

DREF Operation Update

Malawi: Floods

DREF operation n° MDRMW009
GLIDE n°FL-2012-000210-MWI
14 May, 2013

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent emergency response. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

Period covered by this update: 7 February to 3 May 2013.

Summary: CHF 326,090 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 7 February 2013 to support the National Society in delivering assistance to some 16,370 beneficiaries (3,274 households) affected by floods.

With this operations update, a second allocation of CHF 4,603 from the DREF will be made to support a review of the intervention, making the total allocation from the DREF to the operation CHF 330,694.

The DREF operation enabled the MRCS to respond to the emergency needs of 1421 flood affected families with shelter and basic household items, and access to clean water was provided to the affected families through the provision of water treatment products and rehabilitation of the community boreholes. 34 volunteers were provided with shelter training and were engaged in providing shelter for the displaced families. Furthermore, 36 community volunteers were trained in community based first aid and referrals, and perform health and hygiene awareness including cholera prevention through drama and other information campaigns.

This DREF operations update outlines the key activities implemented so far. This operation will be extended one month with a revised budget to cover the cost and allow time to undertake an in-depth review of the operation looking at achievements, processes and lessons learned for the flood response in the country. With the extension, the operation will end on the 7 June, 2013. A final report will be issued three months after the end of the operation (by 7 September, 2013).

The Netherlands RC Silent Emergency Fund, Belgian Red Cross/Government, Canadian Red Cross/CIDA, and DG ECHO contributed to the 100% replenishment of the allocation made for this operation. The major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID) the Medtronic, Z Zurich and Coca Cola Foundations and other corporate and private donors. Details of DREF contributions can be found on: http://www.ifrc.org/docs/appeals/Active/MAA00010_2012.pdf



In March and April 2013, the Malawian Red Cross Society distributed urgently needed materials to the affected communities. Photo: IFRC

The IFRC, on behalf of Malawi Red Cross Society, would like to extend thanks to all partners for their generous contributions.

[*<click here for the revised budget or here to view contact details>*](#)

The situation

The Mangochi District in Southern Malawi received heavy and continuous rains from the 6th to the 11th of January 2013 resulting in severe floods in some communities. The areas affected were in Traditional Authority (TA) Nankumba, Mponda and Chimwala. These areas are usually not prone to floods, for which situation they were unprepared and with few coping mechanisms. 16,370 individuals (3,274 households) were listed as affected by the floods in the initial assessment done by the District.

During the floods, many houses collapsed leaving families homeless, and crops and livestock were washed away. The Malawi Red Cross Branch, District Assembly Police, Malawi Defense Force (MDF), as well as other actors (including the Water Department, Youth Counseling Centre, and Islamic Centre) embarked on the rescue operation.

The Malawi Red Cross volunteers and Malawi Navy were assigned to the immediate task to mount tents. Survivors were accommodated in tents as well as in a primary school. Six camps were formed in the initial phase, and after one month, four camps remained in operation after some residents were returning to their homes.

An interagency team was deployed between the 13th and 16th of January to assist in the assessments. The team highlighted issues of food, shelter, kitchen utensils and sanitation that needed urgent attention.

On 13th of January, the MRCS Headquarters released 500 tarpaulins and 2 cholera kits to the District to respond to the disaster. The MRCS Branch also released large tents for the camps, that had available in their disaster preparedness stock.

Efforts to stabilize the situation were hampered by continuous rains falling up to the end of January and accessibility of some roads was extremely difficult. The District lacked readily available funds to support the immediate operation including fuel, upkeep for staff during registration and proper registration tools. However the communities adhered to the advice by the authorities, which made the rescue and camp mounting easy, and the presence of Red Cross volunteers and MDF were perceived as helpful.

Coordination and partnerships

The District Assembly did the coordination of the flood response at District level, while at national level it was the responsibility of the Department of Disaster Management (DoDMA). MRCS participated at both these levels, with the branch at District level and the Headquarters at national level.

MRCS coordinated closely with other agencies during the rescue and implementation phase. The main agencies included MDF, the Ministry of Health and Water Department, Save the Children, and Médecin Sans Frontières (MSF). The joint rapid situation and needs assessment was carried out by a joint team involving World Bank (WB), DoDMA, United Nations Population Fund (UNFPA), MRCS Mangochi Branch, and Minister of Housing. The assessment was financed by UNDP and included three teams assessing the three districts.

Red Cross and Red Crescent action

MRCS rapidly responded to the emergency situation. Within three days after the floods disaster, the MRCS had deployed volunteers, sent tarpaulins and mounted tents from prepositioned stock. A few MRCS Branch large camp tents were remaining from a 2002 disaster, and additional tents were provided by UNICEF.

The MRCS volunteers and Navy were assigned the immediate task to mount tents. Displaced persons were accommodated in tents as well as in a primary school. Six camps were formed in the initial phase, and after one month, four camps remained in operation due to that some residents could return to their homes. On 13th of January, the MRCS Headquarters released 500 tarpaulins and 2 cholera kits to the District to respond to the disaster. The MRCS Branch also released large tents for the camps, that they had available in stocks. An interagency team was deployed between the 13th and 16th of January to assist in the assessments. The team highlighted issues of food, shelter, kitchen utensils and sanitation that needed urgent attention.

Through the DREF operation, MRCS could rapidly initiate assistance in the areas of shelter needs (tarpaulins, shelter kits, poles, axes and sickles), WASH needs (rehabilitation of boreholes and provision of water treatment products), as well as health needs (first aid, cholera prevention, community based health and hygiene promotion), as indicated more in detail below in the report. 1421 flood affected families received emergency shelter support and basic household items to improve their situation, and got access to clean water through the distributed water treatment products and rehabilitation of boreholes.

The Federation provided technical support during the planning, procurement, implementation, monitoring of the emergency operation. The Federation will perform an in-depth review of the achievements, processes and provide opportunities for lessons learned for improved future flood emergency operations in Malawi.

Progress towards outcomes

Shelter, Settlements and Non Food Items	
Outcome: The immediate sheltering and basic needs of 1,600 displaced households in TAs Nankumba, Mponda and Chimwala are met.	
Outputs planned:	Activities planned:
<ul style="list-style-type: none"> Emergency shelter assistance is provided to the target households Essential household items/NFIs are provided to the target population 	<ul style="list-style-type: none"> Conduct rapid emergency needs and capacity assessments using Malawi Government Disaster Assessment Checklist Training of volunteers in erecting shelter using the shelter toolkit and good practice in non-food items (NFI) relief distribution Develop beneficiary targeting strategy and registration system to deliver intended assistance in transparent manner. Conduct beneficiary registration and verification Distribute relief supplies for 1600 households. Each family will receive 2 LLITNs, 2 blankets, 2 jerry cans, 1 bucket, 1 kitchen set, 1 shelter toolkits (per five families); shelter fixings, 2 tarpaulins, and soap for hand washing. Support 1,600 beneficiaries in constructing temporary shelter through procurement of 3,200 tarpaulins and associated construction materials Monitor and evaluate the relief activities and report.

Progress:

- Rapid Assessment:**
 Between the 15th and 18th of January 2013, a rapid assessment was completed by joint assessment team involving all agencies (WB, DoDMA, UNFPA, MRCS Mangochi Branch, and Minister of Housing). The assessment was financed by UNDP and included three teams split between the three districts.
- Shelter Training:**
 A small team from NS HQ provided a one-day informal training to 9 volunteers (including issues of camp management, position of items, tool kit assemblage, and how to manage stocks). The first training on 22nd of February was an indoor training with executive members of the Division, whereas the second training was for 25 volunteers drawn from flood site areas and a few from the District. A trainer of trainers from Zomba Division was engaged. The trained volunteers then subsequently trained others and were key in erecting tents for the victims. The Mangochi Branch was reactivated due to these activities.

- *Registration:*
From 8 January to 12th January, the registration of affected families took place. The District Assembly was responsible for data collection with some of the MRCS volunteers participating in some areas. By the 15th of January, the District had registered 16,370 individuals (3,274 households).

Selection Criteria: MRCS's criteria for beneficiary households were those whose houses had collapsed or were damaged and inhabitable or dangerous to live in and; female and/or child headed households; elderly, chronically ill, persons with disabilities, pregnant women, very poor households. The community were involved in reviewing the suggested selection criteria and underlined the importance of supporting the chronically ill, elderly and those deemed to be very poor.

Selection: The MRCS approach was initially planned using an open vote policy where the whole village would come together and select/vote the people deemed to be most vulnerable. This approach was not feasible as the areas affected were scattered, hence the door-to-door verification approach was introduced to create a final beneficiary list.

- *Verification:*
The verification teams were divided into groups and comprised of a MRCS officer, Government officer, MRCS volunteer, a member of the Village Civil Protection Committee and one community leader. They conducted a door-to-door campaign from the 3rd to 10th of March to verify the list of families initially provided in the registration. 1421 families from the initial list of 1600 registered were successfully verified for NFIs (43% of affected households). Two communities originally estimated in the 1600 ended up not being hugely effected and were omitted by the District. At the end of the exercise they reported the findings (the families who qualified) to the village head.

- *Distribution:*
As soon as MRCS headquarters received information about the disaster on 10th January, the office dispatched 500 tarpaulins to Nkhata Bay, Phalombe and Salima and two cholera kits to Zomba and Salima by 12th January 2013 using prepositioned stock. Since no transport was available, the MRCS Mangochi Branch coordinated with the Government and District Council who agreed to collect the tarpaulins from Lilongwe and the cholera kits from Blantyre and deliver to the District Council. The District councils and MRCS jointly undertook the distribution.

MRCS conducted three additional relief item distributions between the 6th and 15th of April in three main sites; Mpondasi, Ntakataka and Sokole from the two TAs of Mponda and Nankumba. On the 2nd of May 2013, 67 families in Sokole also received NFIs. See Table 1 below with items distributed. In addition, one woman who was injured after distribution was assisted with walking crutches. MRCS also procured poles for construction of 5 toilets for the elderly.

1421 households successfully verified from the initial list of beneficiaries received relief, of which 812 were female headed households.

- *Temporary Shelters:*
It is noted that regarding the shelter kits, the initial plan was to give 1 kit per 5 households, however it was discovered that not all families had lost property and that a number of the families could borrow from friends, therefore not all original planned kits were required. However, in the village Sokole, all of the 67 families were new to the area and the neighbours did not cooperate in loaning or sharing property. Therefore it was decided that all these families would receive a shelter kit. This was not originally planned in the DREF, however MRCS managed to utilize the resources available for this. In the end, 134 shelter kits were given to the community/village heads to distribute and 67 were given to the Sokole households. Tarpaulins and construction materials were also provided as indicated in the table above, and trained volunteers were available to assist in constructing the temporary shelters. Note that the volunteers were trained to assist in building temporary shelters in emergencies, however the flood victims opted to cover their new homes or partially damaged homes with the shelter materials with support of the trained volunteers.
- *Monitoring, Evaluation & Report:*
A lessons learned meeting was conducted between the 2nd-3rd May 2013. It attracted 25 participants from District Assembly, Water Department, DoDMA from Lilongwe, Police, Ministry of Health, Education and Community representatives. A report regarding the findings of the lessons learned meeting is to be developed by MRCS during the week of the 6th May. MRCS will also be planning for an internal evaluation in the upcoming weeks.

Challenges:

- The data collection tools used by the District were not harmonised; some key points like gender, ages, and other relevant vulnerabilities were not included in the data collection. Since it was the District who led and implemented the initial data collection exercise it was difficult for MRCS to influence the tools. The MRCS therefore introduced more rigorous data collection in the verification stage, however this was done at a household level (as it was household data the district provided).
- The initial or preliminary registration was not properly supervised; in some cases the chiefs registered individuals and brought names to the District. This initially contributed to an inflation of the persons registered (nearly doubling to 32,274 individuals), which was then addressed by the District Commissioner who informed the communities that organized teams would be visiting their homes. However in the end, the individual home visits were not performed and the District used the initial list with 16,370 individuals identified during the assessments.
- Some individuals in two locations who did not qualify for assistance tried to violently grab the assistance to benefit. MRCS addressed the situation by immediately close distribution activities for the safety of the volunteers and community, and followed up with a meeting with the community leaders. Together with the community leaders the distribution in the area could be resumed and assistance provided as planned.
- MRCS had no volunteers in some areas, which limited the response in that particular area.
- Despite allocating tents in line with gender, in two locations some men would decide to share tents with women. This caused some challenges in particular in Muslim areas where this would not be appropriate. This could be resolved in discussion with the communities to maintain separated tents, and no incidents were reported.

Emergency health

Outcome: The risks of deaths, illnesses and impact from diseases reduced among 3,274 households in affected communities through the provision of preventive measures at community level.	
Outputs planned:	Activities planned
<ul style="list-style-type: none">• First Aid provided and referrals made to sufficiently resourced health facilities to those affected by the disaster	<ul style="list-style-type: none">• Identify and train 36 volunteers (10 in each TA and 6 from Mangochi District) in First Aid• Provide First Aid and referral to health facility• Purchase 15 first aid kits (5 kits per TA)
<ul style="list-style-type: none">• The risk of contracting cholera and other waterborne related diseases is reduced.	<ul style="list-style-type: none">• Mobilize and recruit 30 volunteers at community level for the prevention of cholera and other diarrhoea diseases• Conduct training of 30 volunteers and 6 Health Surveillance Assistants (HSAs) on hygiene promotion using the CBHFA curriculum for five days• Produce and distribute IEC materials to communities for disease prevention with focus on cholera, diarrhoea and malaria

Progress:

- *First Aid Training:*
During the flooding it was discovered that during disasters some people got injured and required first aid yet there were no trained people in the community and most roads were impassable. The MRCS Branch, WASH and First Aid Coordinator identified volunteers during the household surveys to participate in the trainings. On April 5th to 10th, 2013, 36 people were trained in First Aid (10 in each TA and 6 from Mangochi District).



MRCS First Aid Volunteers performing at a public gathering during the March 2013 IFRC visit. IFRC

- **First Aid Referrals:**
36 trained individuals in the communities have the skills and capacity to provide ongoing First Aid services and referral to health facility. This has helped to revive and build capacity within the sub-divisions of the Mangochi Branch.
- **First Aid Kits:**
15 first aid kits were purchased and distributed (two TAs received 5 kits, one received 3 kits, additional 2 provided to the division).

- **Mobilize Volunteers for Cholera:**
Volunteers were identified and selected during the household surveys. 30 volunteers were mobilize and recruited at community level for the prevention of cholera and other diarrhoea diseases. Volunteers have been performing dramas to educate the community (17 performances were completed to date).
- **Hygiene & CBHFA Training:**
Volunteers were identified and selected during the household surveys. Between 28th March and 10th April, two 5-day trainings on hygiene promotion and Community Based Management (CBM/ management of water, sanitation and hygiene facilities) took place (including training on the repairing and management of water points). Participants included 30 volunteers as well as 6 Health Surveillance Assistants (HSAs) government staff working in the area on hygiene promotion using the CBHFA. The hygiene campaign promotion is going on weekly in different sites. As of 30th April they have completed 12 campaigns.
- **IEC Materials:**
The IEC materials were not procured because most of them were not very relevant to disasters apart from normal hygiene and disease prevention, which the office could collect in Blantyre.

Challenges:

- Despite claiming to be volunteers, the spirit of monetary gain was observed in some people.
- Some areas could not be reached by the volunteers with awareness raising and drama performances campaigns due to long distances.
- Initially some officers at the Ministry of Health thought that MRCS was taking on their role (not complementing it), however this could be clarified and resolved through meetings and discussions.

Water, sanitation, and hygiene promotion

Outcome: To reduce the occurrence of water and sanitation related diseases among 3,274 households through provision of clean drinking water and adequate sanitation facilities including hygiene promotion.	
Outputs planned:	Activities planned:
<ul style="list-style-type: none"> • Increased access to safe and portable water, sanitation and improved hygiene practices 	<ul style="list-style-type: none"> • Conduct assessment of water supply and sanitation facilities in the affected area to understand critical needs, with special focus on the needs of women. • In discussion with the communities and WASH cluster identify possible solutions to problems identified in the assessments and perform resource mobilization activities with the communities and WASH cluster. • Rehabilitate three boreholes to improve access to safe/ clean drinking water; • Provide household-level water treatment products like chlorine tablets, PUR sachets for water filtration and treatment to 3,274 families. (included in cholera kits, and chlorine products in the budget) • Supporting Government health facilities with 4 cholera treatment modules • Facilitate hygiene promotion campaigns in Traditional Authorities Nankumba, Mponda and Chimwala

Progress:

- *Water Assessment:*
Between the 3rd and 10th of March 2013, the MRCS WASH Manager, Ministry of Health Environmental Officer, and Department of Water staff conducted an assessment of water supply and sanitation facilities in the affected area.
- *WASH Solutions:*
The MRCS WASH Manager regularly attended the WASH cluster meetings to address problems identified in the report.
- *Borehole Rehabilitation:*
On March 22-27th, 2013, the MRCS technician rehabilitated three boreholes (one in each affected areas) to improve access to safe/ clean drinking water and avert cholera. Malawi this year has not registered cholera case.
- *Distribution:*
Distributions of household-level water treatment products - including diluted chorine tablets (HTH) and PUR sachets - were conducted in March with the involvement of the district health committees. The cholera kits and chlorine were donated to the Ministry of Health and were distributed by both Health Surveillance Assistants (HSAs) and hygiene promoters. Chlorine was diluted and normally given to families fortnightly. The district also shared the chlorine beyond the targeted areas.

Table 2. Distribution of WASH items

MANGOCHI DISTRIBUTION POINTS	HOUSEHOLDS		
	Male HoH	Fem HoH	Total HHs
Mpondasi Centre 1	78	223	301
Makawa Centre 2	na	na	136
Ntakataka Centre 3	318	512	830
Pakamwa Centre 4	na	na	87
Sokole Centre 5	50	17	67
Total	609	812	1,421

Source: MRCS April 2013

- *Cholera Treatment Modules:*
On 12 January and March 15th, three cholera kits were distributed to the Mangochi district health office to support Government health facilities.
- *Campaigns:* 12 hygiene promotion campaigns were completed between the 28th of March and the 2nd of May in Traditional Authorities Nankumba, Mponda and Chimwala. These campaigns are ongoing and target all people in the community; the HSA will be updating the MRCS office as they occur.

Challenges:

- It has been difficult to estimate the people reached regarding chlorination (chlorine tablets) because MRCS operated within the MoH structures who also went outside the DREF affected area.
- The Department of Water was not happy with MRCS direct implementation, they wanted funds to be channelled through them.
- Due to scarcity of some products in Malawi some items like chlorine was delivered in portions (halves).
- The borehole rehabilitated in Sokole is a far distance from the most affected community. The people from the community has to walk 4.5 km to draw water.

Logistics

Outcome: Relief operation is supported and delivers a range of relief items in line with the operational priorities in a cost effective and timely manner.

Outputs planned:	Activities planned:
<ul style="list-style-type: none">The operation has coordinated mobilization of relief items and efficiently and timely dispatch of goods to the final distribution points in good order	<ul style="list-style-type: none">Procure relief items and other material needed for the operation. Reference to procurement plan below.Preposition stocks in strategic areasEstablish the best sourcing strategy for relief materials so that cost efficient and timely delivery of relief is ensuredControl efficient supply movements to end user

Progress:

- Procurement:**

The items or services in the DREF were procured through a 3-quotation basis and with a small committee approving it. The committee consisted of the MRCS DREF Manager, Transport and Logistics Officer, Accountant, Director of Finance and the Secretary General. This was put in place to quicken the process. Services engaged included: hire of transport, media coverage, distribution services; while procurement included items like mosquito nets, kitchen sets, utensils, poles, blankets, and chlorine. All items were procured as of the 5th of May 2013; no further payments are to be made.
- Preposition stocks:**

The prepositioned stock has been located in Blantyre and Lilongwe. All items used in the DREF operations have been replenished.
- Sourcing Strategy:**

Most items were bought from the major suppliers of those items. A simple committee was in place to accept the quotations and make bids (as indicated above). In addition, the MRCS in the process of making a registered list of qualified suppliers for speed and quality of procurement in the future. The persons participating in this process included: the Transport and Logistics Officer, two members of the Board, the Directors of Programs and Finance as well as three programme managers.
- Supply Movements:**

Most items were procured on time but since distributions were combined, there were some delays in distribution caused due to the difficulties to acquire some items. The office used a three quotation approach to avoid tendering which takes 28 days (21 days to close, and an additional week for the committee to evaluate the bids, and produce a letter of offer to the successful bidder). The system was smooth though but when the supplier was delayed, we used stock in our warehouse, which has since been replenished.

The response in the initial phase was fast, however the distribution of relief items was slightly delayed and weather continued to hamper response efforts throughout.

Challenges:

- There was problem of storage at the Final Distribution Points (FDPs) because the warehouse or storage facilities were not there and MRCS had to hire the Police to guard it.
- The replenishment of some items was done at the very end.
- The Malawi currency fluctuation affected prices. For example, the number of buckets procured was the same but the size differed. We planned for 30-litre size but due to fluctuation we bought 20-litre size.

Monitoring and Evaluation

The DREF activities were managed and monitored by MRCS officers from Programme, DM, WASH, PMER and Logistics Departments.

The Federation Southern Africa Regional Office was able to support the MRCS from the onset of the DREF with planning and preparing for the operation. Three IFRC site visits to Malawi occurred during the three months. The DM Zone Delegate and SARO PMER Officer from 25th February to 1st March, the SARO Finance Officer in mid-March, followed by the SARO DM Manager and Operations Manager from 18th to 26th March. All three visits involved monitoring missions and capacity support to counterparts in the MRCS. The

final visit was also to review the progress of activities and deliverables as well as advice, information sharing, and guidance on reporting and the completion of the relevant reports. Guidance was also provided to assist in capturing information on relevant indicators, targets, effectiveness, quality of interventions, personnel, and budget information for future disasters.

The Federation will perform an in-depth review of the operation, to review achievements, processes and lessons learned.

Pending Activities

- After the lessons learned meeting (2nd to 3rd May), the MRCS HQ will report to the District Assembly the findings as a final component of the project. This is part of the MRCS exit strategy from the District.
 - A review will be carried out to analyse achievements, the process around the DREF and recommendations for future similar emergency operations.
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Contact information

For further information specifically related to this operation please contact:

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DREF history:

- This DREF was initially allocated on 7 February 2013 for CHF 326,090 for three months to assist 16,370 beneficiaries.
- This is the first DREF operation update issued, including a revised budget and timeframe extension.

How we work

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

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

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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.

DREF OPERATION

14-05-13

Malawi Flood Budget (MDRMW009)

Budget Group	DREF Grant Budget CHF
Shelter - Relief	86,687
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	87,200
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	7,125
Medical & First Aid	29,100
Teaching Materials	875
Utensils & Tools	43,200
Other Supplies & Services	4,800
Emergency Response Units	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	258,987
Land & Buildings	0
Vehicles Purchase	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	200
Distribution & Monitoring	4,500
Transport & Vehicle Costs	10,562
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	15,262
International Staff	0
National Staff	0
National Society Staff	7,950
Volunteers	740
Total PERSONNEL	8,690
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	15,328
Total WORKSHOP & TRAINING	15,328
Travel	7,900
Information & Public Relations	810
Office Costs	1,588
Communications	1,227
Financial Charges	1,000
Other General Expenses	0
Shared Support Services	0
Total GENERAL EXPENDITURES	12,524
Programme and Supplementary Services Recovery	19,902
Total INDIRECT COSTS	19,902
TOTAL BUDGET	330,694