

Annual report



International Federation
of Red Cross and Red Crescent Societies

Malawi

Appeal No. MAAMW002

30 April 2010

This report covers the period
01/01/2009 to 31/12/2009



Malawi Red Cross Volunteers distributing tarpaulins to people affected by floods at a relocation site

In brief

Programme purpose: The Malawi Red Cross Society's (MRCS) supports its government in promoting health and saving lives of the most vulnerable people, protect and enhance livelihoods as well as strengthening community resilience and recovery after disasters.

Programme(s) summary: In 2009, MRCS was implementing programmes in 15 districts. The support to the National Society contributed to capacity strengthening at all levels, thus creating a well functioning organisation that is well prepared to deliver services effectively and efficiently.

The **health and social services** programme focused on water and sanitation (WatSan) HIV and AIDS, malaria, human pandemic preparedness (H2P), community-based health and First Aid (CBHFA), thus ensuring that the communities had an enabling environment for healthy and safe lives.

To ensure community preparedness and resilience, the **disaster management** department increased capacity building initiatives to empower communities by training in various aspects of preparedness, response and risk reduction (DRR). The National Society assisted the government in responding to the needs of the families displaced by flood (approximately 3,300 families) with the help of the IFRC disaster fund. MRCS national disaster response team and branches successfully conducted a rapid assessment in the three worst affected districts of Nsanje, Phalombe and Mzimba, the results which directed the response operation.

In the last quarter, MRCS also assisted 1,900 families made homeless by a tremor, which recorded 5.8 on the Richter scale. The response actions were well supported by the MRCS volunteers mobilised from the affected districts. The long-term refugee programme continued at Dzaleka and Luwani refugee camps, which hosts mostly immigrants from Democratic Republic of Congo, Burundi, Somalia, Ethiopia and Rwanda.

To ensure stronger branch management, the **National Society strengthening** programme committed to training branch committees on good governance, financial management and branch development. The IFRC Southern Africa regional office technically supported with resource mobilization, project design, budgeting, procurement and programme management. MRCS strived to improve on service delivery and management of the programmes by embarking on a change process that include consolidation of the activities and human resource restructuring. Key to this was the implementation of a leaner structure in response to a reduction in funding flows.

Financial situation: The total 2009 budget is CHF 1,925,527, of which 50 per cent was covered.

[Click here to go directly to the attached financial report.](#)

See also emergency appeals operational during the reporting period:

MDRMW004: CHF 71,022 (USD 63,566 or EUR 48,111) was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support MRCS in delivering immediate assistance to some 3,276 families displaced by floods and assisting the government in responding to the cholera outbreak.

MDRMW005: CHF 306,365 (USD 295,891 or EUR 202,502) was allocated from IFRC's DREF to support MRCS in delivering immediate assistance to some 1,930 households (9,650 people) affected by tremors, with a magnitude of 5.8 on the Richter scale.

No. of people we help: MRCS reached 20,000 of the targeted 50,000 people through the disaster risk reduction (DRR) programmes, whilst the food security programme reached 17,225 people. The refugee programme supported a monthly average of 15,000 refugees, mostly the Democratic Republic of Congo, Burundi, Somalia, Ethiopia and Rwanda. The water and sanitation (WatSan) programme provided safe portable water to 119,550 people, 17,070 school pupils and 130 primary school teachers. A total of 420 people acquired knowledge and skills in pump repair, maintenance and water point management through community-based water management training. Community-based health care, malaria, diarrhoea and HIV and AIDS interventions reached 1.5 million individuals. Whilst 166 volunteers were trained as hygiene promoters, 200 volunteers and 18 staff members were trained on community-based First Aid (CBFA).

Our partners: The IFRC provided programming technical support, whilst MRCS partnered with the Danish, Icelandic, Finnish, Swedish, Irish, Belgian and Netherlands Red Cross and ICRC for funding support. MRCS also worked with the following partners from government: National AIDS Commission, National TB Control Programme, University of Malawi, Ministries of Agriculture, Health, Education, Water and Irrigation, Women and Children and the Department of Disaster Management. The international organisations included UNHCR, UNICEF, UNDP, WHO, DFID and USAID. At community level, MRCS partnered with various NGOs, community-based organisations, faith-based organisations and village committees.

Context

Malawi, with a population of 13.2 million, is one of the most densely populated African countries. However, the country's population growth has dropped from 2.9 percent in 1998 to 2.1 percent in 2005, a fall largely attributed to chronic poverty, HIV and AIDS, pervasive malnutrition and substandard health services. Persistence food insecurity continues to take a heavy toll on Malawi's children with 48 percent of children under-five defined as stunted (too short for their age indicating chronic malnutrition), five percent wasted (suffering severe malnutrition) and more than one in five children are under weight. Access to safe water and sanitation services remains poor in many areas with only 44 percent of the rural population having access to safe drinking water.

In 2009, the country was confronted by a complexity of humanitarian challenges ranging from flooding, health emergencies, political uncertainty during the parliamentary elections held in May 2009, an earthquake towards the end of the year and the perennial influx of refugees.

The 2008/2009 rainy season affected 3,300 families in Nsanje, Phalombe, Nkhotakota, Mchinji, Karonga and Salima. The heavy rains accompanied by winds since December 2008 led to flash floods in the south and northern regions. According to the government's department of disaster management, houses were completely or partially damaged, whilst 3,500 hectares of crop fields completely damaged. The floods coincided with a cholera outbreak that hit Southern Africa region, affecting Mozambique, South Africa,

Zambia, Zimbabwe and Malawi. Water-borne disease are common during rainy and flood season, and in the case of Malawi, the outbreak was exacerbated by the flooded unprotected water sources and deplorable sanitation facilities. As reported by the Ministry of Health, the cumulative cholera cases were 370 (369 in Lilongwe district and one in Blantyre district), with the 13 deaths, all in Lilongwe district.

Malawi was hit by two consecutive earthquakes, which affected the northern district of Karonga just before the end of the year. After three months of low intensity seismological activity, Karonga was hit by a sequence of stronger earthquakes ranging from 5.4 to 6.0 on the Richter scale, between 6 and 20 December 2009. The earthquake left approximately 6,000 households homeless, several people injured and four dead. The government of Malawi formally declared a national emergency on 21 December 2009, upon which the humanitarian agencies joined in the response operation.

On the political front, Malawi went to the polls in May 2009 to elect a new president in the country's fourth democratic elections since 1994. Tensions were high in several parts of the country before and during elections, a situation, which prompted MRCS to be on the alert in anticipation of post elections violence. The elections were however conducted in an atmosphere free from violence.

Malawi's proximity to the volatile Great Lakes region has made it a transit corridor for many refugees moving to more secure southern African states. The country's generous immigration policy allows asylum-seekers to enter Malawi fairly easily, thus harbours refugees from neighbouring countries particularly from the Democratic Republic of Congo, Burundi, Somalia, Ethiopia and Rwanda. Whilst the refugee camps are owned by government, MRCS is an implementing partner of UNHCR in management and service provision.

These challenges compounded by the food insecurity situation and the HIV and AIDS pandemic presented a humanitarian catastrophe, which prompted some agencies including the Red Cross to increase programmes and response to the needs of the most vulnerable communities. MRCS managed to implement planned activities despite the challenging environment. Whilst the country has not been directly affected by the global financial crisis, there has been a discernible reduction in funding in 2009, which has affected implementation of some programmes particularly those under the integrated HIV and AIDS programme. The decline in the scale of activities forced MRCS to undergo a restructuring process in favour of a leaner organisational structure. Through downsizing, contracts of some of the staff members could not be renewed. However, the reduction in activities had negative impact on the vulnerable communities consequently tarnishing the image and credibility of the NS.

Progress towards outcomes

Disaster Management

Programme Component: Disaster Preparedness

Outcome 1: Knowledge and coping capacities of communities in disaster prone areas is increased.

Achievements

To strengthen the capacity of communities in disaster preparedness and post disaster response, the NS conducted community awareness campaigns and participatory planning sessions on floods and drought hazards. These training sessions targeted community leaders as well as members of the community in disaster prone districts.

A total of 50 community-based disaster action teams were trained on monitoring the impact in the flood emergency and how to respond using locally available resources. In order to enhance community sensitisation, five drama groups were established to communicate disaster preparedness measures at community level.

The IFRC continued supporting the repositioning and replenishing of relief items. MRCS took the initiative to increase local resources in disaster preparedness by establishing a national disaster fund aimed at establishing a local resource base that ensures quick response before international support. In addition to local fundraising activities, proceeds from the hiring of the five large tents owned by MRCS are transferred to the disaster fund.

Programme Component: Disaster Response

Outcome 1: MRCS disaster response mechanisms are improved to meet the needs of the most affected communities including the refugee communities.

Achievements

The MRCS through an operation funded by the IFRC's relief emergency fund responded to the immediate needs of the families displaced by floods in the southern and northern parts of the country. MRCS targeted 3,725 most affected families after a rapid assessment conducted in the affected districts. Relief was provided included non-food items in the form of plastic sheets, jerry cans, cooking utensils, seeds, fertilizer, tarpaulins and water purifiers. The MRCS volunteers actively conduct awareness campaign on water treatment, sanitation, and hygiene promotion in collaboration with Ministry of Health local level staff. This helped reduce the occurrence of water-borne diseases.

Following the earthquake in December 2009, MRCS immediately mobilised resources to meet the needs of the most affected 1,930 families. The relief items including shelter material were promptly distributed in order to ensure the affected families had shelter and basic household items. The operation was supported by the IFRC through its DREF, which was used for procurement and distribution of relief items, erection of temporary shelter and other social services.

Refugee Programme

MRCS continued with monthly relief distribution of food and non-food items, the counselling and social services provided to approximately 15,000 refugees in Luwani and Dzaleka camps. As mentioned above, the immigrants come for DRC, Burundi, Somalia, Ethiopia and Rwanda in search of security and social stability. The food parcels distributed monthly 1,700 families comprised of maize, rice, pulses, sugar, salt and cooking oil¹.

Some of the non-food items included 61,000 tablets of soap, 18,900 litres of kerosene as well as sanitary materials and clothing specifically provided to 2,255 registered women of child-bearing age living in the refugee camps. The new 172 families that arrive in the camps 2009 were provided with housing construction material and tools made up of a door, window, tarpaulin, twine, thatching grass and nails. The volunteers assisted with the renovation of 200 old houses in the camp. MRCS volunteers also helped caring for 270 new babies born in the camp, as well as ensuring the mothers have adequate food, water and sanitation facilities.

In an effort to ensure that the social needs of the refugees were met, a multipurpose hall was constructed to provide entertainment, for the half of the camp population (6,000 to 7,500 refugees). This enabled the refugees to access indoor games, video shows and satellite television.

Programme Component: Disaster Risk Reduction

Outcome 1: Vulnerabilities of communities in disaster prone areas are reduced through timely information, capacity building and resilience to the risks of disasters.

Outcome 2: The living and nutritional conditions of the most vulnerable population along the Zambezi River basin are improved, with special attention to women and child-headed households.

Outcome 3: MRCS capacity to implement disaster risk reduction activities is increased to ensure self-reliance of individuals and communities in disaster prone-areas and thus reducing vulnerabilities to disasters.

Achievements

Malawi perennially experiences flooding especially in areas along the Shire River, which is a tributary of the Zambezi River and thus experiences back flows from the Zambezi River in times of floods. This results in mass displacements of communities, outbreaks of water-borne and vector-borne diseases, and crops and livestock devastation, as well as damaging the environment. Whilst Red Cross flood operations managed to avert loss of life and livestock and to prevent disease outbreaks, it was argued that the challenges faced by affected communities were beyond the scope of emergency relief. Sequential to this review, the IFRC Southern Africa regional office launched the Zambezi River Basin Initiative project in June 2009 aimed at reducing vulnerability and building community resilience against hazards and threats for communities affected by the river in seven countries, including Malawi. The initiative is in line with the IFRC's *Framework for Community Safety and Resilience*, which provides a foundation upon which Red Cross Red Crescent integrated community-level risk reduction can be planned and implemented.

One of the key components of the ZRBI is strengthening the capacity of the Red Cross branches in the affected areas in order to increase capacity to implement disaster preparedness, response and recovery

¹ The quantities distributed in 2009: maize/rice (1,850,000kg), pulses (214,000kg), sugar (75,000kg), salt (8,200kg) and cooking oil (167,000 litres)

operations. MRCS has developed a yearly operation plan with an initial focus on increasing the capacity development of the local branches to be vibrant and well functioning as well as increasing access and utilisation of local resources, towards low cost and high impact service delivery. For the implementation timeframe of three years, MRCS is targeting 19,200 people in Nsanje District along the Shire River basin with an integrated project covering community-based health and First Aid (CBHFA), food security and livelihoods, water supply, sanitation and disaster risk reduction..

Food Security

Food insecurity remains a major cause of malnutrition and poverty as well as responsible for high rates of morbidity and mortality in vulnerable communities. The causes of food insecurity in Malawi are multiple and complex and include amongst other factors HIV and AIDS, climate change, environmental degradation, increase in population size, decline in crop production and public services. As such, Malawi is among the five countries in Southern Africa² selected to implement the IFRC Five-Year Strategic Framework on food security in Africa.

As part of this programme and in order to ensure affected communities are endowed with agricultural skills, MRCS trained 3,445 people in Salima district on the use of treadle pumps for irrigation, land preparation and planting, compost making and water retention. The training also covered techniques on crop diversification and intercropping between vegetable, bean and maize seeds. MRCS volunteers facilitated training on multiple cropping techniques covering crop diversification, designing and planting of hedgerows, annual crop farming and fruit tree planting. The following agricultural inputs were distributed to the affected communities in the district: 250 treadle pumps for 1,365 households (one treadle pump for 5/6 households) 13.85 kgs of vegetable seeds (amaranths, cabbage and rape), 13.85 kgs of bean seeds, 8,385 kgs of organic fertilizer for 205 households and 36 HIV and AIDS support groups (reached 1,440 people) and 4,700 fruit tree seedlings (papaw, guava, citrus, mango and banana).

The supply of agricultural inputs and the establishment of irrigation schemes enabled beneficiaries to have food reserves which lasted for a period of four months. A total of 270,000 kgs of maize was produced through irrigation schemes and MWK 24,700 (CHF 177.40) earned of income from sales of the excess produce. Three communities managed to establish grain banks in which 26,000 kilograms of maize were stored.

Constraints or Challenges

The disaster management programme required resources to ensure development and strengthening of disaster risk reduction, preparedness and response activities. For instance, the floods response operation was affected by limited locally available funding support as the situation delayed the procurement and distribution of relief. In addition, low funding support limited the scale of the response operation despite the high demand for humanitarian assistance. The funding levels for food security were also insufficient for the planned expected results one being of enhancing livelihoods by providing seed for income generation activities.

Health and Social Services (HSS)

Programme Component: Community-based Health

Outcome 1: The most vulnerable groups including children under five years and pregnant women are protected from contracting malaria and are seeking early treatment.

Outcome 2: Support has increased to clients under directly observed therapy strategy (DOTS) of tuberculosis (TB).

Outcome 3: Number of communities which are able to reduce their own vulnerability to health threats and hazards has increased through knowledge of local community-based health interventions and First Aid.

Achievements

Community Based Health and First Aid (CBHFA)

The CBHFA in 28 branches focused on training of trainers and First Aid service providers. Basic First Aid training was conducted for 18 members of staff and 200 volunteers whilst project officers were trained as CBHFA trainers. The National Social commercial First Aid training carried out for four companies raised MK 672,000 (CHF 4,826).

² Lesotho, Malawi, Namibia, Swaziland, and Zambia are the Southern African countries under the IFRC Five-Year Strategic Framework on food security in Africa

MRCS' two staff members participated in the Southern Africa regional CBHFA master trainer workshop held in Swaziland in April 2009. One of the outcomes was developing a country specific action plan in which each participating National Society detailed out how they are to roll out the 'CBHFA in action' approach. MRCS submitted a proposal detailing out its scaling-up plans, which has since been approved and funded through the IFRC.

The roll-out plan involved the orientation of MRCS management and programme coordinators through a participatory approach guided by the CBHFA implementation guide. Subsequently the two master facilitators (community-based health care programme manager and district community-based health care project officer) embarked on a ten days training of trainers (ToT) in the 'CBHFA in action' approach for district projects officers (DPOs). The DPOs then trained volunteers in their respective districts (communities). The series of training were conducted to 19 to 28 October reaching 20 participants from Chiradzulu, Blantyre, Mwanza, Zomba, Balaka, Ntcheu, Lilongwe, Mchinji, Dowa, Ntchisi, Salima, Kasungu, Nkhata Bay and Karonga districts.

MRCS also implemented reproductive health activities with support from the Ministry of Health. The volunteers reached 2,500 households with reproductive health messages and provided contraceptives to 2,260 families. A total of 830 clients were referred to health facilities for other reproductive health services. Only 4,880 condoms were distribute, which fell short of the demand.

Malaria

The malaria keep-up programme supported by the Finnish Red Cross through the IFRC continued in Blantyre, Chiradzulu, Mwanza, whilst Danish and Netherlands Red cross supported activities in Zomba, Balaka, Dowa, Mchinji, Kasungu, and Karonga districts. The activities included the distribution of insecticide treated bed nets (ITNs) and information, education and communication (IEC) material on vector control and prevention of malaria, as well as the proper use of ITNs.

Under this programme, 6,000 ITNS were distributed and a total of 12,000 ITNs retreated in Blantyre, Chiradzulu and Mwanza districts supported by the Finnish Red Cross. A number of follow up visits were conducted to check on usage of the nets at household level in the three districts. A total of 500 volunteers participated in this exercise alongside HSAs from the Ministry of Health. The volunteers also used drama performances to promote the proper use of ITNs reaching approximately 4,500 people.

In Kasungu district, a government medical assistant, 22 health surveillance assistants (HSAs) and 33 MRCS volunteers were trained on malaria prevention, whilst refresher training for 15 HSAs and 30 volunteers was conducted in Dowa district. The trained volunteers in turn carried out social mobilisation campaigns on behaviour change for malaria prevention.

Human Pandemic Preparedness

MRCS immediately responded to the four cases of avian influenza reported in the country through IFRC supported human pandemic preparedness (H2P) programme. The initiative aims to enhance the preparedness capacity of government district structures and MRCS branches in border districts of Nsanje, Karonga and Mchinji to respond to the threat of H2P. The action started with the sensitisation meetings for district assembly members, MRCS divisions and other stakeholders in the three districts. In addition to conducting an H2P baseline survey in 2009, the NS also established an H2P office in Nsanje and has recruited an officer to coordinate activities, with support from USAID.

Programme Component: Water and Sanitation

Outcome 1: Access to safe water and adequate sanitation services have improved in MRCS target areas.

Achievements

The long-term WatSan programme continued in Blantyre, Chiradzulu, Dowa (Dzaleka Refugee Camp), Kasungu, Lilongwe, Mwanza and Zomba districts. Some of the achievements include the drilling of 34 boreholes in Blantyre, Chiradzulu, Dowa, Kasungu Lilongwe and Zomba districts, whilst 35 water points were rehabilitated in Blantyre, Dowa and Lilongwe districts. Other activities included casting of over 2,000 sanitation platforms, construction of 53 ventilated improved pit latrines (VIPs), hand washing facilities and urinals in primary schools and water drainage systems.



The provision of safe water and sanitary facilities contributed to an increase in the number children attending schools, according to reports from education officers in Lilongwe and Blantyre districts. A total of 17,600 pupils now have access to good sanitary facilities (VIPs, urinals and washing facilities). The graph below shows trends in school enrolments between 2008 and 2009 in the MRCS WatSan project areas of Masula and Chiseka in Lilongwe districts.

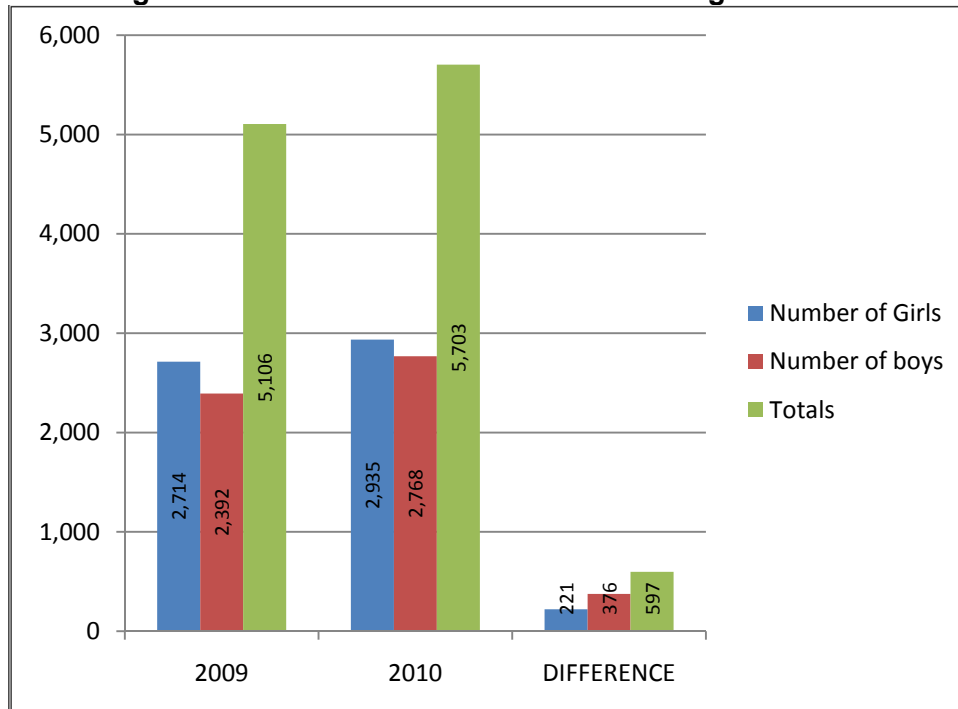
A total of 53 VIP latrines, 25 urinals and 25 hand washing facilities were constructed in Mwanza, Zomba, Blantyre and Lilongwe. The table below shows the distribution of these facilities by district.

District	VIP Latrines	Urinals	Washing Facilities
Lilongwe	30	6	6
Blantyre	8	8	8
Mwanza	7	5	5
Zomba	8	6	6
Total	53	25	25

The WatSan project also promoted gender equity by ensuring that 50 percent of the water interventions and community management structures incorporated women.

At community level, 87 water point committees were formed and 60 of them trained in water point maintenance and repair as well as management of sanitation facilities through a community-based management approach. A total of 20 training sessions on community-based water point management were conducted in Blantyre, Chiradzulu, Lilongwe, Mwanza and Zomba districts.

Figure 1: School Enrolment Trends in Lilongwe District



Through the above mentioned actions, MRCS achieved the expected result of ensuring sustainability and community ownership of water and sanitation facilities through involvement of the community members in various aspects of the activities. The project also managed to improve community accessibility to water and sanitation facilities and a reduction in the incidence of water borne diseases.

Programme Component: Emergency Health

Outcome 1: Well designed First Aid and water and sanitation programmes are integrated into emergency operations' protocol.

Achievements

In support of the local authorities, MRCS requested the IFRC for additional DREF in response to the cholera outbreak, which coincided with the flooding disaster. With the funding support MRCS provided the Ministry of Health with cholera kits and supplies, which enhanced the government's capacity in responding to the outbreak.

Programme Component: HIV and AIDS

(Refer to Link <http://www.ifrc.org/appeals/annual06/MAA63003MW.pdf>)

Outcome 1: prevent further infections through targeted community-based peer education and information, education, and communication activities, and promote uptake of services including voluntary counselling and testing (VCT) and parent to child transmission prevention services (PPTCT).

Outcome 2: Scale-up community home-based care and support for vulnerable children with holistic support to address education, food and nutrition, psychosocial support, social inclusion, and economic support.

Outcome 3: Address stigma and discrimination with targeted communication and advocacy activities.

Outcome 4: Build the NS capacity to plan, implement, and manage the programme.

Achievements:

The achievements of the HIV and AIDS programme have been reported under the regional Southern Africa Zone HIV and AIDS programme (MAA63003), which is a component of the Global Alliance on HIV. The report link is <http://www.ifrc.org/docs/appeals/annual09/MAA6300309ar.pdf>

National Society Development

Programme Component: Leadership and Accountability

Outcome 1: MRCS has sound and functional structures and systems at all levels, governance, management and local volunteer networks for optimal organisational performance and accountability.

Achievements

With support from the IFRC, National Society development programme maintained structured training and coaching on various programming aspects for staff members and volunteers as well as management training for the leadership. In governance development, training was conducted in nine branches on roles and responsibilities, envisaged to increase their involvement in supporting programming. Four members from each of the 28 branches (chairperson, secretary, council member and treasurer) underwent a finance management and branch development training aimed at enhancing capacity to manage their resources.

Programme Component: Well-functioning Organisation

Outcome 1: MRCS has functional and strengthened structures in branches, governance, management and volunteer management according to the characteristics of a well-functioning NS.

Outcome 2: MRCS has the capacity for planning, monitoring, evaluation and reporting (PMER) and these functions are executed in an effective manner and according to laid down standards.

Outcome 3: Effective financial management system, procedure and tools are in place and systematically used.

Achievements

Through a consultative and participatory approach, MRCS drafted the 2010-2014 strategic plan with a consolidated logical framework that provided a basis for developing the integrated reporting framework. With technical support from the IFRC regional performance and accountability unit, National Society carried out a baseline surveys for the HIV and AIDS and the H2P programmes. The results will be used to measure progress of the programme implementation against set targets. So far reflection meetings have been held, specifically to discuss the future of the HIV and AIDS programme which is faced with a reduction in funding support.

In finance development, the Navision accounting software already operational at the headquarters was rolled-out to district level in order to improve financial management and reporting. The finance staff members have adopted the software and managed to produce pilot audit reports.

Constraints or Challenges

It's been very difficult to mobilize resources for organizational development. There is still a gap in understanding what goes into organizational development within MRCS and several of its partners.

Principles and Values

Achievements

Programme Component: Promotion of Humanitarian Values and Fundamental Principles

Outcome 1: Knowledge, understanding and application of the Fundamental Principles and Humanitarian Values enhanced at all levels of the organisation (including non-discrimination, non-violence, tolerance and respect for diversity)

Outcome 2: Target population has internalised Fundamental Principles and Humanitarian Values leading to positive change in behaviour.

Achievements

The promotion of activities on principles and values reached staff members, volunteers and some beneficiaries. The National Society's website was established to facilitate the promotion and understanding of the mandate and values of the Red Cross Red Crescent Movement among the general public.

Programme Component: Operationalization of Humanitarian Values and Fundamental Principles

Outcome 1: The dissemination of Fundamental Principles and Humanitarian Values is an integral part of all programmes and activities.

Outcome 2: MRCS has increased visibility and image as champion of the humanitarian cause.

Achievements

The promotion and dissemination of principles and values was integrated into the implementation of thematic programmes, particularly the community-based health programme. The information office raised the profile and visibility of MRCS by coordinating activities to commemorate the 2009 World Red Cross Red Crescent day on May 8, and MRCS' fundraising week (flag week).

Programme Component: Gender based violence prevention

Outcome 1: MRCS has mainstreamed gender issues in all its programmes.

Achievements

The prevention of sexual gender-based violence was integrated with the implementation of thematic programmes. Specific activities included the gender-based violence awareness campaigns conducted in eight districts estimated to have reached 640,000 people through the production and distribution of IEC materials. MRCS also contributed to improving girl child empowerment through training of 50 group leaders and 13 school teachers as matrons and patrons.

Constraints or Challenges

The gender-based violence concept is somehow new in MRCS programming as a result, the National Society is still in the exploratory stage of designing and piloting various interventions.

Working in partnership

The programmes under this plan received technical, material and financial support from IFRC, ICRC, the Danish, Icelandic, Finnish, Swedish, Irish, Belgian, and Netherlands Red Cross. MRCS also partnered with various government ministries, UN agencies and NGOs, community-based organisations, faith-based organisations and village committees. The existing partnerships and collaborations helped MRCS achieve some of its programme goals, thus enhancing its visibility at national, district and community levels.

The National Society participated in various coordination forums for disaster management, health and social services, capacity development held at national, district and community levels. Internally, coordination was enhanced through partnership meetings with Partner National Societies resident in Malawi, monthly and quarterly planning meetings and senior management meetings. Knowledge gained through information and knowledge sharing helped MRCS improve quality in service delivery. However, there is a serious gap in terms of understanding the concepts operational alliances concept and how it is operationalized at country level such that the National Society is undergoing a learning process through literature review.

Contributing to longer-term impact

As auxiliary to the local government, MRCS contributed to the improvement in the quality of life for vulnerable communities as well as ensuring better conditions for families affected by disasters. The community-based programmes will ensure that coping mechanisms exist among the communities living in poverty and with limited resources. With its focus on volunteer management and branch development, the National Society empowered communities to use and manage resources such as water points and sanitation facilities provided through humanitarian actions. However, the vulnerabilities still overtake the efforts of humanitarian agencies that MRCS will continue with the capacity strengthening programme.

Looking ahead

MRCS envisages expanding outreach and coverage of programme interventions and in 2010 will focus on consolidating and improving the current programme portfolio. Due to reduced funding levels, activities will eventually be scaled-down, which is expected to affect the food security and HIV and AIDS programmes.

The 2010-2014 Strategic Plan has identified partnership, collaboration and networking as a major factor to the development of programmes and capacity building. Foremost, the NS will promote formal partnership with PNS and local agencies through memoranda of understanding with specific obligations for parties. This will be achieved by formulating a Cooperation Agreement Strategy (CAS) to which partners will subscribe. Similar arrangements will be put in place at district level to capitalize on the potential of local donor agencies.

National Society development and strengthening youth development will be priority. Prudent finance management and timely reporting on programmes will continue as precondition for improved performance and accountability.

How we work	
The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".	Global Agenda Goals: <ul style="list-style-type: none">• Reduce the numbers of deaths, injuries and impact from disasters.• Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.• Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.• Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.
Contact information	
For further information specifically related to this report, please contact:	
<ul style="list-style-type: none">• In Malawi Red Cross Society: Lawson Kasamale, Secretary General, Email mracs@eomw.net; Phone: Tel 265.1.775.290; Fax: 265.1.775.590• In IFRC Southern Africa Region: Ken Odur, Regional Representative, Johannesburg, Email: ken.odur@ifrc.org, Phone: +27.11.303.9700, Fax: + 27.11.884.3809; +27.11.884.0230	
<i>For pledges towards the plans:</i>	
<ul style="list-style-type: none">• In IFRC Southern Africa Region: Laurean Rugambwa; Resource Mobilisation Coordinator, Johannesburg; E-mail zonerm.southafrica@ifrc.org; Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230	
<i>For Performance and Accountability (planning, monitoring, evaluation and reporting) enquiries:</i>	
<ul style="list-style-type: none">• In IFRC Southern Africa Region: Theresa Takavarasha; Performance and Accountability Manager, Johannesburg; Email terrie.takavarasha@ifrc.org; Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230	

International Federation of Red Cross and Red Crescent Societies

MAAMW002 - Malawi

Draft Annual report 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/12
Budget Timeframe	2009/1-2009/12
Appeal	MAAMW002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	781,659	300,744	51,155	22,158	164,064	1,319,780
B. Opening Balance	0	0	0	0	0	0
Income						
<u>Cash contributions</u>						
<i>DFID Partnership grant</i>	312,998					312,998
<i>Finnish Red Cross</i>		19,363				19,363
<i>Finnish Red Cross (from Finnish Government)</i>		109,722				109,722
<i>Irish Red Cross</i>		894				894
<i>Korea Republic Red Cross</i>		50,434				50,434
<i>Spanish Red Cross</i>			26,824			26,824
<i>Sweden Red Cross</i>		34,042				34,042
C1. Cash contributions	312,998	214,455	26,824			554,277
<u>Outstanding pledges (Revalued)</u>						
<i>Sweden Red Cross</i>		695				695
C2. Outstanding pledges (Revalued)		695				695
C. Total Income = SUM(C1..C5)	312,998	215,150	26,824	0	0	554,972
D. Total Funding = B + C	312,998	215,150	26,824	0	0	554,972
Appeal Coverage	40%	72%	52%	0%	0%	42%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0	0	0	0	0	0
C. Income	312,998	215,150	26,824	0	0	554,972
E. Expenditure	-308,087	-128,617	-23,612			-460,316
F. Closing Balance = (B + C + E)	4,911	86,533	3,213	0	0	94,657

International Federation of Red Cross and Red Crescent Societies

MAAMW002 - Malawi

Draft Annual report 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/12
Budget Timeframe	2009/1-2009/12
Appeal	MAAMW002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		781,659	300,744	51,155	22,158	164,064	1,319,780	
Supplies								
Shelter - Relief	74,554	20,498					20,498	54,056
Construction Materials	242	2,277					2,277	-2,035
Clothing & textiles	82,331							82,331
Food			1,465				1,465	-1,465
Seeds,Plants	84,521	6,758					6,758	77,763
Water & Sanitation	121,907							121,907
Medical & First Aid	29,793		25				25	29,768
Teaching Materials	40,854		4,908				4,908	35,946
Utensils & Tools	14,600	19,358					19,358	-4,758
Other Supplies & Services			1,491				1,491	-1,491
Total Supplies	448,802	48,890	7,890				56,780	392,022
Land, vehicles & equipment								
Computers & Telecom	1,789							1,789
Total Land, vehicles & equipment	1,789							1,789
Transport & Storage								
Distribution & Monitoring	570	3,802					3,802	-3,232
Transport & Vehicle Costs	94,713	20,572	7,217	6,056			33,845	60,867
Total Transport & Storage	95,283	24,375	7,217	6,056			37,648	57,635
Personnel								
International Staff	146,400							146,400
Regionally Deployed Staff	12,906							12,906
National Staff		5,721	2,907				8,628	-8,628
National Society Staff	186,095	84,841	27,804	18,819			131,464	54,631
Consultants		7,516					7,516	-7,516
Total Personnel	345,401	98,078	30,712	18,819			147,608	197,793
Workshops & Training								
Workshops & Training	231,602	1,476	7,886				9,363	222,239
Total Workshops & Training	231,602	1,476	7,886				9,363	222,239
General Expenditure								
Travel	14,000	11,805	2,423	7,488			21,716	-7,716
Information & Public Relation			17,322				17,322	-17,322
Office Costs	10,100	4,338	3,152	786			8,276	1,824
Communications		20,490	1,093				21,583	-21,583
Professional Fees	1,500		1,450				1,450	50
Financial Charges		1,689	17,390	-11,072			8,007	-8,007
Other General Expenses	85,518	9,700	4,755				14,455	71,063
Total General Expenditure	111,118	48,021	47,584	-2,798			92,808	18,310
Programme Support								
Program Support	85,786	20,026	9,602	1,535			31,162	54,624
Total Programme Support	85,786	20,026	9,602	1,535			31,162	54,624
Services								
Services & Recoveries			372				372	-372
Total Services			372				372	-372
Operational Provisions								
Operational Provisions		67,221	17,355				84,576	-84,576
Total Operational Provisions		67,221	17,355				84,576	-84,576
TOTAL EXPENDITURE (D)	1,319,780	308,087	128,617	23,612			460,316	859,464
VARIANCE (C - D)		473,572	172,127	27,544	22,158	164,064	859,464	