

# Annual report



International Federation  
of Red Cross and Red Crescent Societies

## Malawi Red Cross

Appeal No. MAAMW002

30 April 2011

This report covers the period  
01.01.2010 to 31.12.2010



MRCS volunteers distributing bed nets

### In brief

**Programme outcome:** In line with the strategic aims of the IFRC Strategy 2020 and the MRCS Strategic Plan 2010-2014, MRCS's expected programme outcome is communities that are resilient to disasters and public health emergencies, with protected livelihoods and strengthened capacity to recover from disasters and crises, while promoting healthy and safe living, social inclusion and a culture of non violence.

**Programme(s) summary:** During the reporting period, MRCS implemented disaster management (DM), health and care and National Society development (NSD) programmes with technical support from IFRC Southern Africa Regional Office (SARO). Through the DM programme, the needs of vulnerable families were addressed through the following projects: support to refugees (including family tracing); disaster risk reduction; Karonga earthquake response and recovery; and food security. The health and care programme promoted healthier and safer lives through projects in: HIV and AIDS; water and sanitation (WatSan); human pandemic preparedness (H2P); malaria and community-based health and care (including First Aid). Under the (NSD) programme, MRCS strengthened its capacities through branch and youth development, strengthening resource mobilization, planning, monitoring and evaluation (PME), information technology (IT) and finance development.

**Financial situation:** The total 2010 budget was CHF 1,994,768, of which CHF 1,625,119 (81%) was covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 1,417,032 (71 per cent of the budget and 87 per cent of available funds).

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

**No. of people we have reached:** During the reporting period, MRCS programmes reached the following number of people:

- The H2P project reached 965,621 people in Nsanje District with H2P awareness messages;
- The Karonga earthquake response and recovery project reached 6,000 households (30,000 individuals) with emergency shelter material, constructed 100 houses for the most affected families (benefitting 500 individual family members) and repaired 750 houses (benefitting 3,750 individual family members). The project was funded through the IFRC by DFID and British Red Cross;
- With DFID funding through IFRC, the disaster risk reduction (DRR) project reached 50,000 people, out of which 35,000 were directly reached through irrigation farming, whilst 15,000 were reached indirectly through awareness activities and access to the irrigation-cultivated food crops;
- Food security project reached 600 households (3,000 individuals) of HIV and AIDS affected households;
- Community-based health and care (CBHC) project reached 357,121 people in Blantyre, Zomba, Mwanza, Kasungu, Karonga, Dowa and Mchinji districts supported by Danish, Finnish, Netherlands, and Belgium-Flanders Red Cross Societies;
- Water and sanitation (WatSan) project reached 158,500 adults and 12,873 school children with access to safe water, hygiene and sanitation education in Blantyre, Zomba, Mwanza, Nsanje, Kasungu, Karonga, Dowa and Mchinji with funding from Gorta, Irish Aid, Danish, Belgium-Flanders and Irish Red Cross Societies;
- UNHCR supported MRCS to assist on approximately 15,000 refugees per month;
- The distribution of insecticide treated nets (ITNs) benefitted 238,600 people in Mwanza and Neno districts.

**Our partners:**

The external partners included UNHCR, UNICEF, UNFPA, UN Habitat, World Bank, DFID, BASICS, USAID, National AIDS Commission, Malaria Control Programme, National TB Control Secretariat, Reproductive Health Unit of Ministry of Health, Government Ministries namely Health, Water & Irrigation, Home Affairs, and Women & Children. Within the Red Cross and Red Crescent Movement, MRCS partnered with IFRC, ICRC, Belgium-Flanders, British, Danish, Netherlands, Icelandic, Irish and Swedish Red Cross Societies.

The MRCS and IFRC wish to take this opportunity to once again thank partners and contributors for their response to this appeal.

## Context

Malawi is a peaceful landlocked democratic country with a population of 11.5 million. Its economy is agriculture based. According to the UNDP's Human Development Index (2007/2008), Malawi ranks number 164 out of 177 countries. Access to health services is poor and safe water and sanitation services remain a challenge in rural parts of Malawi (UNICEF Country Cooperation (2002-2006), where 76 per cent access a pit latrine, only 6 per cent have access to improved sanitation while 44 per cent access safe drinking water. Though the rate of HIV and AIDS has stabilised it remains a major challenge in Malawi.

During the reported period, Malawi did not experience serious socio-political or natural events, thus did not have negative impact on MRCS long-term programmes. However, in 2010, Malawi experienced a measles outbreak across the country. The National Society (NS) managed to support the government in the response to the measles epidemic with funding support from the IFRC. This was well coordinated and did not overstretch the staff and the volunteers. On the socio-economic front, the country experienced fuel shortages due to scarcity of forex reserves to

pay the suppliers on time. In a few instances, the fuel shortages contributed to delayed service delivery.

The government jointly with MRCS and other humanitarian agencies continued responding to the needs of the people affected by an earthquake in Karonga in December 2009. The earthquake operation had a negative impact on the long-term health and care programme as focus was diverted to the emergency situation to help save lives. MRCS project staff and volunteers worked for long hours in December – January 2010 after which the situation normalised. The MRCS contribution to the earthquake response and measles epidemic gave the NS visibility and recognition from the Government, UN, communities and other nongovernmental organisations (NGOs).

## Progress towards outcomes

### Disaster Management

#### Programme Component 1: Disaster Preparedness

**Outcome 1: MRCS has a realistic disaster management master plan and improved capacity in skilled human, financial and material resources for optimal disaster management preparedness.**

#### Achievements

MRCS focused on building the capacity of communities in disaster preparedness and post disaster response based on its disaster management plan. Community education interventions including drama, workshops/meetings and distribution of information, education and communication (IEC) materials were implemented reaching 50,000 community members thus meeting 100 per cent of the set target. The messages focused on early warning signs, promotion of climate change adaptation interventions, establishment and reinforcement of action teams and trainings in temporary shelter construction and how to conduct assessments and reporting on the same.

#### Programme Component 2: Disaster Response and Recovery

**Outcome 1: MRCS has improved disaster response mechanism to meet the needs of the communities most affected by disasters including the refugee communities**

#### Achievements

The NS participated in the national committee that was reviewing and updating the Refugee Policy in Malawi. Support to refugees focused on provision of food, non food items and community services. MRCS supported 12,819 refugees monthly through the provision of food and non food items, community services, recreational support, counselling and income generation activities. Specifically, the following food items were distributed to the refugees in 2010: 1,442,823 kgs of maize, sugar 50,128 Kgs, salt 10,736 kgs, corn soya blend 129,181 Kgs, vegetable oil 76,869 litres. The following non food items were distributed; 46,095 tablets of soap, 58,000 litres of kerosene, 13,501 blankets, 56 stoves, 935 mats, 274 kitchen sets, 27 survival kits and 33 jerry cans.

**Outcome 2: MRCS capacity to provide assistance in restoring sustainable livelihoods among population affected by disaster is improved**

#### Achievements

MRCS disaster fund, which mobilized its resources through hiring out of tents to the public, remained active in 2010. The fund contributed to activities such as rapid assessments that were carried out timely during emergency situations. All project officers (15), managers (8) director of

programmes and the CBHFA coordinator underwent an epidemic control training to prepare them to respond and effectively work with volunteers during health epidemics.

The disaster management (DM) manager underwent a project management training organized by Finnish Red Cross in Finland. This will enhance the capacity of MRCS to manage DM projects. In addition, the DM manager and director of programmes underwent a disaster planning training course organized by the US government Defence Department. DFID donated a four wheel drive vehicle to the DM department which enhanced the disaster response capacity.

MRCS improved the irrigation technology by installing solar system, which has boosted the irrigation's water production serving 35,000 farmers. This has boosted the capacity of the NS to serve more people with livelihood support.

MRCS mobilized additional resources for the Karonga earthquake operation, which assisted 6,000 households with emergency shelter materials and recovery support for the most vulnerable 600 households.

#### **Programme Component: Food Security**

**Outcome 1: Household food availability is improved.**

**Outcome 2: Household food utilization is improved.**

**Outcome 3: Household access to food is improved.**

#### **Achievements**

Through the food security and disaster risk reduction (DRR) projects, MRCS targeted 50,000 people living in disaster prone areas and 600 households (3,000) individuals affected by HIV and AIDS. The project is implemented in Mwanza and Salima districts in communities of Kanduku, Ndindi, Maganga, Pemba, and Msosa, and supported by Finnish Red Cross and DFID through IFRC. The target was met, thus 100 per cent coverage of the planned activities. The beneficiaries were supported through Irrigation farming, promotion of climate change adaptation through community awareness activities and reforestation. So far 38 irrigation clubs were established where 800 farmers were registered. Apart from the individual farm plots of the 800 farmers, 38 communal maize gardens were established. The farmers were trained in vegetable production, compost manure making, mushroom growing, small livestock management (204 goats distributed) nutrition and positive leaving/usage of herbs for immunity boosting, general improved agricultural techniques, entrepreneurship development skills and food processing, preservation and utilization.

The farmers were provided with seeds and fertilizer and treadle pumps for the irrigation. A solar irrigation system was installed in Salima to boost the community irrigation capacity. A total harvest of 293 bags of maize and 64 bags of beans was recorded each bag weighing 50kgs.

#### **Programme Component: Disaster Risk Reduction**

**Outcome 1: Vulnerability of communities in disaster prone areas is reduced through timely information, capacity building and community resilience to disaster risks.**

**Outcome 2: MRCS capacity to implement disaster risk reduction is increased to ensure self reliance of individuals and communities in disaster prone-areas.**

#### **Achievements**

MRCS implemented a DRR project in Salima district in areas that are affected by droughts and floods namely Ndindi, Maganga, Pemba, Msosa and Mwanza with funding from DFID through the IFRC. The main goal is vulnerability of five communities (50,000 individuals) to natural disasters (drought and floods) is reduced. In the reporting period the main activities that were implemented are sensitization meetings on participatory planning, training of drama groups, basic principles for small scale irrigation farmers, procurement of starter packs and treadle

pumps, production of IEC materials for drama group performances, fresher training on assessment tools and First Aid training to action team members.

### Constraints or Challenges

- The main challenge was the late disbursement of funds from most of the partners which to a greater extent contributed to delays in starting project implementation. To avert the challenge of late disbursement, annual budgets should be approved in the last quarter of the year not the first quarter of the subsequent year. There should be timely feedback on projects reports and cash request.
- There was inadequate technical support to farmers offered from government extension workers in some sections due to staffing shortfalls. Quality of farming was compromised where farmers did not receive the necessary technical support. The project should recruit adequate staff to compliment government in supporting the farmers. Close follow up on farmers to be done by project staff.
- Another challenge was the lack of finance personnel in the project sites. This affects quality and delays in production of finance reports from the field. The partners should consider investing resources in building finance management capacity through recruitment of accounting personnel and training project officers in finance management.
- Most refugees seem not to be genuine refugees for they do not stay long in the camp. They are economic migrants coming from East African countries on transit to South Africa. Some of them have been caught in Mozambique in tankers on their way to the republic of South Africa. This mobility affects the implementation of planned refugee activities.

## Health and Care

### Programme Component: Community-based Health and Care

**Outcome 1: Community capacity to reduce vulnerability to health vulnerability to health threats and hazards has increased through knowledge of local CBHFA**

**Outcome 2: Women, Men, Children are protected from Malaria, through adequate surveillance, preparedness and response measures**

#### Achievement

The community-based health and care (CBHC) programme was implemented with funding support from Danish, Finnish, Netherlands and Belgium-Flanders Red Cross societies in Karonga, Kasungu, Mchinji, Balaka, Zomba and Blantyre targeting a total population of 351,121 to reduce the vulnerability towards incidents and impact of their health priority problems arising from poor hygiene, water, sanitation, maternal and child health and HIV and AIDS.

MRCS conducted community-based family planning services through community-based family planning distributors (volunteers). Through their door-to-door service provision, an average of 1,215 counselling sessions were conducted per month to educate and motivate child bearing mothers to go for family planning services. A total of 2,316 women are on contraceptives (pills) through the community service. In addition, the volunteer family planning service providers conducted awareness meetings on family planning and other reproductive health issues through drama performances and meetings with community leaders. They referred 230 mothers to clinics for further counselling and to access contraceptive methods other than pills.

With support from district health offices, MRCS conducted antenatal and under-five clinics with the help of growth monitoring volunteers in the project impact areas. On average attendance of under-five children of 2,989 were registered per month.

Malaria is a major public health problem in Malawi especially among children under the age of five years. With funding support from IFRC, UNHCR and USAID through Basics, MRCS continued to support government efforts in reducing morbidity and mortality due to malaria in pregnant mothers and under five children in Kasungu, Dowa, Mwanza, Neno districts and Dzaleka Refugee Camp. The interventions focuses on distribution of nets, monitoring hanging of nets/usage, community education on malaria issues through home visits, drama sessions and open days. Mwanza and Neno districts are implementing a universal coverage of LLINs while in the other districts the nets were supplied to most vulnerable households with pregnant mothers and under-five children. MRCS trained 476 volunteers in Mwanza and Neno while Dowa and Kasungu districts trained 598 volunteers responsible for social mobilization, distribution of nets, and information dissemination through home visits/community meetings.

The malaria project is implemented in collaboration with the Ministry of Health (MoH). In Dowa and Kasungu, 300 health Surveillance assistants from the MoH were trained on their supervisory role to the volunteers. MRCS distributed 60,200 LLINs to cover 120,400 people in Neno and 59,100 LLINs in Mwanza districts to a population of 118,200 people. Of the 60,200 LLINs distributed in Neno, 8,000 LLINs was donated by USAID. The donation from USAID was timely in filling the net gap to achieve Universal Coverage. The Vice President of the Republic of Malawi, Right Hon. Joyce Banda launched distribution in Neno district on 8 November, 2010. This helped to reinforce the promotion of LLINs use in the targeted districts. In addition to the Mwanza and Neno district, the refugee programme officers distributed 8,852 LLINs, whilst and 12,000 nets were distributed through other MRCS programmes.

#### **Programme Component: Water and Sanitation (WatSan)**

#### **Outcome 1: Access to sustainable safe drinking water, sanitation and hygiene practices improved in MRCS target areas**

##### **Achievements**

The WatSan activities were funded by Gorta, Irish Aid, Electric AID through Irish Red Cross, the Belgium-Flanders and Danish Red Cross Societies WatSan projects were implemented in Lilongwe, Mchinji, Zomba, Blantyre, Kasungu, Dowa, Karonga and Ntchisi. Overall, the projects reached 158,500 community members and 12,873 school children with access to safe water and promotion of good hygiene and sanitation practices. The activities focused on improving access to safe water through drilling new bores and rehabilitation of non functional boreholes, hygiene and sanitation promotion with emphasis on improving pit latrines through fixing san plats, promoting hand-washing with soap and establishment and use of refugee pits and capacity building of community structures to maintain the water points to sustain access to safe water.

##### **Borehole drilling and rehabilitation:**

MRCS drilled and rehabilitated 54 water points as planned for 2010 and monitored the operations of the 38 pumps installed in the previous year in Blantyre, Mwanza, Balaka and Karonga districts. The purpose of monitoring the pumps was to find out whether the pumps were still functioning properly as designed. The monitoring activity enabled to determine the, quantity and quality of water being produced after one year of sinking these boreholes and the effectiveness of the community-based water point management trainings. So far all the water points are functioning.

In an effort to sustain water facilities, MRCS planned to train 750 volunteers in borehole repair and maintenance as well as hygiene promotion activities using PHAST and Community Led Total Sanitation (CLTS) methodologies. To date, 501 volunteers have been trained in pump repairs and maintenance as well as management of the water points across the country. Two hundred and nine volunteers were trained in PHAST, CLTS and pre-community-based management.

**Provision of sanitation facilities and conduct hygiene promotion campaign:**

MRCS has so far supported the construction and repairs of latrines with sanitary platforms (SanPlats) in 10,716 households in Lilongwe, Blantyre, Zomba, Karonga and Mwanza districts. In terms of VIP latrines in schools and other public places, MRCS through the WatSan projects constructed and completed 32 latrines in the districts indicated above. A total of 12,873 pupils and few adults have access to the VIP latrines. In addition to VIP latrines, the NS provided 16 hand washing facilities and 16 urinals for both girls and boys in primary and community day secondary schools.

Community hygiene promoters sensitized 53,580 community members through door-to-door visits and drama performances promoting hand-washing using soap, construction and use of pit latrines with san plans and constriction and use of rubbish pits to reduce episodes of diarrheal diseases.

**Establishment of monitoring systems:**

The NS developed its monitoring system to track the progress of activities and captured data that was/is expected to be used during programme reviews and evaluations. Monitoring tools were developed and used to capture project data. A database was established in the reporting period to keep and manage the information that was being collected during monitoring process. However, the PMER unit through Fellowship Programme of the University of Malawi College of medicine are coming up with an integrated health and care monitoring system that will be used in future.

**Programme Component: Emergency Health****Outcome 1: Communities in MRCS targeted areas have increased capacity to cope with health emergencies****Achievements**

Malawi experienced a measles outbreak from December 2009 to September 2010. This affected all age groups but majority were children. A total of 113,838 cases were registered in 24 districts, which were affected by the outbreak. With the support of the IFRC Disaster Relief and Emergency Fund (DREF) MRCS complimented government efforts in managing the outbreak through social mobilization and health promotion campaigns in 8 districts in Kasungu, Lilongwe, Mchinji, Zomba, Balaka and Mulanje. A total of 800 volunteers and 28 staff were trained in measles prevention and control. Through the work of the volunteers 80,000 people were reached with measles prevention and control messages.

**Programme Component: Human Pandemic Preparedness (H2P)****Outcome 1: Flu preparedness plan developed in collaboration with government stakeholders****Achievements**

The development process for the Human Pandemic Preparedness (H2P) plan started in May 2010. The process involved MRCS conducting stakeholder consultative and H2P advocacy meetings/workshops with government official and NGO representatives, as well as engaging a consultant to facilitate the process and development of the plan.

In April 2010, MRCS took advantage of the NAITC meeting to advocate for the need for the country to have own Pandemic Influenza Preparedness and Response Plan. As a result of this, the committee therefore decided to form a task force to oversee the country plan development process and ensure that the plan is in place. The National Pandemic Influenza Preparedness Plan was finalized and the NAITC approved the plan.

## **Outcome 2: Linkages with other partners developed for information sharing at district and national levels.**

### **Achievements**

Some of the achievements include the participation of MRCS in USAID partners quarterly meeting; the health and care regional review and planning meeting held in Johannesburg (22 to 25 February 2010) to share MRCS experience in H2P programme implementation; and having one-on-one meetings with officers handling issues of avian influenza and pandemic preparedness in other UN organizations such as UNDP and FAO. The main aim was to map a way forward on how to strengthen the collaboration in implementation of H2P interventions.

### **Constraints or Challenges**

- Sustaining incentives introduced through the HIV and AIDS programme for the home-based care volunteers. Voluntary spirit has been compromised. Meetings have been conducted to make people realize the importance of community own incentives than waiting for external support.
- Frequent fuel shortages in the country affected implementation of programme activities, particularly distribution and home visits.
- Lack of accounting personnel in some of the districts compromised quality of finance reporting. There is need for partners to invest funding in accounting personnel to boost finance management capacity.

## **National Society Development**

### **Programme Component: Leadership and Management Development**

#### **Outcome 1: MRCS leadership capacity has increase in developing and implementing policies and strategies for optimal organizational performance and accountability**

##### **Achievements**

The president of the NS underwent a leadership training organized by IFRC in Geneva.

### **Programme Component: Well-functioning Organisation**

#### **Outcome 1: MRCS has functional and strengthened structure in branches, governance, management and volunteer management according to characteristics of a well functioning NS**

##### **Achievements**

The MRCS views strong and cohesive branch network as a foundation for practical delivery of the NS services. Building the capacity of local branches, governance and management is vital in strengthening organizational capacity to be able to deliver effective services. During the reporting period, a unit responsible for coordinating branch development was established. A national needs assessment and baseline survey were conducted to establish the current situation and identify areas of focus for developing a plan of action 2011-2014. The plan has been developed in which the activities will contribute to a) strengthening the branch and governance for improved performance of roles and functions as well as improved volunteer management, and b) strengthening volunteer management systems.

The NS conducted three regional workshops focusing on assessment of current resource mobilization capacity and situation analysis with a view of developing strategies to strengthen resource mobilization and management capacity at branch level.

To strengthen the capacity of the branch and youth development unit, the manager went for a learning visit to Zimbabwe Red Cross Society. Many lessons were learnt during this visit, which will contribute to improving the performance of the branch and youth development operations of the MRCS. The NS negotiated with partners to provide a branch development advisor to support MRCS' efforts to strengthen its capacity in this area. Swedish Red Cross has seconded the advisor initially for one year to work closely with the MRCS. One project officer and three youth representatives participated in the Zimbabwe Red Cross youth camp and plans are underway to initiate such initiatives in our NS. MRCS participated in the regional youth forum to learn more on youth programming from fellow NS. Based on lessons learnt, the MRCS has established youth committees at branch and regional level. Plans to have a youth representative in the board are at an advanced stage.

Mangochi and Mwanza branches are participating in a twinning project with branch colleagues in Iceland. Their branch operations were partly funded by Irish Red Cross branches. Four volunteers in Mwanza underwent a computer training to acquire basic skills such word processing, email and internet to be able to communicate effectively with their counterparts in Iceland.

### **Outcome 2: MRCS has capacity in planning, performance tracking and reporting according to the IFRC's Performance Accountability Framework**

#### **Achievements**

The PMER unit continued to provide technical support to all units of MRCS. The standard reporting format was piloted and finally adopted and is currently used by all sections. All related research work and programme monitoring and evaluation (M&E) plan development and programme reviews in health, branch development and health for 2010 were coordinated by the PMER unit.

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

#### **Achievements**

MRCS continued to use the NAVISION accounting system. So far the system has been piloted up to production of audits which have been accepted by back donors. Plans to consider scaling the system up to the branch are underway. Twenty-four branch treasurers underwent a finance management training to improve on the finance accountability.

### **Outcome 4: MRCS internal and external communication system, supported with a reliable information technology infrastructure**

#### **Achievements**

MRCS continued using broad band internet which as improved on efficiency of communications. Plans to develop a communication strategy and established a website is at an advanced stage.

### **Programme Component: Resource Development**

### **Outcome 1: MRCS resource base is improved and ensures sustainability of programmes**

#### **Achievements**

MRCS conducted a resource mobilization situation analysis to identify key areas to focus on to improve on the capacity to mobilise resources. The key finding was that whole organization from board to branches should be engaged in resource mobilization. In addition, MRCS needs to make progress in four areas in order to succeed in resource mobilization namely (a) to produce timely consolidated annual accounts, (b) develop a website, (c) allocate a Focal Point working at a senior level and (d) have a functioning communications officer in place.

The board/NEC, along with branch treasurers, chairpersons council representatives and managers from all 28 divisions took part in resource mobilisation orientations. This conferred better understanding of how to contribute to fundraising efforts. At strategic level, there is improved general understanding of resource mobilization principles and responsibilities amongst the NEC members; Improved understanding of the board (NEC) role in devising and implementing an resource mobilization strategy for MRCS, including in policy formulation and approval; Improved understanding of senior management of the fundraising choices facing MRCS and their implications; Established the link between resource mobilization at local, national and international levels; elements of an resource mobilization strategy were identified; principles and techniques of fundraising have been introduced to MRCS managers in some detail. In addition, a number of resources have been developed for MRCS use at national and branch level. MRCS have committed to:

- Building RM capacity at the branch level through the application of the branch RM Tool Kit for branch level fundraising. In coordination with the branch development team, the plan is to pilot the Tool Kit in nine branches in 2011.
- MRCS allocated a 'focal point' from its management team to drive RM with initial support from the RM Advisor and working with the RM Task Force
- The resource mobilization task force (comprising managers and board members) will be established and will drive the RM agenda from within MRCS. Terms of reference have already been developed.
- MRCS have committed to develop a Communications Strategy that will support the maintenance of a good public image for MRCS and build a wider understanding of MRCS' work. Recruitment of a qualified communications and marketing manager is in progress.
- MRCS have committed to pursue the development of essential resources (website, consolidated accounts and an annual report). This work is in progress
- MRCS have committed to develop a donor data base and appeals system

### Constraints or Challenges

- Lack of funding to recruit a fulltime RM officer to fully dedicate time to this cause. The use of a focal person who has other duties to attend to compromises the timely and effective delivery of the expected outputs of resource mobilization.
- Translating training theory into action is a challenge in a number of branch executive committees due to variations in education levels of the branch office bearers more especially the treasurers, chairs and council representatives. There is need for standardization of qualifications requirements for certain positions and reinforcement of adherence to the set standards.
- Mobilizing resources for NS development (human, finance, material) has been extremely challenging for MRCS.

## Principles and Values

### Programme Component: Promotion of Fundamental Principles and Humanitarian Values

**Outcome 1: Knowledge, understanding and application of the fundamental principles and humanitarian values are enhanced at all levels of the organization.**

**Outcome 2: The Fundamental Principles and Humanitarian Values are internalized leading to a positive behaviour change.**

**Outcome 3: The dissemination of Fundamental Principles and Humanitarian Values is an integral part of all programmes and activities.**

## Achievements

MRCS continued educating the public and stakeholders on the Fundamental Principles and Humanitarian Values through promotion and dissemination of its programme activities through radio programs, dissemination of programme documentaries, calendars, newspaper features, open days and events during flag week. All volunteers engaged in MRCS programmes have been oriented on the Fundamental Principles. Process to establish a website was initiated. Once finalised this will be a good channel for educating the public and stakeholders on Fundamental Principles and Humanitarian Values.

## Programme Component: Sexual and Gender Based Violence

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

#### Achievements

Violence, abuse, neglect, exploitation and discrimination affect women and children across all social strata in Malawi, greatly reducing their safety and security and at the same time limiting opportunities for development. Children and women are exposed to a range of different types of violence and abuse including sexual abuse, psychological abuse, physical violence, sexual exploitation, trafficking, domestic violence and the persistence of harmful traditional practices. The on-going effects of HIV and AIDS exacerbated and raised new protection challenges for all children and women. Most of the times children and women are reluctant to report rights violations and perpetrators remain beyond the reach of the justice system. With this background MRCS tackled gender based violence through the HIV and AIDS and the refugee programmes.

The activities focused on providing correct information through gender-based violence campaigns, which reached 520,000 people in Chiradzulu, Mwanza, Blantyre, Zomba, Balaka, Ntcheu, Mchinji, Lilongwe, Ntchisi, Kasungu, Dowa, Nkhatabay, Karonga and Dzaleka refugee camp. The same districts conducted gender-based violence football/netball tournaments where ten games per trophy were conducted in each district and gender mainstreaming information disseminated. In addition, MRCS focused on strengthening greater involvement of partners and chiefs in prevention of gender-based violence. The role of the chiefs is to support protection of women from gender-based violence and encouraging reporting of related cases. In 2010, 35 cases of gender based violence were reported and MRCS provided the necessary support and counselling through trained volunteers and project officers.

#### Constraints or Challenges

- Most gender-based violence cases are withdrawn before reaching the court thus made it difficult for the volunteers to address the causes and effects.
- Perpetrators (mostly men) of gender based violence view MRCS as supporting women, thus are reluctant to undergo some counselling.

## Working in Partnership

MRCS participated in national and district level coordination forums for health, DM and volunteer management organized by Ministry of Health, Ministry of Housing, Ministry of Water and Irrigation, Ministry of Local Government, National AIDS Commission, National Malaria and TB Control Programme and the UN. The government through the department of disaster management continued to provide a coordination role through organizing technical and policy related meetings and production and circulation of monthly humanitarian updates. The meetings provided MRCS with useful DM programming technical and policy direction.

The Ministry of Agriculture extension workers provided technical facilitation support training for farmers targeted for the food security programme. Extension workers conducted supervision and supported monitoring of farming activities. Ministry of Health provided essential drugs and personnel (health surveillance assistants) in the 30 health posts constructed by MRCS through the CBHC programme.

This support ensured improved access to health care for the community members. Water technicians from the Ministry of Water and Irrigation were actively involved in MRCS WatSan activities through training and supervision of volunteers. USAID engaged with MRCS through its partnership meetings where the NS learnt from other stakeholder's programme activities. USAID contributed 8,000 nets to cover the gap in the Mwanza and Neno universal LLINs programme.

MRCS continued partnerships with Red Cross partners (IFRC, ICRC, Danish, Netherlands, Irish, Belgium, Finnish, Swedish and Icelandic Red Cross Societies) who contributed financial, technical and material support for its programmes. The standard MoU continued to guiding the partnership management arrangements.

The major gap that has not been addressed by the partnership is the lack of a national disaster response funds to help speedy response during disasters. The major needs are 1) support for shelter for the houses that were affected by the earthquake in Karonga; 2) HIV and AIDS services and support to vulnerable children considering that the Malawi global fund proposal for round 9 and 10 proposals were unsuccessful and 3) need for LLINs.

## Contributing to longer-term impact

MRCS has a strategic plan 2010-2014, which lays the foundation for guiding programming, which was complemented by the operational plan for 2010. Monitoring and evaluation mechanism involved monthly and quarterly plans extracted from the operational plans. To track progress of implementation, planning and review meetings were carried out on a monthly, quarterly, biannual and annual basis. On a routine basis, management meetings were conducted every fortnight to monitor programme management issues and ensure learning and improvements. Best practice from the projects were shared through dissemination of programme documentaries, evaluation reports, baseline survey reports, needs assessment reports and stories from the field through case studies. These were disseminated and discussed through programme planning and review meetings, lessons learnt workshops, MRCS humanity newsletter and routine programme coordination meetings with programme teams, government and other stakeholders. The MRCS programmes are contributing to the country's vision of attaining Millennium Development Goal number 1 target 1 c, goal 2, 3, 4, 5, 6, and 7.

## Looking ahead

The MRCS will work towards consolidating and improving its current programmes and operations. The NS will continue implementing health and care projects focusing on maternal and child health, HIV and AIDS including support to orphans and vulnerable children (OVC), WatSan, malaria, emergency health including First Aid and TB; whilst the DM department will continue to implement projects focusing on disaster preparedness, response, recovery and disaster risk reduction in disaster prone areas.

MRCS will strive to implement NS development initiatives moving towards becoming a well functioning NS. This will be entail strengthening branch governance and management structures, finance management, communication system, human resource development and management, youth/volunteer management systems development, PMER functions and resource mobilization.

MRCS will strengthen its partnership management through review and development of partnership tools. The standard MoU will be reviewed and updated. The NS will work closely with the IFRC Southern Africa Regional Office and its partners to formulate a country assistance strategy to which partners can subscribe. The standard reporting framework will be adhered to reduce duplication of report production.

**All Federation 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 is committed to 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.

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 non-violence and peace.

## Contact information

For further information specifically related to this report, please contact:

- In Malawi Red Cross Society: Lawson Kasamale Secretary General; Email: [lawskasamale@malawiredcross.org](mailto:lawskasamale@malawiredcross.org) Phone: 265.1.775.290; and Fax. 265.1.775.590
- In the Southern Africa Region: Ken Odur, Regional Representative, Email: [ken.odur@ifrc.org](mailto:ken.odur@ifrc.org), Phone: +27.11.303.9700, Fax +27.11.884.3809
- In the Africa Zone: Dr Asha Mohammed, Head of Operations, Africa Zone, Email: [asha.mohammed@ifrc.org](mailto:asha.mohammed@ifrc.org), Phone: +27.11.303.9700, Fax: + 27.11.884.3809; +27.11.884.0230

*For Resource Mobilization and Pledges enquiries*

- In Africa Zone: Ed Cooper; Resource Mobilization and Performance and Accountability Coordinator; Johannesburg; Email [ed.cooper@ifrc.org](mailto:ed.cooper@ifrc.org); Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230