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Annual report Malawi

 International Federation
of Red Cross and Red Crescent Societies

MAAMW002

30 April, 2012

**This report covers the
period 01/01/2011 to
31/12/2011**

*Community based first aid
training in session/
Photo: MRCS*



In brief

Programme outcome

The Malawi Red Cross Society's programmes are guided by the strategic plan which was drafted in line with the International Federation of Red Cross and Red Crescent Societies' Strategy 2020. The overall expected outcome is that the programmes will enable communities to be more resilient to disasters and public health emergencies, with protected livelihoods and strengthened capacity to recover from disasters and crises, with healthy and safe living, social inclusion and culture of non-violence.

Programme summary

During the reporting period, Malawi Red Cross Society (MRCS) implemented the following programmes: Community Based Health and Care, Malaria, Food Security, Water and Sanitation (WASH), Refugee support, Tracing, Branch and Youth development, Integrated HIV and AIDS and Recovery interventions for the earthquake affected communities. The programmes were funded by DFID, UNHCR, the Global Fund and through the National AIDS Commission, the IFRC, the ICRC, as well as National Red Cross Societies of Belgium, Britain, Denmark, Finland, Iceland, Netherlands and Sweden. In addition, various government ministries supported the programmes through technical support and policy guidance.

Financial situation

The total 2011 budget for the country plan was CHF 2,846,772, of which CHF 276,779 (10%) was covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 212,600, corresponding to 7% of the budgeted amount and 77% of the available funding. [Click here to go directly to the financial report.](#)

Number of people we have reached

Using all available resources, Malawi Red Cross reached beneficiaries in the following areas:

Prevention: Under the HIV/AIDS programme, there has been a significant increase in the number of people reached with IEC. In 2011, **1.2 million** people were reached compared to 700,000 in 2010 and 425,376 in 2009. This increase is contributed both to the amount of funds available for prevention activities as well as new prevention strategies such as radio messages.

Support and care: The number of OVC supported in 2011 was **8,500** down from 9,661 in 2010. The number of HBC Clients supported in 2011 was **1,699** compared to 2,151 in 2010. The number of grannies in granny clubs has increased to **1,250** in 2011 from 701 in 2010 and the number of PLHIV in support groups increased to **1,720** from 1,600 in 2010. Though the numbers of OVC and HBC clients have decreased (mainly due to availability of ARVs), MRCS has expanded family and community based strategies which address the needs of OVC and PLHIV providing holistic support.

CBHC: During the reporting period, the programme provided its services to 43,750 households where indirectly **226,119** individuals accessed the health and care services in the 6 districts of Blantyre, Balaka, Zomba, Karonga, Mchinji, Dowa and Kasungu. Volunteers made home visits to 16,369 households to disseminate TB messages. Under the maternal and child health component 2,353 mothers received family planning counselling. 60 under-five sessions were done where on average 3,362 under-five children accessed the service. Through the under-five clinics, a total of 4,491 children were immunized. 701 underweight children were referred to nutrition rehabilitation centers. Finally, 12,000 households were introduced to CBHFA.

Malaria Program: Volunteers conducted home visits to 22,538 households (**113,745** people) in Mwanza and 25,975 HHs (**121,001** people) in Neno to promote correct hanging up and utilization of all 119,300 LLINs that were distributed in Mwanza and Neno. Household members were sensitised on the importance of using the nets all night, every day, year round.

Water and sanitation: the target was to reach 13,775 people with safe water. By the end of the year, the programme had reached **16,369** people with safe water from 62 boreholes. 12,000 houses were targeted for improved pit latrines, by the end of the year **8,796** households had improved pit latrines. 1,590 hygiene promoters reached **48,245** people with Hygiene and Sanitation messages. Additionally, 80 hygiene promoters were trained and 50 artisans as per the target.

Refugee program: During the reporting period, the average number of refugees has continued to range from 12,000 to 15,000.

Food security: The project targeted and reached **1,800** farm families with different food security interventions. The project has recruited 35 Food Security Volunteers who are undergoing specialised training on various agricultural technologies. Sixty participants (37 women and 23 men) attended training on manure making. 500 farmers received fruit seedlings and another 400 farmers were involved in income generating activities (goat rearing, pig rearing). Another 100 farmers are engaged in mushroom growing while 60 are engaged in fish farming.

DRR: 460 volunteers and **29,031** community members reached.

Earthquake recovery program: 600 households (**3,000** individuals) in Karonga rural (500 with house repairs and 100 with construction of new houses) and 250 households (**1500** individuals) in Karonga urban with house repairs and construction of house VIP latrines. The program also supported 9 schools with 24 VIP latrines, 18 urinals and 18 hand washing facilities.

Our partners

MRCS worked with the following partners: DFID, BASICs, National AIDS Commission, Malaria Control Program Unit, UNHCR, UNDP, UN Habitat, Irish AID through Irish Red Cross Society, Gorta, Malawi College of Medicine as well as Red Cross Societies of Belgium, Britain, Denmark, Finland, Iceland, Ireland, Netherlands and Sweden, the IFRC and the ICRC, Government Ministries of Home Affairs, Health, Gender and Community Services, Housing, Water and Irrigation as well as Agriculture. From the international organizations, MRCS worked closely with World Vision International and Oxfam. At community level, MRCS worked with various community based organizations, faith based organization and government development structures working in health and disaster management. The IFRC and National Society wish to thank all partners for their collaboration and support during the year.

Context

In 2011, the country faced some socio-political and economic challenges that affected programming. There has been shortage of forex and fuel in the country and the devaluation of the local currency caused an increase in price of commodities. Shortage of fuel affected programme implementation and monitoring. Civil society organized some demonstrations in the country that led to injuries and loss of life. The society was not well-prepared to manage such types of violent situations and its resources were overstretched to address country-wide demonstrations.

The society has been negotiating with the Malawi Energy Regulatory Body to find ways of assisting the Society to have easy access to fuel. The discussions are not yet conclusive.

Discussions are also on-going with the ICRC on how best to enhance the Society’s capacity to manage violent situations.

Progress towards outcomes

Outcomes and Achievements

Health and Care

Programme Purpose: Enable Healthy and Safe Living	
Programme component 1: Community Based Health	Outcome 1: Community Capacity to reduce vulnerability to health threats and hazards has increased through knowledge of local community-based health and first aid (CBHFA)

	<p>12,000 households were targeted and introduced to CBHFA.</p> <p>Child Health: the program met its target to provide 60 under-five sessions. On average 3,362 children accessed the under-five services per month. 4,491 children received BCG, PVI, OPV and measles vaccines. The services were offered in collaboration with District Health officials.</p> <p>Maternal Health: the program offered family planning services through community based family planning distributors and ante-natal services in collaboration with the district health officials. 2,353 mothers received family planning counselling. 3,186 mothers received male condoms and female condoms and 366 were referred to health facilities for further monitoring and other methods.</p> <p>Outcome 2: Women and Men are protected from Malaria, through adequate surveillance, preparedness, prevention and response measures</p> <p>Volunteers carried out home visits to 22,538 HHs (113,745 people) and 25,975 HHs (121,001 people) in Mwanza and Neno respectively to promote the correct hanging up and utilization of all 119,300 LLINs that were distributed in Mwanza and Neno.</p> <p>Outcome 3: Communities are protected from TB through adequate surveillance, preparedness and response measures.</p> <p>During the reporting period, volunteers made home-visits to 16,369 households to disseminate TB messages. They also educated the communities through drama.</p>
<p>Programme component 2:</p> <p>Emergency health</p>	<p>Outcome: Communities in targeted areas have increased capacity to cope with health emergencies</p> <p>50 volunteers were trained in community based first aid while 178 volunteers were trained in basic first aid to be able to respond to health emergencies. In addition, 162 workers from 9 companies were trained in commercial first aid.</p>
<p>Programme component 3:</p> <p>Water and Sanitation</p>	<p>Outcome: Access to safe drinking water, sanitation and hygiene practices is improved in MRCS target areas</p> <p>Approximately 4,770 household visits were conducted per quarter by the volunteers during which they conducted health promotion and checked on the availability of sanitary facilities and encouraged on their proper usage. Findings included 80% of all households visited were practicing hand washing at critical times and 50% of the households used two a cup system (1 cup for drawing water and another one for drinking).</p> <p>The program reached 16,369 people with safe water from 62 boreholes well above the target.</p> <p>12,000 houses were targeted for improved pit latrines of which 10,023 were reached .</p> <p>1,590 hygiene promoters reached 48,245 people with Hygiene and Sanitation messages and 100 hygiene promoters was trained.</p> <p>To enhance community sustainability of water points, the project met its target to train</p>

	<p>20 water committees in borehole repairs and maintenance. They have successfully been able to maintain water points.</p> <p>The program provided 24 VIP latrines, 18 urinals and 18 hand washing facilities in 9 schools.</p> <p>Finally, 40 volunteers were trained on san-plat casting and latrine construction and expected to pass on the skills to community members. By end of the year, they had facilitated casting of 478 san plats which have been fitted in pit latrines.</p>
<p>Program Component 4 HIV and AIDS</p>	<p>Outcome 1: Prevent further infections through targeted community based peer education and Information, Education and Communication activities for specific most at-risk populations, key drivers of the HIV epidemic and to promote uptake of services including male circumcision, voluntary counseling and testing (VCT), parent to child transmission (PTCT) and mother and child health (MNCH).</p> <p>223 peer educators were trained, reaching 89% of 2011 target. 105,740 youth (59,075 young men and 46,665 young women) reached with peer education services. 1,200,000 people reached with awareness messages through community radio stations</p> <p>Gender, Sexual and Reproductive Health and Rights awareness sports (football and netball) competitions were conducted in Chiradzulu, Mwanza, Lilongwe, Dowa, Ntchisi, Nkhotakota and Nkhatabay respectively and an estimated 72,618 people accessed SRH&R, STIs and HIV/AIDS information.</p> <p>120 sex workers were trained in peer education in Mwanza, Ntchisi, Nkhotakota, Dowa, Kasungu and Nkhatabay to provide peer education at their work places. MRCS has now trained 210 sex workers in 6 districts over a period of two years.</p> <p>261,165 condoms were distributed in 8 districts.</p> <p>Expanding Treatment Care and Support 8,500 Orphans and Vulnerable Children received holistic support from MRCS. 41 Community Based Childcare Centres with a total 4,227 children were supported. 200 new beneficiaries from the 20 granny clubs received 2 she goats to start a pass on. Another 101 secondary beneficiaries received from the initial beneficiaries. There are now 911 households involved in the pass on (645 initial beneficiaries and 266 second line beneficiaries). 500 OVC received blankets and food in Nkhatabay and Ntchisi. 602 students received secondary school support. 1,699 Community Home Based Care Clients (113% of 2011 target) were provided support by 401 volunteers in seven districts.</p> <p>Addressing Stigma and Discrimination 35 community support groups and networks/partnerships of people living with HIV were supported with 1,720 members achieving 108% of 2011 target</p> <p>115 beneficiaries from 11 PLHIV support groups were supported with start-up funds</p>

	<p>for income generating activities.</p> <p>Girl empowerment was promoted with the training of 59 new girl leaders increasing girl leaders to a total of 104, and number of girl groups to 36 with 346 members.</p> <p>24 anti-gender based violence campaigns were held reaching 25,600 people in Chiradzulu, Mwanza, Nkhatabay, Lilongwe, Dowa and Nkhotakota.</p>
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Constraints or Challenges

Main challenges in the programme implementation include the fuel shortages in the country, which affects the timely program implementation as well as monitoring of activities.

Inadequate number of qualified CBHFA trainers contributes to the failure to meet demand for training in most branches which will have to be addressed in the new year.

Disaster Management

Outcomes and Achievements

Programme Purpose: Save lives, protect livelihoods, and strengthen recovery form disaster and crises.	
Programme component 1: Disaster Preparedness	<p>Outcome: MRCS has a realistic disaster management master plan (DMMP) and improved capacity in skilled human, financial and material resources for optimal disaster management preparedness.</p> <p>MRCS successfully accessed Nordic funds to implement a joint climate change program with Mozambique RC in partnership with the Finnish RC.</p>
Programme component 2: Disaster Response and recovery	<p>Outcome 1: MRCS has improved disaster response mechanism to meet the needs of the communities most affected by disasters including the refugee communities.</p> <p>Response to floods: In collaboration with the department of disaster, 12,863 families affected by floods and strong winds were supported with shelter kits. The distributions took place in Kasungu and Nkhatabay which were affected by strong winds and in Karonga, Nsanje, Nkhotakota and Salima which were affected by floods.</p> <p>Support to refugees: At Dzaleka Camp, 12.000-15.000 refugees were supported per month. Beneficiaries received food rations, counselling, income generation, shelter, recreation and bereavement services.</p> <p>Karonga Earthquake Recovery Program: The Karonga earthquake recovery programme funded by DFID which focused on constructing 100 houses and repairing 500 houses using mobile phone cash transfers was 85% completed.</p> <p>Outcome 2: MRCS has capacity to provide assistance in restoring sustainable livelihoods among population affected by disasters is improved.</p>

	450 families of refugees were assisted each family getting 2 bags of 50 kgs bag fertilizer and 5 kgs maize seed to supplement food rations by cultivating their own food.
Programme component 4: Food Security	<p>Outcome 1: Household food availability, utilization and accessibility is improved</p> <p>35 Food Security Volunteers have been recruited and are undergoing specialised trainings on various agricultural technologies. During the reporting period, ten trainings were conducted on topics including crop production and management, livestock production, group dynamics, site selection, land preparation, vegetable production, water management in Small Scale Irrigation Scheme as well as record keeping.</p> <p>350 starter packs (comprising of 5kg hybrid maize, 5kg legume seed [ground nuts and beans], 40 grams of vegetable seed) were procured and distributed to food insecure HBC and OVC support groups and other vulnerable volunteers and food insecure community members.</p> <p>34 treadle pumps (Money Maker) were procured and distributed to farmers in groups. The farmers who had received the first lot of treadle pumps were encouraged to make good use of the 100 treadle pumps they had received. It was noted that farmers were able to do minor maintenances on the treadle pumps to make sure that they are in good condition. No reports of any treadle pumps missing.</p> <p>Gravity fed irrigation scheme has been established at Goshen</p> <p>Outcome 2: Increase household income of 400 vulnerable households by 25% by 2012:</p> <p>60 participants (37 women and 23 men) from the newly selected beneficiaries under small scale irrigation category attended training on different types of manure making. 500 farmers received fruit seedlings. 400 farmers were involved in income generating activities (goat rearing, epiculture, keeping pigs, mushroom growing and fish growing)</p>
Programme Component: 5 Zambezi River Basin Initiative	<p>Outcome 1: The risk and impact of disasters among communities living along the Zambezi River basin is reduced through community preparedness.</p> <p>Outcome 2: Access to adequate nutritious food commodities is increased among communities along the ZRB</p> <p>No activities were planned for outcome 1 and 2 outcome during the reporting period.</p> <p>Outcome 3: The number of deaths, illnesses and impact from disease is reduced among communities along the ZRB</p> <p>Hygiene promoters continued to promote good hygiene practices targeting 1500 households.</p> <p>The six boreholes drilled in Nsanje continued to provide access to safe water to around 1500 households. The six water point committees trained in Nsanje have demonstrated ability to maintain and manage the water points.</p> <p>Outcome 4: NS Capacity to implement disaster preparedness, response and recovery operation is increased.</p> <p>DM manager participated in an evaluation of the Swaziland food security program</p>

	and also participated in a project management training in Finland, as well as participation in a number of food security workshops organized by the IFRC. MRCS also participates in the humanitarian in-country coordination group, the shelter and camp management cluster and other national disaster management coordination forums.
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Constraints or Challenges

Constraints encountered in the DM Programme include the challenge to come up with winning disaster preparedness proposals for external funding. Considerable time has been spent on this, unfortunately without much success yet.

As with the other programmes, fuel shortages in the country affect timely programme implementation and monitoring.

Limited knowledge on climate change programming and adaptation within the national society will need to be addressed in the new year, as will the inadequate capacity and knowledge of how to manage violent situations as these have been increasing in the country.

Finally, inadequate funding and late disbursement of funds for some programmes has negatively affected programme implementation.

National Society Development

Outcomes and Achievements

Programme Purpose: Increase local community, civil society and Red Cross capacity to address the most urgent situations of vulnerability.	
Programme component 1: Leadership and Management Development	<p>Outcome 1: MRCS leadership (governance and management) capacity has increased in developing and implementing policies and strategies for optimal organizational performance and accountability.</p> <p>The youth policy was developed and adopted by the board</p>
Programme component 2: Well-functioning National Society	<p>Outcome 1: MRCS has functional and strengthened structures in branches, governance, management and volunteer management according to the characteristics of a well-functioning national society (WFNS)</p> <p>Consultants were engaged in December 2011 with funding from Swedish RC to review the conditions of services;</p> <p>Icelandic RCS continued to support the twinning projects in Mwanza and Mangochi;</p> <p>The society elected new governance committees from the council, national executive committee, division and subdivisions;</p> <p>The office construction in Kasungu is now finalized awaiting water and electricity connections as well as furnishing.</p> <p>Outcome 2: MRCS has capacity in planning, performance tracking and</p>

	<p>reporting according to the Federation's "Performance and Accountability Framework"</p> <p>An integrated health and care monitoring framework was developed and piloted at field level. It is yet to be scaled up in the entire program. This was done with support from college of medicine M&E fellow seconded to MRCS</p> <p>Outcome 3: Effective financial management system, procedure and tools are in place and systematically used.</p> <p>All accounts personnel underwent a further Navision training to strengthen their mastery of the accounting package;</p> <p>The process of reviewing the finance manual was initiated with technical support from the IFRC.</p> <p>Outcome 4: MRCS has a well-functioning internal and external communication system, supported with a reliable information technology infrastructure.</p> <p>Danish RC provided funds to support the IT Audit; Job description and advert for IT officer was done.</p>
<p>Programme component 3: Branch Development and Volunteer Management</p>	<p>Outcome 1: MRCS has vibrant branches and local units delivering quality service through their volunteer and youth networks.</p> <p>The youth policy was reviewed and adopted by the board. 500 copies were disseminated to the branch;</p> <p>Volunteer data base was established and is piloted in Lilongwe branch;</p> <p>A new board and branch committees were elected;</p> <p>Collaboration has been strengthened with the national youth council. The MRCS branch and youth development manager was appointed a board member of the National Youth Council board committees.</p> <p>MRCS is also a member of the National Volunteer Task force.</p>
<p>Programme component 4: Resource Development</p>	<p>Outcome 1: MRCS resource base is improved and ensures sustainability of programmes.</p> <p>In 2011, focus was to strengthen capacity of the NS in resource mobilization through training of the board, managers and division representatives. Essential elements that would support resource mobilization efforts were identified including the need for having a resource mobilization strategy as well as a communication strategy. A resource mobilization plan of action and logical framework has been developed to guide the work of the resource mobilization task force. Recruitment of an IT officer has been completed. He will support the society in finalizing the establishment of data base which would also be essential in developing a donor data base.</p> <p>Finally, there is a need to have a consolidated audit report.</p>

Constraints or Challenges

Main challenge is that MRCS does not have enough resources to have a full time person dedicated to this unit to drive the resource mobilization agenda. In addition, it has proven very challenging to mobilize resources for leadership development.

Principles and Values

Outcomes and Achievements

Programme Purpose: Promote respect for diversity and human dignity and reduce intolerance, discrimination and social exclusion.	
Programme component 1: Promotion of Fundamental principles and humanitarian values	<p>Outcome 1: Knowledge, understanding and application of the Fundamental Principles and Humanitarian Values are enhanced at all levels of the organization (including non-discrimination, nonviolence, tolerance and respect for diversity and gender).</p> <p>Outcome 2: The Fundamental Principles and Humanitarian Values are internalized leading to positive behavior change.</p> <p>No specific activities were planned during the reporting period. However, Fundamental Principles and Humanitarian Values are promoted in all programmes.</p>
Programme component 2: Operationalization of fundamental principles and humanitarian values	<p>Outcome 1: The dissemination of Fundamental Principles and Humanitarian Values is an integral part of all Programmes and activities.</p> <p>Every program of MRCS has the promotion and dissemination of Fundamental Principles and Humanitarian Values as an integral part of the program and the principles are applied in all the programs.</p>
Programme component 3: Sexual and gender based Violence	<p>Outcome 1: MRCS has mainstreamed gender issues in all its programmes.</p> <p>GBV activities are implemented in 9 districts, including the refugee camp, with the aim of reducing incidences of GBV and support the survivors, as well as their families and/or guardians. 40 SGBV committee members continued to educate community members on SGBV issues and promoted reporting of cases and counselling of the victims. During the reporting period, 24 SGBV survivors were supported and counselled and referred.</p>

Constraints or Challenges

Reporting cases of gender based violence still remains a challenge in most of the communities. Most cases remain unreported, silently managed in the homes.

Working in partnership

- MRCS worked with the following partners: DFID, BASICs, National AIDS Commission, Malaria Control Program Unit, UNHCR, UNDP, UN Habitat, Irish AID through Irish Red Cross Society, Gorta, Malawi College of Medicine, Red Cross Societies of Sweden, Netherlands, Denmark, Finland, Britain, Ireland, Iceland & Belgium, IFRC and ICRC, Government Ministries of Home Affairs, Health, Gender and Community Services, Housing, Water and Irrigation and Agriculture. From the international organizations MRCS worked closely with World Vision International and Oxfam. At community level, the society worked with various community based organizations, faith based organization and government development structures working in health and disaster management initiatives
- The partners provided funding, coaching, technical support and monitoring of programme implementation. This contributed to the enhancement of MRCS's capacity to manage projects. The cooperation with PNSs and UNHCR is guided by Memorandum of understandings and program agreements on a bilateral arrangement. MOUs are signed with the IFRC project by project. The government and other stakeholders work with MRCS through various technical program working groups. The coordination mechanism involves regular meetings, routine joint program monitoring, annual partnership meetings at strategic and operational level.

Contributing to longer-term impact

Monitoring of the project was done in a number of ways including through monthly visits, quarterly planning and review meetings, fortnightly meetings and weekly visits by volunteers. All programmes integrated gender issues through the participation of women in leadership structures, equal representation in project management committees, taking views and ideas of women and girls throughout the project management cycle. Learning was enhanced through publications; lessons learnt workshop, case studies, project documentaries, exchange visits, evaluation reports and community feedback sessions.

The MRCS's programmes are contributing to the countries vision of attaining Millennium development goal number 1 target 1c, Goal 2, 3, 4, 5, 6 and 7.

Looking ahead

Currently, MRCS is not looking to expand its programme portfolio but rather to consolidate and strengthen its project monitoring capacity to ensure that progress and quality of implementation is adequately analysed and where gaps are noted timely action is taken to ensure value for money of projects funds. Priority will be given to timely and accurate reporting of project interventions.

How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations](#) (NGO's) in Disaster Relief and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of nonviolence and peace.

Find out more on www.ifrc.org

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