

Appeal 2005



International Federation
of Red Cross and Red Crescent Societies

MALAWI

Appeal no. 05AA011

The International Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. The Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 180 countries. All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project.

This document reflects a range of programmes, objectives, and related activities to be implemented in 2005, and the corresponding funding requirements. These are based upon the broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products are either available through hyperlinks in the text, or can be requested through the respective regional department.

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Click on the title below to go to the relevant text; click on the figure to go to the programme budget.

	2005
Programme title	in CHF
Strengthening the National Society	
Health and care	819,220
Disaster management	41,565
Total	860,784¹

National Context

Malawi is ranked 165 out of 177 countries in the UNDP human development index in 2004. The government of Malawi has launched the first national HIV/AIDS policy in Africa. The policy focuses on disease prevention and education to combat HIV/AIDS. The policy process confronted the stigma and secrecy around HIV/AIDS in Africa by engaging the public in dialogue and addressing contentious issues.

HIV/AIDS is one of the major challenges to development progress in Malawi. The National AIDS Commission of Malawi statistics for 2003 indicate that the prevalence rate among adults aged 15-49 years in Malawi is 14.2%. In absolute numbers this means that about 760,000 adult Malawians are infected with HIV, 58% of them are women. The prevalence rate among adults in urban areas is 23%, almost twice as high than the rural adults' rate which is 12.4%. The national HIV prevalence is about twice as high in the southern region than the northern and central regions. Most of the new infections in Malawi are occurring among 15 to 24 years age group.

¹ USD 683,700 or EUR 554,500.

Human Development Indicators at a Glance

Category	Malawi	Sub-Saharan Africa	World
Total population (millions)	11.9	641.0	6,225.0
GDP per capita (USD)	177	469	5,174
Life expectancy at birth (years): Female – Male	38.2 – 37.5	n.a.	n.a.
Infant mortality rate, per 1,000 live births	114	108	56
Maternal mortality per 100,000 live births (adjusted ratio)(2000)	1,800	Na.	n.a
Population (%) with sustainable access to an improved water source (2000)	57	57	82
HIV prevalence (% , ages 15-49)(2003)	14.2	7.7	1.1
Adult literacy rate(% , ages 15 and above): Female-Male	48.7 – 75.5	n.a	n.a



Source: UNDP Human Development Report, July 2004: Human Development Index (pages 139-250). Note: Data is 2002 unless noted () above. Refer to http://hdr.undp.org/reports/global/2004/pdf/hdr04_HDI.pdf

The major consequences of the HIV/AIDS epidemic are:

- Close to 850,000 children aged below 18 years are orphaned; 45% directly due to death of AIDS related illnesses of parents.
- The death rate of 15-49 age groups has tripled since 1990, and now stands at 70,000 deaths per year.
- The number of TB cases has increased greatly due to AIDS from approximately 5,000 cases per year in the mid 1980's to nearly 27,000 cases per year in 2002.
- Maternal mortality has escalated from approximately 620 in 1992 to 1,800 per 100,000 live births largely.
- Currently HIV/AIDS related conditions account for more than 40% of all inpatient admissions and 70% of patients in medical wards.

This calls for a scale-up of the activities towards responding to the effects of HIV/AIDS.

- 170,000 PLWHA are in need of ART.
- 840,000 OVC are in need of care and support.
- 760,000 adults estimated to be infected with HIV need access to VCT.
- 80,000 women need access to PMTCT care.
- 500,000 pregnant women need good antenatal care including VCT services.²

² PLWHA – Persons living with HIV/AIDS; ART – Anti-retroviral treatment; OVC – Orphans and other vulnerable children; VCT – Voluntary counselling and testing; PMTCT – Prevention of mother-to-child transmission

Red Cross and Red Crescent Priorities

National Society Strategy/Programme Priorities

Over the past few years, especially 2002-2003, the Malawi Red Cross Society³ and its partner national societies have placed much emphasis on relief-related activities in response to the given food insecurity situation in the country. The priorities are now changing with increasing emphasis on longer-term capacity-building of communities. This is particularly true in the case of the disaster management programme for this year.

The Malawi Red Cross has developed a strategic plan for 2002-2006. Since the finalization of the strategic plan, the drought relief has been the focus of the Malawi Red Cross activities which is not reflected in the plan. It is intended that the national society will revise the strategic plan to better reflect the current situation as well as the national society's activities.

Malawi Red Cross has undergone a "Management Review and Analysis" in August-September 2004. The continental organizational development (OD) delegate was involved as a resource person for the review team. The review team consulted and interviewed governance and management at headquarters, district level volunteers and stakeholders such as government officials, auditors and supporting partners.

The review concentrated on four areas being;

- Governance and management
- Departmental structure and division
- Operational and financial procedures
- Human resources

The management review report with the prioritized recommendations and operational draft plan of action will lead to a planning workshop in October 2004 with the participation from the Malawi Red Cross governance, management and key staff. The workshop will lead to Malawi Red Cross identification of priority capacity building and organizational development areas for support, as well as the reformulation/update of the strategic plan.

Initial areas identified for support are:

- Constitutional review – the statutes are dating from 1966. The latest draft constitution dates from 2001 but has not been approved.
- Governance and management support and guidance to improve their efficiency and clarity in their different yet complementary tasks.
- The development/update of a strategic plan accurately reflecting the Malawi Red Cross programmes' priorities and its possible support in monitoring its progress and efficiency. A strategic plan reflecting current situation in Malawi could also be a tool to improve coordination for the large number of supporting partners working with Malawi Red Cross. This may also lead to the development of the Cooperation Agreement Strategy (CAS).
- Clarification of the relationship and improved communication between the 28 districts and the headquarters.
- Volunteer policy development and adoption and promotion. It is expected to help in the volunteer mobilization drive link with district expansion of activities at local level.

Once the Malawi Red Cross has finalized the plan of action, the 2005 Annual Appeal for Malawi will be revised in order to reflect the support needed to the national society to implement the plan of action.

Movement Context:

The Malawi Red Cross Society continued to play a significant role in humanitarian assistance. The 2004 annual appeal raised funds with the support of the Irish Red Cross for the water and sanitation activities in areas where home based care (HBC) projects are being implemented with the support of the consortium funding. 15,000 people benefited from the construction of water points and latrines.

³ Malawi Red Cross Society - <http://www.ifrc.org/where/country/check.asp?countryid=110>

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American Red Cross is currently working jointly with Malawi Red Cross in 13 districts: supporting HBC project in four districts, food security projects targeting chronically ill in five districts; and Community Integrated Mother and Child Health project (CIMCH) in eight districts.

Community-based health and development programme is operational in five districts; three are funded by Danish Red Cross (Karonga, Dedza and Balaka) and the other two are funded by the Netherlands Red Cross (Dowa and Kasungu). Additionally, the Danish Red Cross is supporting the HBC projects; the Icelandic Red Cross is supporting one project and the Federation consortium supporting four.

The Spanish Red Cross is supporting the construction of income-generation maize mills in three districts. Additionally, the Spanish Red Cross and German Red Cross are funding a supplementary feeding and seed distribution project.

The ICRC has been supporting Malawi Red Cross in the areas of communication, dissemination of the Movement and fundamental principles, and tracing. The ICRC will also support the national society to carry out planned tracing activities in the refugee camps and strengthen the national society's tracing capacity. In addition, the ICRC will maintain the Malawi Red Cross radio communication network and support the national society in establishing adequate preparedness to respond to emergency situations, through providing the Malawi Red Cross action teams with training and working tools.

Table 2: Primary support to Malawi Red Cross from the Movement in 2003-2004:

Partner	Health & Care	DM	HV	OD
ICRC		X	X	X
Federation	X	X		X
American Red Cross	X	X		X
Icelandic Red Cross	X			
Danish Red Cross	X			
Netherlands Red Cross	X			
Spanish Red Cross	X	X		X
German Red Cross		X		
WFP	X	X		

Strengthening the National Society

Health and Care: HIV/AIDS

Background and Achievements

Following the Ouagadougou Declaration, the Malawi Red Cross began scaling up HIV/AIDS initiatives in 2001, with funding from Federation, American and Icelandic Red Cross Societies. During that time, an overall strategy for preventing and mitigating the effects of HIV/AIDS was developed with reference to the national society strategic framework and the Malawi National AIDS Commission Strategic Framework. The national society board and the National AIDS Commission in order to be in line with both institutions strategic frameworks approved the overall program strategy. Prior to these developments, HIV/AIDS-related activities primarily in the field of prevention had been carried out in some districts on a smaller scale, with funding from Danish Red Cross. Currently the national society is implementing its HIV/AIDS program in 12 districts; the Federation supports five of these districts.

The broad components of the national society HIV/AIDS program are prevention, home-based care (HBC) for the chronically ill and OVC support. While all 12 districts follow the same implementation strategy, specific activities

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and progress towards full implementation vary by target area depending on the particular needs of communities and to a certain extent, funding.

Achievements

- 12 HBC projects have been successfully implemented in 12 districts.
- PLWHA have started coming out openly concerning their status in the community. Five support groups for PLWHA have been established. This could be attributed to reduction of stigma and discrimination in the community.
- 560 HBC volunteers have been trained and are providing HBC service in the community.
- Three community-based childcare centres have been established in each of the 12 districts to provide care and support to OVC aged below six years.
- HIV/AIDS workplace policy has been developed but has no funding for implementation.

Five projects do not have adequate funding for the youth peer education programme and operate without computers and vehicles. A vehicle and computer at headquarters is not enough to support five districts. This has a negative impact on the effectiveness of implementation of program activities. There is no funding for implementing the workplace policy.

This appeal does not ask for funding for the HBC, OVC support and support groups aspects of the integrated HIV/AIDS programme. This is covered by Partners National Societies bilaterally and through the consortium funding multilaterally.

The national society seeks for funding in the following areas.

- Implementation of a workplace policy document.
- Implementation of a youth peer education program will be developed in four districts that have inadequate funding for this component.
- Procurement of additional vehicles to improve on transport problems.
- Funding for four computers will be sought to help improve on the efficiency and timely production of project reports.
- Training for project staff and volunteers on basic facts about anti retroviral therapy (ART)

The Federation regional HIV/AIDS support team will continue to provide technical support to the national society HIV/AIDS project in form of support visits and training. The funding for this support is in the regional HIV/AIDS budget.

Goal: Sustainable improvement in health and well being of targeted vulnerable populations.

Objective: Incidence of HIV infection in the community and staff has been reduced and quality of life of people living with HIV/AIDS and their affected families and friends is improved

Expected Results

- Risk reduction behaviour promoted among 8,000 youths and general community
- A non-discriminatory workplace environment is promoted in which PLWHA are able to be open about their HIV status to management without fear of stigma or discrimination
- Capacity of national society to monitor and supervise program activities is improved

<Refer to the Logical Framework Planning Matrix: Malawi Health-HIV/AIDS>
http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA011HH.pdf

Health and Care: Water supply, sanitation and hygiene promotion

Background and Achievements

The Federation supports the national society's water supply, sanitation and hygiene promotion projects through the regional water and sanitation delegate based in Harare. The capacity building support provided is in strategic and project management and in technical skills and is detailed in the regional delegation appeal document. The national society coordinates its work with other sector agencies through its participation in monthly national/ local sectoral coordination meetings. Its partners at the implementation level are the local government agencies involved in the health and care sector.

In the last two years the national society has been implementing water supply, sanitation and hygiene promotion development projects, funded by the Irish and British Red Cross through the Federation, and funded by the Danish, Netherlands, and the Spanish Red Cross bilaterally that have benefited over 50,000 vulnerable people. Improving vulnerable people's access to safe water and adequate sanitation is a vital component of poverty reduction as recognized in the UN Millennium Development Goals⁴. Improved access to safe water and sanitation not only leads to improvements in health but also saves time and energy and enhances livelihood opportunities.

The national society with the support of the Federation will continue strengthening the 2005 project in the areas of hygiene/ sanitation promotion and in training of communities to manage their water supply facilities ("software" aspects of the project). A software specialist was recruited in 2004. The project interventions work in the same geographical area and are coordinated with national society HIV/AIDS operations. For example in 2004 the project trained national society HBC facilitators in hygiene and sanitation promotion and all the home-based clients in the area benefited from the water supply and sanitation interventions. This type of coordination will continue in 2005.

In 2005 there will be a continuing focus on working in small local government administrative units to raise the water supply and sanitation services to defined government minimum service levels then exiting from this area. The sustainability of the projects is then assessed one year after exit from the area. This strategy provides a cost per beneficiary that is good value and allows for improved sanitation/hygiene promotion, community management training, monitoring and evaluation due to reduced time/costs on travelling to the project sites and better organisational learning.

The 2004 project raised the water supply and sanitation services to minimum service levels in Mduwa territorial area, Mchinji district. In 2005 the same type of project will be implemented in Masula territorial area in Lilongwe district. In 2005 the works implemented in Mduwa will be evaluated.

The objective and expected results of the project detailed below result from a detailed assessment undertaken in Masula territorial area in July and August of 2004. The assessment showed that only 25% of the population had access to safe water and only 10% to adequate sanitation.

Goal: Sustainable improvement in health and well being for vulnerable population (20,000) in Mduwa territorial area, Lilongwe district by 2006.

Objective: Establishment of sound, sustainable environmental services for vulnerable population (20,000) in Mduwa territorial area, Lilongwe district by 2006 in water supply, sanitation and hygiene promotion.

⁴ Millennium Development Goals – The UN Millennium Goals charter – states that by the year 2015, all 191 United Nations Member States have pledged to meet eight goals, thus, eradication of extreme poverty and hunger; achievement of universal primary education; promotion of gender equality and empowerment of women; reduction of child mortality; improvement of maternal health; combating HIV/AIDS, malaria and other diseases; ensuring environmental sustainability; development of a global partnership for development.

Expected Results:

- Hygiene promotion/sanitation promotion volunteers effectively cover target population of 20,000 by year 2006
- Two sustainable sanitation promotion (hardware) unit established in target area
- Construction and distribution of 800 SanPlats to households who build adequate traditional latrines by 2006
- 80 viable, fully functioning and adequate community managed water supplies in low-income villages by 2006 (20 new boreholes fitted with handpumps, 60 handpump rehabilitations)
- 80 community-based operation and maintenance and cost recovery systems established and functioning by 2006
- Water supply, sanitation and hygiene promotion projects efficiently and effectively implemented using demand responsive community managed approaches by 2006.
- Increased resources for water/sanitation and hygiene promotion projects, and contribution to sector policies, best practices, coordination and cooperation by 2006.
- Capacity to respond, (and response if necessary) to disasters requiring water, sanitation and hygiene promotion response.

<Refer to the Logical Framework Planning Matrix: Malawi Health-Water and Sanitation>
<http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA011HW.pdf>

Disaster Management

Background and Achievements

Since the mid-1980s, the Malawi Red Cross has been heavily involved in various disaster interventions and has gained a wealth of experience and capacity at both headquarters and branch/divisions levels. During the Mozambique refugee programme (1986–1995), Malawi Red Cross was the government-appointed agency to distribute all food and non-food items to over 1.2 million refugees throughout the country. Through this programme, Malawi Red Cross enhanced its capacity in coordination, distribution, warehousing, reporting and repatriation techniques; these skills substantially benefit current programmes and activities.

In disaster management, Malawi Red Cross is currently implementing the following:

- The Malawi Red Cross in coordination with government and UNHCR operations in two refugee camps where about 10,000 refugees from the Democratic Republic of Congo, Rwanda, Somalia and Burundi are located. Malawi Red Cross provides HIV/AIDS counselling and food distribution to the refugees.
- Community-based nutrition training and supplementary feeding to malnourished under-five children and lactating/pregnant mothers under the C-SAFE programme in five districts, namely Chitipa, Karonga, Rumphi, Ntchisi and Nkhotakota.
- Food security activities in partnership with bilateral partner national societies and the World Food Programme (WFP) are carried out in six districts assisting 27,360 PLWHA and OVC.
- Food-for-work activities benefiting 42,000 people in Chitipa, Rumphi, Nkhotakota, Ntchisi and Karonga districts funded by WFP, USAID/American Red Cross. Malawi Red Cross has worked with communities and government to identify and carry out labour intensive projects such as road and water harvesting infrastructure rehabilitation
- Irrigation projects in selected farming communities in Mwanza, Karonga, Zomba, Dowa, and Mchinji distributing treadle pumps to 1,000 vulnerable household, the majority of them with family member part of the HBC programme. Along with the pumps, a complementary pack of improved varieties of maize seed and vegetables for planting has been provided to each beneficiary household.
- Two trainings were conducted last year in disaster management in relation to the general elections that took place in May 2004 with the financial support of the ICRC. The action teams that were deployed in politically volatile areas during and after the election results came out.

In 2005, the Malawi Red Cross continues its food security operation but is also aiming to develop a more community-based approach. As such, efforts will be directed to carry out a VCA in the Salima district. Results from the VCA will be used to develop community-based disaster management and early warning systems. It is

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planned that volunteers will be mobilised and trained in disaster response. This approach is also linked with the Malawi Red Cross aim to clarify and improve its headquarter and division communication as part of the organisational development as well as the reformulation of its strategic plan.

Goal: Increase disaster management capacity of Malawi Red Cross in reducing human suffering when disasters occur through community involvement

Objective: Malawi Red Cross disaster management capacity improved with the participation of the vulnerable communities.

Expected Results:

- Malawi Red Cross capacity in disaster management is strengthened and exhibiting minimum standards of well prepared national society.
- Communities are able to reduce the loss of life in times of disasters.
- Community-based disaster management (CBDM) initiatives are established.
- Improved refugee services achieved through well coordinated programmes.

<Refer to the Logical Framework Planning Matrix: Malawi Disaster Management>
<http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/africa/05AA011DM.pdf>

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BUDGET 2005

PROGRAMME BUDGETS SUMMARY

Appeal no.: 05AA011

Name: MALAWI

PROGRAMME:	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	21,980	1,500	0	0	0	0	23,480
Clothing & textiles	27,428	1,250	0	0	0	0	28,677
Food	25,290	0	0	0	0	0	25,290
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	116,600	0	0	0	0	0	116,600
Medical & first aid	35,792	4,600	0	0	0	0	40,392
Teaching materials	50,000	0	0	0	0	0	50,000
Utensils & tools	500	0	0	0	0	0	500
Other relief supplies	18,962	0	0	0	0	0	18,962
SUPPLIES	296,552	7,350	0	0	0	0	303,901
Land & Buildings	0	0	0	0	0	0	0
Vehicles	74,560	0	0	0	0	0	74,560
Computers & telecom	2,500	0	0	0	0	0	2,500
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	77,060	0	0	0	0	0	77,060
Warehouse & Distribution	2,040	0	0	0	0	0	2,040
Transport & Vehicules	32,552	0	0	0	0	0	32,552
TRANSPORT & STORAGE	34,592	0	0	0	0	0	34,592
Programme Support	53,249	2,702	0	0	0	0	55,950
PROGRAMME SUPPORT	53,249	2,702	0	0	0	0	55,950
Personnel-delegates	0	0	0	0	0	0	0
Personnel-national staff	163,432	0	0	0	0	0	163,432
Consultants	3,372	0	0	0	0	0	3,372
PERSONNEL	166,804	0	0	0	0	0	166,804
W/shops & Training	75,418	27,000	0	0	0	0	102,418
WORKSHOPS & TRAINING	75,418	27,000	0	0	0	0	102,418
Travel & related expenses	15,152	2,500	0	0	0	0	17,652
Information	13,627	0	0	0	0	0	13,626
Other General costs	86,766	2,013	0	0	0	0	88,779
GENERAL EXPENSES	115,545	4,513	0	0	0	0	120,057
TOTAL BUDGET:	819,220	41,565	0	0	0	0	860,784