

Appeal 2003-2004



International Federation
of Red Cross and Red Crescent Societies

MALAWI

Appeal no. 01.17/2003

Click on programme title or figures to go to the text or budget

	2003 (In CHF)	2004 ² (In CHF)
1. Health and Care	543,587	575,000
2. Disaster Management	148,396	160,000
3. Organizational Development	119,795	125,000
Total	811,776¹	860,000

Introduction

National Context

Malawi is a small country in the heart of Southern Africa. Out of a total area of 118,484 square kilometers, 20% is covered by water. Malawi is one of the most densely populated countries in Africa. The population of Malawi is 11.3 million, out of which 46% are below the age of 15. The population is mostly rural, with 85.3% living in the rural areas. Life expectancy at birth is currently one of lowest in the world. This is mainly due to the HIV/AIDS pandemic. More than 65% of the population living below the poverty line of US 1 per day. The high incidence of poverty in Malawi has resulted in widespread household food insecurity and malnutrition rates.

Human Development Indicators at a Glance

	Malawi	Sub-Saharan Africa	World
Life expectancy at birth (years)	40	48.7	66.9
Adult literacy rate (% age 15 and above), 2000	60.1	61.5	~
Adult literacy rate (female as % of male), 2000	62	77	~
Combined primary, secondary and tertiary gross enrolment ratio (%), 1999	73	42	65
GDP per capita (PPP\$), 2000	615	1,690	7,446
People living with HIV/AIDS, adults (% age 15-49), 2001	15	9	1.2
Refugees (thousands), in/out, 2000	4/~	~	~

Source: UNDP HDR 2002

¹ USD 556,376 or EUR 551,823.

² These are preliminary budget figures for 2004, and are subject to revision.

In addition to high poverty rates, the HIV/AIDS pandemic has had a devastating impact on economic growth. The urban areas are disproportionately affected with 25% of the adult population infected. In the rural areas, the prevalence rate is 13%. In Malawi, AIDS has become the leading cause of death in the 15-49 age group.

The widespread poverty in Malawi is also manifested in poor access to basic health and social services by a majority of households. The 1998 Integrated Household Survey (IHS) indicated that 65% of the population lack access to adequate basic health services.

As the country struggles with poor economic performance, drought and low levels of in-country maize stocks, a serious food crisis now faces Malawi.

National Society Priorities

The Malawi Red Cross Society (MRCS) has a long tradition as an auxiliary organisation that assists the government whenever called upon, especially in the field of assessments and distributions of both food and non-food items. Due to the changing environment with increasing poverty, lack of basic resources, increased HIV/AIDS prevalence rates and reduced access to medical facilities, the MRCS has changed its focus over the time, which has also been reflected in the National Society's five-year strategic plan.

The MRCS has 27 divisions throughout the country. It has 15 full-time staff and 60 contracted staff members implementing a number of different programmes. Seven staff members are trained in disaster management and are part of the Regional Disaster Response Team. MRCS has about 30,000 volunteers. Out of these, approximately 400 have been trained in disaster response.

At a Glance

	Year	Comment
Recognition	1966	MRCS founded in 1966, recognised by ICRC in 1970 and admitted to the International Federation of RC/RC Societies in 1971. Original statutes from 1966 still in place but updating and revision of Statutes started in 1999.
Strategic Development Plan	2001	Development of Strategic Plan carried out in 2001. Review of NS Strategic Plan scheduled on annual basis.
Appeal	yearly	Linked to Federation annual appeals
CAS	2001	Development of 2nd generation CAS carried out 2001/2002
Self-Assessment	1999	Next self assessment scheduled for beginning 2003.
Elections	2000	Next general assembly is scheduled for November/December 2002.
Audit	2002	Internal and external audit carried out on annual basis.

The MRCS finalised its five-year strategic plan in September 2001. This plan builds upon past experiences and incorporates Federation strategic documents such as Strategy 2010, ARCHI 2010 and the Ouagadougou Declaration. The Plan identifies the core business areas for the MRCS as:

- Disaster preparedness and disaster response
- Community-Based Health Development Programme (CBHDP)
- HIV/AIDS Home-Based Care programme
- Water and Sanitation
- Organisational development.

In order to further develop its core business areas, the plan highlights the necessity to consolidate all resources (trained personnel, warehouse, transport and supplies) under one disaster management umbrella; to review and develop the constitution and human resource system; to improve and expand community-based health development programmes, develop a cholera strategy and to focus

HIV/AIDS interventions on prevention, education, community-based health care and condom distribution.

However, due to unforeseen developments during the past 10 months the MRCS is now prioritising the food insecurity intervention. The National Society is operating in several districts on behalf of, or with support from different donors with the distribution of food and non-food items. Support to HIV/AIDS clients affected by food insecurity, water and sanitation activities and CBHDP activities in the food insecure areas will expand as these programmes empower the communities and increase their coping capacity.

The MRCS recognises a number of challenges facing the National Society and tries to address these in a constructive manner. Identified weaknesses include; a relatively weak headquarters structure, a centralised financial management system and a high turnover of trained volunteers and members due to high HIV/AIDS prevalence within its own ranks.

Red Cross and Red Crescent Priorities

In mid 2002, the MRCS, with support from the Secretariat's Southern Africa Delegation and various Participating National Societies (PNS), completed its CAS. As the majority of MRCS' programmes are bilateral, it was essential to develop and get agreement from all donors on the principles for cooperation and assistance. The MRCS and its partners have agreed that they will continue the bilateral approach and coordination will be provided by the Federation to ensure minimum standards, common practice, mutual goals and objectives as well as adherence to the MRCS strategic plan. Besides the cooperation with the Secretariat's Southern Africa Delegation, the bilateral partners in specific projects are as follows:

- The American Red Cross Society supports an HIV/AIDS programme on prevention and education in Mzimba, Nkhata Bay, Nkhotakota and Ntchisi districts.
- The Danish Red Cross supports the Community-Based Health Development Programme in Balaka, Dedza and Karonga districts. The programme includes both an HIV/AIDS component as well as water and sanitation.
- The Icelandic Red Cross supports an HIV/AIDS prevention and education programme in Chiradzulu district, which includes home-based care and psychological support, institutional development and dissemination of humanitarian values.

A number of national societies support the MRCS through the Secretariat's Southern Africa Delegation in Harare. The Federation supported programmes include:

- Disaster Management: Increased rapid assessment and intervention capacity, supported by Finnish and Swedish Red Cross Societies. (Countrywide)
- Disaster Response: Food Security intervention with support from American Red Cross Society World Food Programme (WFP) and the Federation.
- Health and Care: HIV/AIDS prevention, home-based care and psychological support in Mchinji, Lilongwe, Zomba and Blantyre districts.
- Water and Sanitation in Chikwawa, Dedza, Mzimba, Nkhotakota, Ntcheu, Ntchisi and Salima districts with support from the British Red Cross Society.
- Institutional development (HQ).

Finally, the International Committee of the Red Cross (ICRC) supports the MRCS to build capacity in the areas of emergency preparedness, tracing, dissemination of IHL and Red Cross Principles.

Primary Support from the Movement in 2002

Partner	Health	Relief	Disaster Management	Humanitarian Values	Organisational Development	Other
ICRC				xx	xx	
Federation*	xx	xx	xx	xx	xx	

British RC	xx					
Danish RC	xx			xx	xx	
Icelandic RC	xx					
American RC	xx					

*Federation support comes from multilateral RC

Priority Programmes for Secretariat Assistance

The Southern Africa Delegation will continue to support the MRCS' development process by offering technical training in all relevant sectors. Technical support visits to enable standardised practices and programme management will be offered in the above mentioned sectors.

In disaster management, the Federation will ensure that the current food security intervention does not hamper the development of existing programmes by assisting the MRCS in the training of new volunteers and staff in assessments, distribution and monitoring skills.

In Health and Care, the Secretariat will assist to ensure that all bilateral partners follow set standards in their specific projects through close monitoring and regular coordination meetings. Furthermore, the Federation will advocate between partners for the interrelation between food insecurity and HIV/AIDS and water and sanitation.

In organisational development, the Federation will seek to provide proactive assistance to the MRCS in providing training in good governance, project management, finance management, reporting, advocacy and to provide opportunities for MRCS staff and volunteers to assist in similar training conducted elsewhere in the region.

In promoting humanitarian values, the Federation will encourage the MRCS and its partners to increase their efforts to disseminate and promote IHL, Fundamental Principles, SPHERE standards and the Better Programming Initiative in all programmes by conducting continued training to programme managers at all levels within MRCS and its partners.

1. Health and Care W [<Click here to return to the title page>](#)

Background and achievements/lessons to date

CBHDP

For more than 20 years, the MRCS has been involved in the implementation of community-based health projects aimed at supporting vulnerable communities, to reduce morbidity and mortality associated with common health problems. The National Society has gained valuable experience in the area of community-based health programming and implementation. The National Society has earned respect and visibility throughout the country and is a well-known provider of health care services. MRCS is committed to implement its health programme in line with ARCHI 2010 and the Ouagadougou Declaration. The evaluation of the community-based health development programme in 2001 highlighted the success of this programme and recommended that the programme be expanded to other areas. The experience and results gained have been shared with all health coordinators from the region.

The programme, which is funded by Danish Red Cross and expected to run until 2004, is geared towards supporting under-five growth monitoring, promotion of nutrition, first aid and IEC on common diseases and control of epidemics such as cholera and malaria. In addition, the programme includes a water and sanitation and an HIV/AIDS component.

Within health, the MRCS is committed to improve weak areas such as first aid and the blood donor programme and to draw up a proposal to be submitted to the Global Fund to fight AIDS, TB and

Malaria (GFATM). In order to do this they will need technical support from the Southern Africa Delegation to carry out training and baseline surveys. MRCS participated in a regional CBFA ToT held in Harare in 2002 to spearhead community-based first aid activities in 2003.

HIV/AIDS

The MRCS is strongly committed to scaling-up of HIV/AIDS activities and since 2001 has put its efforts into home-based care and prevention activities in an effort to curb the spread of HIV/AIDS. Based upon a baseline survey, the Southern Africa Delegation assisted the National Society to develop a five-year strategic plan for HIV/AIDS, to employ an HIV/AIDS coordinator, and to initiate home-based care programmes. The Southern Africa Delegation facilitated the sharing of experience and lessons learned from the Zimbabwe Red Cross to establish HIV/AIDS projects in Malawi.

Water and Sanitation

Water and sanitation coverage in Malawi is poor, particularly in the rural areas. Consequently, there are high disease and malnutrition rates and child mortality rates are among the highest in the world. Under the umbrella of the Federation's regional water and sanitation programme, the MRCS has been running a developmental water and sanitation programme in Chikwawa and Nkhotakota district since 1998. It is presently in its second phase and, for year 2003, targets 12,000 beneficiaries with the projection to reach at least the same number of people for year 2004.

Overall Goal

A sustainable improvement in the general health and reduction in HIV/AIDS transmission of the targeted vulnerable communities through the provision of community-based health and care interventions.

Programme Objective

The Secretariat supports the MRCS capacity to implement community-based health care programmes, including HIV/AIDS and water and sanitation programming, thereby improving the general health situation in targeted communities and increasing the communities' coping capacity in disaster situations.

Expected Results

1. The capacity of MRCS to design and implement community-based health care projects is strengthened.
 - Six MRCS health staff trained and able to design, implement, monitor and evaluate CBHC projects.
 - Six first aid teams with 150 volunteers trained in five districts.
 - 3,750 families in target area have received first aid training and are able to respond to common health conditions.
 - MRCS are members of National Immunisation Committee and coordination body.
 - Improved immunisation coverage in targeted areas to 100%.
 - A proposal for malaria and TB developed by MRCS and submitted to GFATM:
 - 100 Red Cross volunteers in five districts are involved in prevention and response to cholera out- breaks and reduced morbidity by 80%.
 - MRCS have partnership with other Organisations.

2. Incidence of HIV infection has been reduced by increasing knowledge and awareness of the disease among the target population.
 - 50,000 youths in four districts trained and informed on HIV/AIDS/STD prevention and transmission.
 - Risk reduction behaviour promoted among youths.
 - 5,000 peer educators recruited and trained.
 - 300,000 condoms distributed.

- 15,000 young mothers educated on Mother To Child Transmission (MCTC) and family planning.
 - 3,200 orphan guardians trained and 2,000 orphans identified and registered
 - Orphan support groups formed.
 - 2,000 PLWHA received HBC and new support groups formed.
 - 2,000 care providers and 1,000 care facilitators identified and trained.
 - 100 counsellors trained.
 - PLWHA accepted in communities with full respect to their legal rights.
3. Provision of sustainable water and sanitation services at national society and beneficiary community levels with extra capacity to respond to emergencies.
- Beneficiaries empowered to plan and implement water and sanitation activities with linkages to health and HIV/AIDS programmes.
 - Red Cross branches are catalysts of water and sanitation activities in the National Society.
 - Increased water and sanitation technical and managerial capacity in the National Society.
 - Sustainable and appropriate water and sanitation infrastructure and systems in accordance with SPHERE and country standards.
 - Increased national society ability to implement emergency water and sanitation interventions.
 - The MRCS is recognised both nationally and internationally as a key actor in the fight against HIV/AIDS, through advocacy and communications strategies directed at media and authorities.

2. Disaster Management W *<Click here to return to the title page>*

Background and achievements/lessons to date

Over the past 15 years, the MRCS has been heavily involved in various disaster interventions and through them gained a wealth of experience and capacity. During the Mozambican Refugee programme (1986 - 1995), MRCS was the government-appointed distributor of all food and non-food items to refugees throughout the country (approx. 1.2 million beneficiaries). The Federation participated as an advisory partner at all levels. During the operation, the MRCS gained experience in coordination, distribution, warehousing, reporting and repatriation techniques that is still with the National Society to date. Currently, the MRCS is the sole partner of UNHCR in running the Dzaleka Refugee camp which still remains open.

During the Palombe Landslide in 1991 and during the floods along the Shire river in recent years, the MRCS has also gained experience in rapid assessments, stands out as “the provider of accurate information”, and is regularly consulted by UN agencies and embassies for data and reports. Because of the experience gained during these operations, the MRCS has been the chosen partner for the government and UN agencies for countrywide distribution of food in relation to recurring droughts and floods.

The National Society has developed a disaster preparedness policy and plan and has also been incorporated in the Malawi government’s disaster management policy and plan.

Having this disaster management capacity, while at the same time recognising weaknesses in other areas, the National Society has recently concentrated its capacity building efforts in other areas such as: water and sanitation, community-based health care and most recently within HIV/AIDS prevention and care. In disaster management, the MRCS is currently involved in:

- Refugee support as an implementing partner of UNHCR in Dzaleka Refugee camp
- Food distributions as a partner with USAID/NGO consortium in five districts
- Targeted food distribution as an implementing partner for WFP in three districts
- Food and non-food distribution with Federation support in seven districts.

Due to a relatively weak headquarters structure, the MRCS has relied heavily on support from the Southern Africa Delegation in monitoring, coordination and technical advice. The MRCS has requested the Southern Africa Delegation to support its efforts to increase its human resource capacity at disaster management coordination level by conducting standardised disaster management training for project and programme managers as well as guiding the headquarters disaster management officer in coordination of all disaster management activities.

Overall Goal

Implementation of characteristics of a well-prepared national society has improved the MRCS in the three key areas: know-how; capacity and performance.

Programme Objective

Secretariat assistance to the MRCS has increased the National Society's capacity to meet the humanitarian needs in the country.

Expected Result

The capacity of the Malawi Red Cross Society to provide appropriate and timely support to people threatened or affected by disasters is increased.

- MRCS has seven RDRT members who are readily available for deployment in the country and within the region.
- Food security projects integrated into national society priority programmes
- Country wide EWS mechanism based on DMIS and situation analysis by RDRT members and other stakeholders established by 2003.
- Sustainable and appropriate disaster management infrastructure in place.

3. Organisational Development W [*<Click here to return to the title page>*](#)

Background and achievements/lessons to date

Since 1999, MRCS has received support in producing a strategic plan, which was finally approved in 2001. Financial support for a salary review was provided in 2001 and the regional OD programme arranged a performance management workshop in the same year. MRCS has benefited from financial and technical support in holding a number of governance workshops at national and branch level.

The regional OD programme has also been very active in advocating for an improvement in financial management, which resulted in senior staff changes with effect from June 2002. It is anticipated that the new Director of Finance will be open to implementing improvements with support from the regional OD programme.

The National Society is committed to implement steps to improve its institutional capacity at all levels and thereby to increase its service delivery to the vulnerable communities. The Federation continues to support this process and to support the implementation of the characteristics of a well-functioning national society to ensure that the National Society has optimal capacity to respond to the large humanitarian challenges and needs in the country.

Overall Goal

Implementation of characteristics of a well-functioning national society has improved the MRCS in the three key areas: foundation, capacity and performance.

Programme Objective

The Federation Secretariat supports the National Society's strive for optimal capacity to respond to the large humanitarian challenges and needs in the country.

Expected Result

The capacity of MRCS to design and implement their strategic directions is improved.

- MRCS has a legal foundation that supports the effective implementation of programmes.
- MRCS has an effective volunteer management system in place.
- MRCS has increased its financial resource base in both value and diversity.
- MRCS has functional branches in place that are actively participating in project implementation.
- MRCS has in place effective financial management systems.

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BUDGET 2003

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.17/2003

Name: Malawi

PROGRAMME:	Organisational Development	Health & Care	Disaster Management	Humanitarian Values	Federation Coordination	International Representation	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	44,804	0	0	0	0	44,804
Clothing & textiles	0	24,338	0	0	0	0	24,337
Food	0	22,500	0	0	0	0	22,500
Seeds & plants	0	0	10,000	0	0	0	10,000
Water & Sanitation	0	0	0	0	0	0	0
Medical & first aid	0	24,000	5,000	0	0	0	29,000
Teaching materials	0	15,000	0	0	0	0	15,000
Utensils & tools	0	1,750	0	0	0	0	1,750
Other relief supplies	0	6,000	0	0	0	0	6,000
SUPPLIES	0	138,392	15,000	0	0	0	153,391
Land & Buildings	0	3,000	0	0	0	0	3,000
Vehicles	0	0	0	0	0	0	0
Computers & telecom	26,167	10,000	0	0	0	0	36,167
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	8,100	0	0	0	0	8,100
CAPITAL EXPENSES	26,167	21,100	0	0	0	0	47,267
Warehouse & Distribution	0	300	0	0	0	0	300
Transport & Vehicules	2,791	17,400	0	0	0	0	20,191
TRANSPORT & STORAGE	2,791	17,700	0	0	0	0	20,491
Programme Support	7,787	35,333	9,646	0	0	0	52,765
PROGRAMME SUPPORT	7,787	35,333	9,646	0	0	0	52,765
Personnel-delegates	19,200	0	0	0	0	0	19,200
Personnel-national staff	11,283	240,774	0	0	0	0	252,057
Consultants	15,400	3,000	0	0	0	0	18,400
PERSONNEL	45,883	243,774	0	0	0	0	289,657
W/shops & Training	14,067	23,700	81,950	0	0	0	119,717
WORKSHOPS & TRAINING	14,067	23,700	81,950	0	0	0	119,717
Travel & related expenses	8,300	34,782	9,800	0	0	0	52,881
Information	0	10,566	20,000	0	0	0	30,565
Other General costs	14,800	18,240	12,000	0	0	0	45,040
GENERAL EXPENSES	23,100	63,588	41,800	0	0	0	128,487
TOTAL BUDGET:	119,795	543,587	148,396	0	0	0	811,776