developed based on NEOP through a National Emergency Response Guideline. 1.1.1.4 - Emergency Response policy adopted 1.1.1.5 - Emergency Response Plan/Guideline adopted 1.1.1.6 - Standard Operating Procedures (SOP) adopted for effective ERT mobilisation at Branch level 1.1.1.7 - ERT trainings and TOT modules updated in line changes in ER governing framework 1.1.1.8 - All active MRC ERTs received refresher training every 2 years	**National Level** Ministry of Health. Ministry of Gender, Family, and Social Services. NDMA. Department of Immigration. Relevant NGOs and CBOs. **Island/city Level** Island/city Councils. WDCs. Health Centre/Atoll Hospitals. Island DM Committees (if in place).
	1.1.2 All ER operations adapted to urban contexts.		
	1.1.3 State authorities and local councils provided with support to strengthen local response capacities at national, atoll/city, and island level.	1.1.3.1 - MRC represented in the National Steering Committee and the National CBDRM Programme Committee of NDMA.	
1.2 ERT Mobilisation	1.2.1 Operational/Standby ER service provided	1.2.1.1 - At least 90% of emergencies (at all levels determined by the ERT Response Framework thresholds) are responded to by MRC ERTs in locations with MRC Branches.	**National Level** Ministry of Health. Ministry of Gender, Family, and Social Services. NDMA. Department of Immigration. Relevant NGOs and CBOs. **Island/city Level** Island/city Councils. WDCs. Health Centre/Atoll Hospitals. Island DM Committees (if in place).

Outcomes	Outputs	Target (2019-2022)	Stakeholders
1.3 Advocacy	1.3.1 Advocated to become the central organization that manages ERTs across the country.	1.3.1.1 - A MoU signed between MRC and key stakeholders involved in emergency response to formalize MRC's role in ER operation	**National Level** Ministry of Health. Ministry of Gender, Family, and Social Services. NDMA. Department of Immigration. Relevant NGOs and CBOs. **Island/city Level** Island/city Councils. WDCs. Health Centre/Atoll Hospitals. Island DM Committees (if in place).
	1.3.2 Advocated to standardize ERTs across the country		
	1.3.3 Based on NEOP functions, advocated that lead agencies have prepared standard early warning action messaging that can then be disseminated across the board.		
	1.3.4 Advocated to integrate measures specific to PWDs, elderly, migrants, vulnerable adolescents/ youth, vulnerable women, and other groups in trainings and response by other stakeholders.	1.3.4.1 - National Emergency Response Guideline has specific indicators on inclusivity included	
	1.3.5 Advocated for National Emergency Operations Plan (NEOP) to integrate response related to support families that experience losses/ migration/ displacement due to climate induced impacts.		
1.4 Inclusivity	1.4.1 Reviewed and integrated measures specific to Persons with Disabilities (PWDs), elderly, migrants, vulnerable adolescents/youth, vulnerable women and other groups in ERT training and SOPs.	1.4.1.1 - Guiding indicators developed on effective integration of Persons with Disabilities (PWDs), elderly, migrants, vulnerable adolescents/youth, vulnerable women and other groups in emergency response framework.	**National Level** Ministry of Health. Ministry of Gender, Family, and Social Services. NDMA. Department of Immigration. Relevant NGOs and CBOs. **Island/city Level** Island/city Councils. WDCs. Health Centre/Atoll Hospitals. Island DM Committees (if in place).
	1.4.2 Advocated and provided support for a national level response mechanism for migrants (inclusive of irregular migrants).	1.4.2.1 - Protection, Gender, and Inclusion modules developed and integrated into ERT trainings. 1.4.2.2 - Annual dialogue held for bridging the gap for migrants to access basic needs in emergencies.	

PRIORITY 2
Provide First Aid
and Psychosocial Support Service

Objective 2.a: By 2030, MRC is the lead first aid provider and trainer in the Maldives.
Objective 2.b: By 2030, MRC has PSS services available in all 20 atolls.

Outcomes	Outputs	Target (2019-2022)	Stakeholders
2.1 Capacity Building and Expertise	**2.1.1** First aid and PSS related trainings conducted.	**2.1.1.1 -** Number of first aid and PSS trainees increased by 20% in 10 MRC Branches. **2.1.1.2 -** A minimum of 2 first aid and 2 PSS trainers are based in 10 MRC Branches.	**National Level** Ministry of Health. Ministry of Gender, Family, and Social Services. NDMA. Department of Immigration. Relevant NGOs and CBOs. **Island/city Level** Island/city Councils.WDCs. Health Centre/Atoll Hospitals. Island DM Committees (if in place).
	2.1.2 Tools and manuals on first aid and PSS training developed and updated.		
	2.1.3 Migrant support groups and focal persons established to provide PSS support.	**2.1.3.1 -** A minimum number of 40 First Aid and PSS provider pool sustained in each branch, including those that can cater to migrants.	
2.2 First Aid and PSS Teams Mobilisation	**2.2.1** Provision of operational/stand by service of first aid and PSS in emergencies ensured.	**2.2.1.1 -** At least 60% of emergencies (of level determined by the ERT Response Framework thresholds) are responded to by MRC first aid teams. **2.2.1.2 -** At least 60% of emergencies (of level determined by the ERT Response Framework thresholds) are responded to by MRC PSS teams.	**National Level** Ministry of Health. Ministry of Gender, Family, and Social Services. NDMA. Department of Immigration. Relevant NGOs and CBOs. **Island/city Level** Island/city Councils.WDCs. Health Centre/Atoll Hospitals. Island DM Committees (if in place).
	2.2.2 Diversification and expansion of Commercial First Aid (CFA) ensured.	**2.2.1.1 -** Revenue from CFA increased by 15 percent	
	2.2.3 Local organizations in community are provided first aid service support.		

Outcomes	Outputs	Target (2019-2022)	Stakeholders
2.3 Advocacy	**2.3.1** Advocated for MRC to be the lead first aid trainer in the Maldives.		**National Level** Ministry of Health. Ministry of Gender, Family, and Social Services. NDMA. Department of Immigration. Relevant NGOs and CBOs. **Island/city Level** Island/city Councils.WDCs. Health Centre/Atoll Hospitals. Island DM Committees (if in place).
	2.3.2 Advocated for minimum first aid and emergency first aid standards and quality assurance.	**2.3.2.1 -** National first aid standards drafted and endorsed.	
	2.3.3 Advocated and provided support for mandatory PSS for those affected by emergencies including climate induced displacement/migration.		
	2.3.4 Advocated for paramedic services in the Maldives.		
2.4 Inclusivity	**2.4.1** Provided first aid training to care providers of persons with disabilities, elderly, migrants, vulnerable adolescents/ youth, and organizations/ institutions working with other vulnerable groups.	**2.4.1.1 -** At least 8 care provider agencies trained.	**National Level** Ministry of Health. Ministry of Gender, Family, and Social Services. NDMA. Department of Immigration. Relevant NGOs and CBOs. **Island/city Level** Island/city Councils.WDCs. Health Centre/Atoll Hospitals. Island DM Committees (if in place).

PRIORITY 3
Facilitate Planning for Resilience

PRIORITY 3

Objective 3: By 2030, MRC is a lead facilitator of risk-based island and city development planning in the Maldives.

Outcomes	Outputs	Target (2019-2022)	Stakeholders
3.1 Capacity Building and Expertise	**3.1.1** VCA tool updated to include climate forecast.	**3.1.1.1** - 10 MRC Branches have capacity to implement VCAs that integrate climate forecasts.	**National Level** LGA. NDMA. Ministry of Environment. Ministry of National Planning and Infrastructure. **Island/city Level** Island/City Council. WDCs. DM Committees (if in place. Relevant NGOs/CBOs.
	3.1.2 VCAs adapted and applied to urban contexts.	**3.1.2.1** - At least 3 MRC branches have capacity to implement VCAs in urban contexts.	
	3.1.3 Capacities developed to conduct VCAs.		
3.2 Implementation and Utilisation	**3.2.1** VCAs in island and city contexts conducted.	**3.2.1.1** - VCAs implemented/updated in 10 islands/cities with MRC Branches.	**National Level** LGA. NDMA. Ministry of Environment. Ministry of National Planning and Infrastructure. **Island/city Level** Island/City Council. WDCs. DM Committees (if in place. Relevant NGOs/CBOs.
	3.2.2 Risk based island and city development planning facilitated.	**3.2.2.1** - At least 40 percent of VCAs facilitated by MRC are integrated to the respective island and or city development plans.	
	3.2.3 Data management.	**3.2.3.1** - VCA database established and updated annually and maintained locally and centrally at MRC HQ.	
3.3 Advocacy	**3.3.1** Advocated to standardize risk assessment tools/ guidelines at national level.	**3.3.3.1** - National risk assessment guideline developed building on VCA and other tools.	**National Level** LGA. NDMA. Ministry of Environment. Ministry of National Planning and Infrastructure. **Island/city Level** Island/City Council. WDCs. DM Committees (if in place. Relevant NGOs/CBOs.

Outcomes	Outputs	Target (2019-2022)	Stakeholders
3.3 Advocacy (Continued)	**3.3.2** Advocated to integrate risk assessments into island, city and national development planning.	**3.3.2.1** - MoU established with LGA to support the local development planning process.	
	3.3.3 MRC ERTs and volunteers acted as DM advocates at local level.	**3.3.3.1** - MoU established with NDMA to support the disaster management planning process.	
	3.3.4 Restoration of coastal vegetation and mangroves promoted.	**3.3.4.1** - MoU established with Ministry of Environment to support the climate risk assessment and adaptation planning at local level.	
	3.3.5 Advocated for design of roads with proper drainage mechanisms and flood management.		
3.4 Inclusivity	**3.4.1** Measures to identify needs/risks associated with Persons with Disabilities (PWDs), elderly, migrants, vulnerable adolescents/ youth, and other vulnerable groups reviewed and integrated in the island and city development plans, and ensured that their needs are adequately reflected.	**3.4.1.1** - National risk assessment guideline integrates specific tools to identify needs/risks associated with Persons with Disabilities (PWDs), elderly, migrants, vulnerable adolescents/ youth, and other vulnerable groups	**National Level** LGA. NDMA. Ministry of Environment. Ministry of National Planning and Infrastructure. **Island/city Level** Island/City Council. WDCs. DM Committees (if in place. Relevant NGOs/CBOs.

PRIORITY 4

Promote Health & Well-being in a Changing Environment

PRIORITY 4

Objective 4: By 2030 MRC is a key contributor in promoting health and wellbeing of the most vulnerable groups to the impacts of a changing environment associated with demographic trends, urbanization, environment, and climate change.

Outcomes	Outputs	Target (2019-2022)	Stakeholders
4.1 Capacity Building and Expertise	4.1.1 Staff and volunteers trained in promoting physical and mental health and wellbeing of the elderly population, migrant population, young people, and at-risk groups.	4.1.1.1 - 10 MRC Branches have staff and volunteers trained in health and wellbeing of the most vulnerable groups, relevant to demographics, urbanization, environment, and climate change.	**National Level** Ministry of Health (HPA). Ministry of Environment. MPS. MND. Department of Immigration. Ministry of Gender, Family, and Social Services. Other relevant NGOs. Embassies and consulates. **Island/city Level** Island/city Councils.WDCs. Health Centre/Atoll Hospitals. Island DM Committees (if in place).
	4.1.2 Staff and volunteers trained in Patient Transport and Management of the Dead.	4.1.2.1 - At least 50 new MRC volunteers trained in Patient Transport and Management of the Dead.	
	4.1.3 Knowledge products developed on promoting behavioral change towards health and wellbeing of the most vulnerable groups (as per above outputs).	4.1.3.1 - All advocacy/IEC packages developed and reviewed annually on health promotion, and are translated into the major 3 foreign languages. 4.1.3.2 - Advocacy/IEC packages developed and reviewed annually to address health risks associated with climate impacts.	
	4.1.3 Staff and volunteers trained in promoting awareness on health impacts of urbanization & climate change.		
4.2 Implementation	4.2.1 Healthy ageing program initiated and implemented as a regular program.	4.2.1.1 - Regular programme for physical activities for elderly introduced and implemented in at least 5 MRC Branches.	**National Level** Ministry of Health (HPA). Ministry of Environment. MPS. MND. Department of Immigration. Ministry of Gender, Family, and Social Services. Other relevant NGOs. Embassies and consulates. **Island/city Level** Island/city Councils.WDCs. Health Centre/Atoll Hospitals. Island DM Committees (if in place).
	4.2.2 Basic health services provided regularly to vulnerable groups including migrants.	4.2.2.1 - Health Clinics providing basic health services to migrants established in at least 2 Branches.	

Outcomes	Outputs	Target (2019-2022)	Stakeholders
4.2 Implementation (Continued)	4.2.3 Mental health promotion and Psycho-Social Support programme initiated and implemented as a regular programme.	4.2.3.1 - Regular programme on promoting mental health introduced and implemented in at least 3 MRC Branches.	**National Level** Ministry of Health (HPA). Ministry of Environment. MPS. MND. Department of Immigration. Ministry of Gender, Family, and Social Services. Other relevant NGOs. Embassies and consulates. **Island/city Level** Island/city Councils.WDCs. Health Centre/Atoll Hospitals. Island DM Committees (if in place).
	4.2.4 Patient Transport Service continued and sustained as a regular service.	4.2.4.1 - 15% annual increase in clients for Patient Transport Service	
	4.2.5 Programme initiated on creating awareness on environment related health risks and disease prevention.	4.2.5.1 - All environmental campaigns supported by MRC such as clean ups integrate disease control components	
4.3 Advocacy	4.3.1 Advocacy, through research and humanitarian diplomacy conducted on health and wellbeing of most vulnerable groups in a changing environment.	4.3.3.1 - National level dialogue conducted annually on an emerging issue related to health and wellbeing of vulnerable groups, in a changing environment.	**National Level** Ministry of Health (HPA). Ministry of Environment. MPS. MND. Department of Immigration. Ministry of Gender, Family, and Social Services. Other relevant NGOs. Embassies and consulates. **Island/city Level** Island/city Councils.WDCs. Health Centre/Atoll Hospitals. Island DM Committees (if in place).
4.4 Inclusivity	4.4.1 Periodic research conducted on inclusivity in health promotion and access to health care for most vulnerable groups.	4.4.1.1 - Research conducted annually on an emerging issues related to health and wellbeing of vulnerable groups, in a changing environment.	**National Level** Ministry of Health (HPA). Ministry of Environment. MPS. MND. Department of Immigration. Ministry of Gender, Family, and Social Services. Other relevant NGOs. Embassies and consulates. **Island/city Level** Island/city Councils.WDCs. Health Centre/Atoll Hospitals. Island DM Committees (if in place).
	4.4.2 Trainings and materials reviewed and revised to include issues facing migrants, elderly, vulnerable adolescents/youth, and other vulnerable groups.		

PRIORITY 5
Foster Humanitarian Values and Volunteerism

PRIORITY 5

Objective 5: By 2030, MRC is the lead actor in the Maldives cultivating humanitarian values and volunteerism.

Outcomes	Outputs	Target (2019-2022)	Stakeholders
5.1 Capacity Building and Expertise	**5.1.1** Capacities developed to promote humanitarian values among target groups and MRC volunteers.	**5.1.1.1** - Humanitarian education programme developed to foster humanitarian values and volunteerism within the community. **5.1.1.2** - A minimum of 5 facilitators sustained in 10 Branches. **5.1.1.3** - IEC on humanitarian values and voluntary service developed and reviewed annually.	**National Level** LGA. FPA. Ministry of Gender, Family, and Social Services. Ministry of Education. Ministry of Youth, Sports, and Community Empowerment. NSPA, HRCM, MPAO, and relevant NGOs. **Island/city Level** Island/city Councils.WDCs. Health Centre/Atoll Hospitals. Island DM Committees (if in place).
5.2 Implementation	**5.2.1** Regular programmes developed and conducted to enhance humanitarian values and voluntary service among children and young people.	**5.2.1.1** - 5 MRC Branches conduct programmes for children and youth in an out of the school system, and promotion of humanitarian values.	**National Level** LGA. FPA. Ministry of Gender, Family, and Social Services. Ministry of Education. Ministry of Youth, Sports, and Community Empowerment. NSPA, HRCM, MPAO, and relevant NGOs. **Island/city Level** Island/city Councils.WDCs. Health Centre/Atoll Hospitals. Island DM Committees (if in place).
	5.2.2 Regular programmes developed and conducted to enhance humanitarian values and voluntary service among general public.-	**5.2.2.1** - At least 70% of MRC Branches report quarterly activities to increase integration and acceptance of vulnerable groups within communities.	
5.3 Advocacy	**5.3.1** Continuous advocacy facilitated at Branch and national level on promotion of humanitarianism, with specific thematic areas every year.		**National Level** LGA. FPA. Ministry of Gender, Family, and Social Services. Ministry of Education. Ministry of Youth, Sports, and Community Empowerment. NSPA, HRCM, MPAO, and relevant NGOs. **Island/city Level** Island/city Councils.WDCs. Health Centre/Atoll Hospitals. Island DM Committees (if in place).

Outcomes	Outputs	Target (2019-2022)	Stakeholders
5.4 Inclusivity (Continued)	**5.3.2** Continuous advocacy with the Ministry of Education on inclusion of humanitarian education in the national curriculum. **5.3.3** Targeted advocacy of participation of (PWDs), elderly, migrants, vulnerable adolescents/youth and other vulnerable groups in various developmental and social activities conducted in islands/cities		
5.4 Inclusivity	**5.4.1** nclusivity of vulnerable groups ensured (Persons with Disabilities, elderly, migrants, vulnerable adolescents/ youth, women and other vulnerable groups), in the humanitarian education programme.	**5.4.1.1** - Guiding indicators developed on effective integration of Persons with Disabilities (PWDs), elderly, migrants, vulnerable adolescents/youth, vulnerable women and other groups humanitarian education programme.	**National Level** LGA. FPA. Ministry of Gender, Family, and Social Services. Ministry of Education. Ministry of Youth, Sports, and Community Empowerment. NSPA, HRCM, MPAO, and relevant NGOs. **Island/city Level** Island/city Councils.WDCs. Health Centre/Atoll Hospitals. Island DM Committees (if in place).

PRIORITY 6
Organizational
Development & Sustainability

PRIORITY 6

Objective 6.a: By 2030 MRC will have a functional Branch in each atoll/city of the Maldives.
Objective 6.b: By 2030 MRC will have at least 50 percent of its costs covered by regular and unrestricted sources.

Outcomes	Outputs	Target (2019-2022)
6.1 Governance and Membership	**6.1.1** Full zones of intervention covered through expansion of Branch and Unit services.	**6.1.1.1** - At least 2 new MRC Branches established. **6.1.1.2** - At least 2 additional Units established by Male' Branch and 7 additional Units established among other MRC Branches.
	6.1.2 Clarity of roles of governance and management structures ensured at all levels.	**6.1.2.1** - Guidance note adopted to support MRC Branch operations. **6.1.2.2** - Induction package developed and regular inductions conducted for all governance members. A review of the ROPs conducted annually at all levels, and consolidated every two years (for GA endorsement). **6.1.2.3** - A review of statutes conducted annually at all levels and consolidated at the end of four years (for GA endorsement).
	6.1.3 Gender parity and diversity ensured in governance	**6.1.3.1** - Minimum statutory requirements met by branch, unit and national governing boards. **6.1.3.2** - At least 50% of elected members of National Governing Board are women. **6.1.3.3** - At least 50% of elected members across all other MRC governing boards are women. **6.1.3.4** - At least 1 member in each branch board is a migrant or a Person with Disability. **6.1.3.5** - At least 5% of active members include migrants.
	6.1.4 MRC membership pool expanded to include 5% of the adult population in Maldives.	**6.1.4.1** - Membership pool increased to 3500 members.
	6.1.5 Membership database established and maintained.	**6.1.5.1** - Standardised membership database established and updated quarterly.
	6.1.6 Regular engagement of active members ensured.	**6.1.6.1** - At least one additional forum/platform for members conducted annually in all Branches.
	6.1.7 Recognition of well performing Branches and Units ensured.	**6.1.7.1** - Recognition approach of Branches and Units reviewed and implemented.
6.2 Volunteer Management	**6.2.1** Well performing volunteers recognized.	**6.2.1.1** - Volunteer Recognition Policy revised and adopted.
	6.2.2 Active volunteer pool is maintained.	**6.2.1.1** - Volunteer Engagement Application developed and utilized. **6.2.1.2** - Volunteer engagement levels for activities determined by Branches annually.
	6.2.3 Volunteer capacity building supported.	**6.2.3.1** - Volunteers engaged in all Branch and Unit planning and implementation processes. **6.2.3.2** - Lead volunteers assigned for all Branch and Unit community engagement activities

Outcomes	Outputs	Target (2019-2022)
6.2 Volunteer Management (Continued)	**6.2.4** Volunteer diversity increased.	**6.2.3.1** - At least 5% of MRC volunteers include vulnerable adolescents/youth. (youth under state care, youth in conflict with law, and recovering addicts). **6.2.4.2** - At least 5% of MRC volunteers are Persons with Disabilities (PWDs). **6.2.4.3** - At least 5% of MRC volunteers are senior citizens or elderly. **6.2.4.4** - At least 5% of MRC volunteers are migrants.
	6.2.5 Volunteer database strengthened.	**6.2.5.1** - Volunteer database maintained and updated regularly.
6.3 Resource Mobilisation	**6.3.1** RM efforts towards financial sustainability of MRC enhanced.	**6.3.1.1** - Unrestricted funding (memberships, donations, merchandise, trainings etc) mobilized through MRC activities covers at least 20% of MRC Annual Budget by 2022.
	6.3.2 Diverse sources of unrestricted funding increased.	**6.3.2.1** - A reserve of 6 months of core and minimum operational costs secured by 2022. **6.3.2.2** - An unrestricted funding envelope secured annually from national budget. **6.3.2.3** - Revenue generation increased through development and leasing of lands allocated to MRC. **6.3.2.4** - A portion of Zakat Fund secured for relevant MRC activities.
	6.3.3 Core Branch costs are covered by RM activities conducted by all MRC Branches.	**6.3.2.1** - At least one income generation activity per Branch initiated by all MRC Branches. **6.3.1.2** - At least 3 MRC Branches cover 100% of core costs through resources mobilized by the Branches.
	6.3.4 Continuity of programmes and services ensured through sufficient infrastructure.	**6.3.4.1** - At least 3 Branches have secured sufficient spaces to conduct training and other Branch activities.
	6.3.5 Donor landscape regularly reviewed.	**6.3.5.1** - A donor mapping matrix developed and updated annually to identify existing and potential donors including government, multilateral and bilateral agencies, RCRC movement, private sector, and philanthropists.
6.4 Partnerships and Outreach	**6.4.1** Engagement with partners and members strengthened.	**6.4.1.1** - Partnership Forum held annually to transparently communicate progress and to advocate for stronger partnerships towards expansion of services
	6.4.2 Strong auxiliary role of MRC maintained and strengthened with public authorities.	**6.4.2.1** - MRC's role as an auxiliary body effectively communicated to the Parliament, Cabinet Ministers. and Local Councilors.
	6.4.3 Communication and visibility efforts increased towards greater recognition of MRC's services	**6.4.3.1** - MRC's brand identity strongly established with structured, institutionalized modes of communication (regular newsletters, thematic social media advocacy etc).
6.5 Management and Service Delivery	**6.5.1** Quality and effectiveness of service delivery ensured.	**6.5.1.1** - PMER system revised, systematically integrated, and utilized effectively.
	6.5.2 Organisational transparency and accountability ensured.	**6.5.2.1** - Annual organisational audits conducted, and reports compiled and disseminated.
	6.5.3 Open, agile, and forward-looking organisation ensured and maintained.	**6.5.3.1** - Organisational systems and workflow reviewed horizontally and vertically.

Implementation and Monitoring

Operational and Technical Capacity

Planning Process

To effectively roll out the Strategic Plan, it is proposed that MRC revisits its internal functions, staffing, and business processes. Some of the internal functions that need critical attention are planning, monitoring, and evaluation activities as described below. As for staffing, it is important for MRC to increase its programme staff particularly at the headquarters level to implement the actions in the proposed in the programmatic results frameworks. The staffing requirements will have to be determined after an internal exercise to assess existing skills, expertise, and standing capacity. This can be combined with a costing exercise to estimate the resources that would be required to implement the Strategic Plan.

To boost the technical capacity to implement the Strategic Plan, it is proposed that MRC forms technical committees that would provide independent and technical feedback to the annual planning, internal review processes, and provide quality assurance to the activities undertaken. Based on the programmatic priorities, three technical committees can be viable - (i) disaster and climate change committee covering priority 1, 2 and 3 (ii) health committee covering priority 2 and 4 and (iii) social inclusion committee covering priority 5 and the inclusivity element of all five priority areas. The committees will include selected experts from relevant fields and lead stakeholders identified for the respective priority areas.

With the compilation of the Strategic Plan, one of the immediate actions for MRC is to review and revise its annual planning templates and prepare a guidance note on annual planning process to ensure its alignment to the six priorities and results frameworks of the Strategic Plan. The annual plan should aim to flesh out and develop activities that will help to achieve the actions and targets in the results frameworks. This process will be most effective if combined with activities and workshop sessions to familiarize MRC members, volunteers, staff, and Unit and Branch board representatives with the Strategic Plan and the results frameworks.

Monitoring and Evaluation

A key step to successfully implementing the Strategic Plan is to strengthen the monitoring and evaluation functions and processes of the organization. MRC currently has a monthly reporting mechanism undertaken by its Branches and an annual report that is compiled at the end of each year by MRC staff at headquarters. Proposed monitoring and evaluation activities for this Strategic Plan are as follows:

- Review and refine existing reporting templates of MRC to align with the six priorities of the Strategic Plan. The reporting templates (Branch level reporting and annual reporting by MRC headquarters) should include sections for collecting quantitative data to measure progress of the targets in the results frameworks. It should also include a section to qualitatively report progress on any of the action areas identified under each priority.

- Develop and maintain a database to monitor the targets in the results framework. MRC should already be identifying baseline data for each of the targets for the January 2019. The data can be collected through Branch based reporting and the database can be updated and consolidated periodically by MRC Headquarters staff, either quarterly or annually.

- Prior to the compilation of the MRC annual report, conduct an internal review of the quantitative and qualitative data collected. Determine the level of progress made, investigate the reasons for the progress achieved or why progress is lagging in areas. Reflect collectively on actions that can be taken to increase progress which can be fed into the subsequent annual planning process. Ensure that the internal review process is documented in a transparent manner.

- Conduct an independent evaluation of the Strategic Plan implementation at the end of fourth year. The evaluation should focus on the relevance, effectiveness, impact, sustainability of the MRC's actions should aim to capture lessons and recommendations for the next four year results framework.

As this is a long term Strategic Plan, this document should be treated as a living strategy, the roll-out of which is bound to be influenced by changing circumstances over the coming years. The strategy can be revisited every four years, the results frameworks can be updated and amendments can be made to ensure that the organization is responding to changing contexts and emerging needs. These changes and updating of the Strategic Plan should build on the lessons and recommendations documented in the internal reviews and independent evaluation proposed above.

Appendix

Preparing the Strategic Plan:
A Methodology Note

The planning process to compile this Strategic Plan was initiated in July 2018 and concluded in April 2019. The process was led by an external consultant with support from MRC staff. The planning process was guided by a Steering Committee that provided quality assurance to the process and technical inputs to the Strategic Plan.

The review of MRC's existing portfolio of interventions against its current strategic plan, the desk review key documents including internal documents of MRC, relevant national policies and plans, global documents such as that of IFRC and key stakeholder consultations led to the development of a programmatic framework which then guided the identification strategic priorities and targets for this strategic plan. The overall programme design builds on the mandate of MRC, its ongoing activities and responds to needs and challenges identified in the desk review and reflects feedback from various stakeholders. This programmatic framework outlines six priority areas. The intervention areas under each priority were structured into four elements that would make up the programmatic composition of a given priority area. This includes (i) expertise - what expertise and knowledge/internal capacity will MRC offer in this area, (ii) service/implementation - what would MRC implement or do in this area, (iii) advocacy - what would MRC advocate for or aim to influence or change at national and local level to complement what it does and (iv) inclusivity - how would MRC address inclusivity in its interventions in this area. This structure aims to increase impact of MRC activities and recognizes the need for its programmes and activities to meet these elements in a coherent manner, for maximum results.

Primary data collection and consultations with key stakeholders targeted both internal and external stakeholders. Internal stakeholders included MRC staff, Unit and Branch board members, volunteers, and members. Meetings were also held in person with a representative from ICRC and remotely with two IFRC representatives. Further interaction with staff and Branch members were facilitated by integrating a planning session to MRC's Leadership Meeting held in August 2018. Consultations with external stakeholders included meetings with MRC's existing partners and new/potential partners. Existing partners included the National Disaster Management Authority (NDMA), Health Protection Agency of the Ministry of Health, Maldives Police Service, Maldives National Defence Force (MNDF), and UN agencies including UNICEF, WHO and UNDP. Meetings have also been held with potential partners including the Ministry of Environment (ME), Ministry of Gender, Family, and Social Services and national NGOs that work with vulnerable groups. Complementing the stakeholder consultations, a field visit was undertaken to one of the MRC Branches (Seenu Branch) in September 2018. The purpose of the field visit was to get an in-depth understanding of how MRC Branch level activities are implemented on the ground and to better understand the ground realities and development challenges faced at the local level. During the field visit, meetings were held with staff, volunteers, and external partners that work closely with the Seenu Branch.

An initial results framework was drafted at the end of the stakeholder consultations and field visit. To refine and develop the results frameworks and to complete the full programmatic framework, a series of steps were undertaken. This includes a one-day workshop organized with targeted experts and stakeholder representatives. The main outcome of the workshop was revised results frameworks with comments and suggestions for targets and action areas in the results frameworks. The meeting was also attended by Steering Committee members, MRC staff, Branch executive and representatives. A second step was an internal meeting that was held with MRC staff, Branch executive and representatives and selected members of the Governing Board. The purpose of the meeting was to get feedback on a draft results framework under the organizational development priority of the Strategic Plan. This was followed by a presentation of the Strategic Plan structure, an outline of the results frameworks and planning process to the Governing Board.

Based on these interactions, a draft of the Strategic Plan document was prepared. This was followed by a series of review steps which included an internal review of the document and results frameworks by MRC staff, facilitation of technical meetings with experts, and key stakeholders to review priority areas, consultation with selected impact groups such as migrants and youth to obtain their views on the priority areas, and a discussion of the Strategic Plan document with Branch representatives at MRC's upcoming Annual Planning Workshop. These reviews and discussions culminated in a series of final meetings with Steering Committee members, stakeholders, and experts through February and March 2019 to obtain any final feedback and input to the Plan.

The final step of the strategic planning process includes a validation and endorsement of the Plan and an official adoption of the strategic plan in the 10th General Assembly of MRC in April 2019. This was coincided with an official launching of the Strategic Plan.