

# Plan 2009-2010



International Federation  
of Red Cross and Red Crescent Societies

## MALAWI

### Executive Summary

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 per cent in 1998 to 2.1 per cent 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 areas with only 44 percent of the rural population having access to safe drinking water. This already dire situation could deteriorate further as a result of a breakdown of boreholes. Lack of safe water, hygiene and general sanitation are also exacerbated by frequent disasters such as flooding and drought, which annually affect large swathes of the country.



In today's competitive environment, emphasis will be on showing more clearly the benefits of the Red Cross and Red Crescent programmes and how our actions and advocacy contribute to achieving the [Millennium Development Goals](#)<sup>1</sup> and other major global efforts to reduce poverty and inequity and promote sustainable human development. To accomplish this goal, the International Federation of Red Cross and Red Crescent Societies (IFRC) General Assembly adopted a new plan called the [Federation of the Future](#)<sup>2</sup> (FoF) in 2005 aiming at achieving the [Global Agenda](#)<sup>3</sup>, with [four goals](#) aligned to the core areas of [Strategy 2010](#)<sup>4</sup>. The Global Agenda demonstrates commitment to increasing the impact of our work by

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<sup>1</sup> **Millennium Development Goals** – The UN Millennium Goals charter – states that by the year 2015, all 191 United Nations Member States have pledged to meet eight goals, thus, eradication of extreme poverty and hunger; achievement of universal primary education; promotion of gender equality and empowerment of women; reduction of child mortality; improvement of maternal health; combating HIV and AIDS, malaria and other diseases; ensuring environmental sustainability; development of a global partnership for development.

<sup>2</sup> **Federation of the Future** - <http://www.ifrc.org/Docs/pubs/who/fof-en.pdf>

<sup>3</sup> **Global Agenda Goals**: Link: <http://www.ifrc.org/who/fof.asp#globalagenda>

<sup>4</sup> **Strategy 2010** - Is the IFRC's guideline framework for the decade 2000 to 2010. This overall strategy identifies the following four CORE areas as the cornerstone upon which the International Federation will continue to build its collective expertise and reputation: Humanitarian values; disaster preparedness; disaster response; and health and care in the community. Refer to <http://www.ifrc.org/who/strategy.asp>

committing to scaling-up and improving the quality of our programming at both domestic and international level.

The 6<sup>th</sup> Pan African Conference convened in Algiers, Algeria, in September 2004, under the theme ‘*Consolidating the role of Red Cross Red Crescent as a reliable civil society partner*’, with delegates from 53 African National Red Cross and Red Crescent Societies in attendance. The National Societies (NS) assessed and reviewed the progress made since the [Ouagadougou Declaration](#)<sup>5</sup> of 2000, and reaffirmed through the [Algiers Plan of Action](#)<sup>6</sup> the following key interventions and decided to pursue them with renewed commitments, vigour and focus, to be implemented within the next four years: Food Security; Health; HIV and AIDS; Institutional Capacity Building as a cross-cutting issue.

Given this background, the focus of the Malawi Red Cross Society (MRCS) is on ensuring increased access to health care services, food, safe water and sanitation facilities, and information on disaster preparedness, response and risk reduction. There is also a need for capacity building at both institutional and community levels, which are in line with the priority areas of the NS.

The plan for 2009-2010 is seeking a total of CHF 2,656,728 (EUR 1,692,184 or USD 2,428,454)

[Click here to go directly to the attached summary budget of the plan](#)

## Country Context

Malawi is a landlocked country in southern Africa, which adopted a multiparty political system in 1994. This landlocked country is predominantly dependent on agriculture and approximately 85 percent of the population are agricultural smallholders or subsistence farmers. Farming generates over 90 percent of export earnings and 35-40 percent of the gross domestic product (GDP).<sup>7</sup>

According to the integrated household survey 2004/5, 52.4 percent of the Malawian live below the poverty line i.e. about six million people is poor with the poorest in the southern region and rural areas (where poverty rates at 25%). The poor still have poor socio-economic indicators with food security being a continuing threat to a better life. Female headed-households are worse off as far as poverty is concerned<sup>8</sup>.

Population, total (million), 2005	13.2
Population, urban (% of total population), 2005	17.2
Population, under age 15 (% of total population), 2005	47.1
Life expectancy at birth, annual estimates (years), 2005	46.3
Adult literacy rate (% aged 15 and older), 1995-2005	64.1
Combined gross enrolment ratio for primary, secondary and tertiary education (%), 2005	63.1
GDP per capita (PPP US\$), 2005	667
Population undernourished (% of total population) 2002/04	35
Under-five mortality rate (per 1000 live births), 2005	125
Infant mortality rate, poorest 20% (per 1000 live births)	132
One-year olds fully immunized against tuberculosis (%) 2005	97
One-year olds fully immunized against measles (%) 2005	82
HIV prevalence (% aged 15-49), 2005	14.1
Human Development Index value, 2005	0.437
Human Development Index rank, 2005	164
Human Poverty Index (HPI-1) value (%)	36.7
Human Poverty Index (HPI-1) rank	79
Population living below \$1 a day (%), 1990-2005	20.8
Population living below \$2 a day (%), 1990-2005	62.9
Population living below the national poverty line (%), 1990-2004	65.3

Source: UNDP, Human Development Report 2007/2008

<sup>5</sup> **Ouagadougou Declaration** – The 5<sup>th</sup> Pan African Conference convened in Ouagadougou, Burkina Faso, from 21 to 25 September 2000 with delegates from 52 African National Red Cross and Red Crescent Societies in attendance. The conference focused on the key themes of the African Red Cross/Red Crescent Health Initiative (ARCHI 2010) and food security in Africa.

<sup>6</sup> <http://www.ifrc.org/docs/pubs/events/algiers04/algiers-action.pdf>

For background on APA visit <http://www.ifrc.org/meetings/regional/africa/6thpac/index.asp>

<sup>7</sup> Malawi 2008 Country Profile, *The Economist Intelligence Unit*, UK.

<sup>8</sup> Malawi Growth and Development Strategy: From Poverty to Prosperity 2006-2011

Access to health delivery system is inadequate; hence the health indicators are bleak. According to the UNDP's Human Development Report (2007/08)<sup>9</sup>, the Human Development Index (HDI) for Malawi is 0.437, which gives the country a rank of 164<sup>th</sup> out of 177 countries with data. Since 1990, Malawi has ranked among the bottom 20 countries worldwide on HDI mainly due to poverty compounded and exacerbated by HIV and AIDS. Approximately 14.1 percent of the population aged between 15 and 49 were living with HIV and AIDS at the end of 2005. The rate of infection has stabilised since 2000, when the first major government campaign against AIDS was launched. However, the HIV and AIDS pandemic has caused economic as well as social disruption by reducing the skills base and increasing staff turnover; UNAIDS estimates that by 2005 some 40 percent of teachers in towns had died from AIDS. In the productive sectors, AIDS related illnesses are the leading causes of death. Life expectancy in Malawi stands at 46.3 years, which is almost the same with the Sub-Saharan average, but still among the lowest in the world. Infant mortality rate among the poorest which is 20 percent of the population stands at 132 (per 1,000 live births), while under-five mortality rate is at 125. Malaria, diarrhoea and pneumonia are the leading causes of children under five's mortality<sup>10</sup>. The use of insecticide treated nets (ITNs) has proved to contribute to reduction of under-five malaria related morbidity and mortality. Currently in Malawi such nets are not commonly used. Only 12 percent of the under-five children sleep under a ITNs<sup>11</sup>.

Access to safe water and sanitation services remains poor in the rural parts of Malawi. The government and UNICEF country cooperation (2002-2006) indicates that 76 percent of the population access a traditional pit latrine and only six percent have access to improved sanitation services. Only 44 percent of the rural population access safe drinking water. However, this could fluctuate overtime due to break-down of boreholes. Most schools where enrolment has also gone high due to instruction of free primary school have poor access to safe water and sanitation services. Approximately 60 percent of the schools lack such basic services. Poor sanitation contributes to high incidences of diarrhoeal diseases, which falls among one of the leading causes of hospital admissions. The problems of lack of safe water, hygiene and general sanitation are also made worse by frequent disasters (floods and droughts) affecting a number of districts in the country.

## National Society priorities and current work with partners

MRCS Strategic Plan 2006-2010 has the following priority areas;

- Developing and effectively delivering better and responsive programmes. This mainly concerns appropriate demand-driven development programmes based on well researched, participative, community needs of most vulnerable people, sound cooperation assistance strategy and timely response to humanitarian needs. The focus programme areas are disaster preparedness, relief and rehabilitation, health and care in the community including HIV and AIDS, water and sanitation, malaria prevention, reproductive health and community-based first aid, food security and other cross cutting issues i.e. gender mainstreaming;
- Organizational development to create a well functioning National Society with emphasis on capacity building of the branch network, finance development, human resource development and strengthening PMER;
- Development of long-term and stable sources of income;
- Positioning MRCS for higher profile in Malawi. This is about creating a competitive edge over other organisations providing similar services to attract broad public support and diverse funding. Three broad and critical aspects of this strategic direction are: advocacy and communication, institutional networking and partnerships and the promotion of humanitarian values.

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<sup>9</sup> UNDP [http://hdrstats.undp.org/countries/data\\_sheets/cty\\_ds\\_MWI.html](http://hdrstats.undp.org/countries/data_sheets/cty_ds_MWI.html)

<sup>10</sup> <http://www.who.int/whosis/en/index.html>

<sup>11</sup> Malawi Demographic Health Survey 2004

This plan also draws strategic direction from African Red Cross/Red Crescent Society Health Initiatives (ARCHI 2010)<sup>12</sup> and the Algiers Plan of Action<sup>13</sup>, as well as MRCS Strategic Plan. ARCHI 2010 goal is '*Better health for Africa's vulnerable individuals and groups served by the RC/RC in Africa by mobilizing the power of humanity*'. Consensus was reached on the major public health interventions which African NS should address as priorities during the next decade, which include community level promotion and prevention activities focused on: HIV and AIDS; childhood preventable diseases; women and pregnancy related issues; initial responses to accidents and injuries. By 2010, MRCS will be recognized for its "niche" relating to public health priorities including emergencies. Country-wide networks of volunteers will effectively be the major vehicle for addressing community health problems at the district level and beyond.

Food insecurity remains a major cause of malnutrition and poverty in the Southern African region, as well as being responsible for high rates of morbidity and mortality in vulnerable communities. Causes of food insecurity include HIV and AIDS, climate change, population size, poor governance, decline in public services, decline in crop production, increasing inflation and debt. Malawi is among the five countries in Southern African (Lesotho, Malawi, Namibia Swaziland and Zambia) selected to implement the IFRC Five-Year Strategic Framework on Food Security in Africa.<sup>14</sup> MRCS will work, in accordance with the new Food Security initiative to:

- Reduce the vulnerability of communities through longer-term support to livelihoods and food security;
- Strengthen livelihoods in order to improve food security and resilience, in alignment with our disaster risk reduction work;
- Further strengthen and integrate long-term food security plans in the areas of community-based health care, water and sanitation.

MRCS will continue implementing the five year integrated HIV and AIDS programme (2006-2010) (MAA63003MW)<sup>15</sup>, which is part of the Southern Africa Regional HIV and AIDS programme (MAA63003) and a component of the IFRC Global Alliance on HIV. The NS is scaling-up its response to HIV and is committed to reducing vulnerability and increasing its impact by preventing further infections, expanding care, treatment and support and reducing stigma and discrimination. In order to achieve these three outputs, the capacity of MRCS is to be further strengthened through a fourth enabling output area on capacity development, designed to ensure expansion of effective service delivery to the most affected communities. The programme represents a quadrupling of the Red Cross effort in the country and targets to reach six million people with messages on prevention and reducing stigma/discrimination; provides services for 19,800 people living with HIV and 55,000 orphans and vulnerable children by 2010; representing approximately 10 percent of the current caseload in Malawi.

Partnerships are guided by the MRCS strategic plan, which defines programming priority areas and the standard memorandum of understanding (MoU) agreed upon by all partners during the partnership meeting of 2006. However, there are still some gaps in the funding support for community-based health and care, disaster management, food security, support to OVC and HBC clients, water and sanitation, malaria prevention and first aid. MRCS endeavours scaling-up programmes and through widening its funding base, so as to reach a wider population of vulnerable people.

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<sup>12</sup> The decisions and experiences of the National Societies led to a formal ARCHI 2010 strategy approved at the 5th Pan African Conference in Burkina Faso in September 2000 and again reviewed and endorsed at the 6th Pan African Conference in Algiers in October 2004. Refer <http://www.ifrc.org/what/health/archi/>

<sup>13</sup> <http://www.ifrc.org/docs/pubs/events/algiers04/algiers-action.pdf>

For background on APA visit <http://www.ifrc.org/meetings/regional/africa/6thpac/index.asp>

<sup>14</sup> For more information on refer to: <http://www.ifrc.org/what/disasters/recovering/food-security.asp>

<sup>15</sup> For more information please refer to the Southern African Regional HIV and AIDS Appeal (MAA63003) and country plan (MAA63003MW) or follow the link <http://www.ifrc.org/appeals/annual06/logframes/africa/MAA63003MW.pdf>. The original budget figures are adjusted annually based on NS implementation rate and result of the resource mobilisation efforts.

# Secretariat supported programmes in 2009-2010

## Disaster Management

### a) The purpose and components of the programme

<b>Programme Purpose</b>
To reduce the number of deaths, injuries and impact from disasters.

The Disaster Management programme budget for 2009-2010 is CHF 1,513,343 (EUR 963,913 or USD 1,383,312)

<b>Programme Component: Disaster Preparedness</b>
<b>Outcome 1:</b> Knowledge and coping capacity of communities in disaster prone areas in increased.
<b>Programme Component: Disaster Response</b>
<b>Outcome 1:</b> MRCS disaster response mechanism is improved to meet the need of the most affected population including the refugee communities.
<b>Programme Component: Disaster Risk Reduction</b>
<b>Outcome 1:</b> Vulnerabilities of communities in disaster prone areas is reduced through timely information, building capacity and resilience to disaster risks.
<b>Outcome 2:</b> The living and nutritional condition of the most vulnerable population along the Zambezi River basin are improved, with special attention to women and child-headed households.
<b>Outcome 3:</b> 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.

### b) Profile of target beneficiaries

Geographically, MRCS shall target all disaster districts prone to flooding and drought and those with high HIV prevalence rate. The target groups are the most vulnerable and marginalised people in the rural and urban areas, which are as follows;

- The completely displaced households during emergencies and/or disasters;
- The grandparent-headed households;
- Single parent-headed households;
- Child-headed households;
- The HIV infected and affected households;
- People with disabilities;
- Ethnic groups – population movement;
- The food insecure households; and
- People with special needs

The involvement of women shall be enforced at 50 percent on all programme components. Communities and households meeting the criteria will be targeted with comprehensive and integrated programming that will enhance their ability to build resilience and 'safer communities'. Disaster risk reduction, community-based disaster preparedness, climate change adaptation activities and food security activities will be implemented as well to enhance community resilience and improve ability to mitigate, respond as well as reduce impacts of both rapid and slow on-set disasters.

Temporary shelter and basic survival kits will be provided in response to rapid on-set disasters and in accordance to the Sphere minimum standards. Through the use of vulnerability capacity assessment (VCAs), communities will be engaged in identifying their vulnerabilities and realising their capacities, which will inform programme design, planning, implementation and monitoring.

With regards to asylum seekers and refugees, all will be reached with psycho-social support according to their specific needs, while at least 50 percent of the population affected by disasters will be reached with relief items in the form of temporary shelter and basic survival kits.

### c) Potential risks and challenges

If the programme components are under funded, a less comprehensive approach to the activities will be adopted, thereby failing to achieve the intended outcomes. In order to mitigate an under funding situation, MRCS will embark on an aggressive local fundraising campaign and tapping into new funding sources as indicated in the attached resource mobilisation plan.

In terms of sustainable programmes, the community resilience activities requires long-term implementation period, hence the prescribed two years planning period poses risks in achieving the outcomes. Advocating for long-term funding with donors will be continued in order to achieve all expected results requiring lengthy implementation timeframe.

## Health and Care

### a) The purpose and components of the programme

<b>Programme Purpose</b>
Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

The Health and Care programme budget for 2009-2010 is CHF 669,476 (EUR 426,418 or USD 611,952)

<b>Programme Component: Community-based Health</b>
<b>Outcome 1:</b> The most vulnerable groups including children under five years and pregnant women are protected from contracting malaria and are seeking early treatment.
<b>Outcome 2:</b> Support has increased to clients under directly observed therapy strategy (DOTS) of tuberculosis (TB).
<b>Outcome 3:</b> 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.
<b>Programme Component: Emergency Health</b>
<b>Outcome 1:</b> Well designed First Aid and water and sanitation programmes are integrated into emergency operations' protocol.
<b>Programme Component: Water and Sanitation</b>
<b>Outcome 1:</b> Access to safe water and adequate sanitation services have improved in MRCS target areas.
<b>Programme Component: HIV and AIDS</b> (Refer to Link <a href="http://www.ifrc.org/appeals/annual06/ogframes/africa/MAA63003MW.pdf">http://www.ifrc.org/appeals/annual06/ogframes/africa/MAA63003MW.pdf</a> )
<b>Outcome 1:</b> 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).
<b>Outcome 2:</b> 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.
<b>Outcome 3:</b> Address stigma and discrimination with targeted communication and advocacy activities.
<b>Outcome 4:</b> Build the NS capacity to plan, implement, and manage the programme.

## b) Profile of target beneficiaries

The health and care programme will target rural communities with poor access to health service delivery system, safe water and without good hygiene practices. The main targeted beneficiaries are child-bearing women, pregnant women, children under five years, HBC clients, community leaders and MRCS volunteers and care facilitators.

Water and sanitation activities will be implemented in nine districts (Lilongwe, Kasungu, Dowa, Ntchisi, Zomba, Mwanza, Karonga, Balaka and Mchinji) integrated within the long-term HIV and AIDS programme. The WatSan programme will target 46,000 households (230,000 individuals). The community members will actively participate in all stages of programme implementation and management. The participatory approach requires the community members to actively contribute to the supply of basic construction materials such as sand, stones, bricks, labour, volunteers and food for the builders. Ideally the participatory approach is adopted in order to ensure ownership of the community-based water and sanitation facilities. The ultimate goal is ensuring sustainability of the project facilities, under the management of community-based management committees.

Community-based first aid will be implemented in all 28 branches targeted by MRCS. The main activities will be training of trainers and first aid service providers. The first training manual has already been revised. MRCS also intends to join the operational alliance on first aid, being spread headed by the Belgian Red Cross-Flanders in southern Africa.

MRCS will also concentrate in malaria prone areas by providing ITNs and information, education and communication (IEC) material on its prevention, as well as on proper and effective use of the nets. The target population groups are the pregnant mothers and children under-five years

## c) Potential risks and challenges

Myths and misconceptions about the bed nets might affect their utilization. Poverty might also force some very poor households to sell the free nets. In communities where good things are always meant for the male household members, there might have a negative impact on the intended beneficiaries (children and pregnant mothers). Therefore, MRCS is to invest a lot of time and resources on community education regarding the proper use and benefits of ITNs.

From the NS point of view, the delays in accessing funding for the project (like in the past) might deter the implementation of the planned activities, thereby tarnishing the image of the NS. Therefore effort will be put on encouraging partners to meet their funding obligations and on ensuring MRCS is accountable to all the partners.

## Organisational Development/Capacity Building

### a) The purpose and components of the programme

<b>Programme Purpose</b>
Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

**Organisational Development/Capacity Building programme budget for 2009-2010 is CHF 100,697 (EUR 64,138 or USD 92,045)**

<b>Programme Component: Leadership and Accountability</b>
<b>Outcome 1:</b> MRCS has sound and functional structures and systems at all levels, governance, management and local volunteer networks for optimal organisational performance and accountability.
<b>Programme Component: Well-functioning Organisation</b>
<b>Outcome 1:</b> MRCS has functional and strengthened structures in branches, governance, management and volunteer management according to the characteristics of a well functioning NS

<b>Outcome 2:</b> 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.
<b>Outcome 3:</b> Effective financial management system, procedure and tools are in place and systematically used.
<b>Programme Component: Branch Development and Volunteer Management</b>
<b>Outcome 1:</b> MRCS has vibrant branches and local units delivering quality services through their local volunteer and youth networks.
<b>Outcome 2:</b> MRCS has well established systems and procedures for the systematic provision of technical support for branch development and volunteer management by the headquarters.
<b>Programme Component: Resource Development</b>
<b>Outcome 1:</b> MRCS is able to meet at least 25 percent of core costs by end of 2009 and 50 percent by end of 2010 through local resource mobilisation.
<b>Outcome 2:</b> MRCS has a well functioning internal and external communication system, supported with a reliable information technology infrastructure.

**b) Profile of target beneficiaries**

The target beneficiaries for the capacity building component are staff members and volunteers at all levels, as well as the NS leadership. As mentioned earlier, focus will be on structured training and coaching system for staff and volunteers, governance and management training for the leadership. The volunteer management system will be strengthened in order to enhance service delivery at branch levels.

MRCS will also continue rolling out the Navision accounting software throughout its structures aimed at improving financial management and reporting. The training programme will be for finance staff and programme managers. This programme component will target senior management, the human resource development unit staff, PMER manager, transport officer, finance team and board members.

**C) Potential risks and challenges**

The key potential risk is of not fundraising enough to meet the salary cost according to the terms and conditions of service reviewed and aligned to remuneration standards of other organisations. The management have started negotiations with partners for increased support on the core costs, in order for the NS to meet its obligation to the staff members. Negotiations are continuing through partnership meetings and regular contact with existing and potential donors.

MRCS envisages that new partners will come in to complement the Irish Red Cross funding support towards the operational cost of the PMER unit. All effort will be made to lobby with all partners supporting MRCS programmes to contribute to the operational budget of this unit.

The poor access to internet will continue to affect operations, communication and information sharing. In addition, MRCS is facing challenges with its transport and vehicle maintenance costs. The NS also requires support in logistics and procurement, particularly for and during emergency operations.

Principles and Values

**a) The purpose and components of the programme**

<b>Programme purpose</b>
Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

The Principles and Values programme budget for 2009-2010 is CHF 45,085 (EUR 28,717 or USD 41,211)

<b>Programme Component: Promotion of Humanitarian Values and Fundamental Principles</b>
<b>Outcome 1:</b> 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)
<b>Outcome 2:</b> Target population has internalised Fundamental Principles and Humanitarian Values leading to positive change in behaviour.
<b>Programme Component: Operationalization of Humanitarian Values and Fundamental Principles</b>
<b>Outcome 1:</b> The dissemination of Fundamental Principles and Humanitarian Values is an integral part of all programmes and activities.
<b>Outcome 2:</b> MRCS has increased visibility and image as champion of the humanitarian cause.
<b>Programme Component: Gender based violence prevention</b>
<b>Outcome 1:</b> MRCS has mainstreamed gender issues in all its programmes.

### **b) Profile of target beneficiaries**

The promotion and operationalization of principles and values will target Red Cross staff members, volunteers and the target groups of all programmes, as an overarching programme. The activities will be integrated into the implementation of other programmes particularly with community-based training and information dissemination activities.

The concept of sexual gender-based violence is new within the MRCS and relevant activities are to be developed, with support of the IFRC Zone office in Southern Africa. The primary step is to ensure that MRCS staff and volunteers are well coached on dealing with sexual gender-based violence, stigma and discrimination within their project areas.

### **c) Potential risks and challenges**

Not many donors are interested in allocating funding support on this initiative, except for the technical and funding support from the ICRC. In order to meet its expected results, activities on promotion and operationalization of the Fundamental Principles and Humanitarian Values should be incorporated into the other programme components such as community-based health and care, disaster management, branch development and volunteer management.

## **Role of the Secretariat**

**The secretariat's budget for its support role in 2009-2010 is CHF 328,128 (EUR 208,999 or USD 299,934)**

### **a) Technical programme support**

The IFRC is proposing upon NS request to deploy an organisational development delegate to work with MRCS to provide overall coordination of the partners operational in Malawi, providing technical support to the programme managers on programmatic issues as well as ensuring better understanding and implementation of the Governance policies and strategic decisions. In addition, the delegate will coordinate the implementation of the IFRC supported projects thus ensuring efficiency and accountability. Above all, the delegate has a role of facilitating the operational alliances so that they are functional and are of added-value to the NS. Ad hoc technical support will be provided by the IFRC Zone office experts, as per NS requests.

### **b) Partnership development and coordination**

MRCS has a standing MoU with partners, which has helped in coordination and maintenance of relationships. At country level, MRCS will take responsibility of organizing quarterly coordination forums with resident Partner National Societies (PNS) representatives. In addition, the NS will conduct fortnightly programme coordination meetings with in-country delegates and an annual partnership meeting where delegates from the IFRC Zone office and ICRC delegations will be invited. The government departments and national coordination fora will also be invited to attend

the partnership meetings. On regular basis, the NS will reciprocate by attending sector agency and coordination meetings.

To implement the Strategic Plan (2006-2010), funding and technical support is currently provided bilaterally by Danish, Irish and Netherlands Red Cross in community-based health and care, which incorporates the components of water and sanitation, maternal child health, malaria prevention, capacity building, community-based First Aid and HIV and AIDS. In disaster management programme components: disaster risk reduction, climate change, food security, relief and population movement, MRCS is partnering with the IFRC, ICRC and Finnish Red Cross. The integrated HIV and AIDS programme is supported by the Danish, Icelandic, Irish and Swedish Red Cross, IFRC, Royal Netherlands Embassy (RNE) and UNICEF. The strategic organizational development plans has the direct support of the IFRC, Danish and Irish Red Cross.

### **c) Representation and Advocacy**

In consultation with the NS, the IFRC Zone communication delegate and country-based technical delegate will support the development of the communications and advocacy strategy at country level. The advocacy strategy will be targeting key decision makers in other humanitarian organizations, United Nations agencies and the government departments, willing to partner with MRCS. The IFRC aims to raise the profile of the NS, increasing its visibility and credibility in the country and across the region.

### **d) Other areas**

The IFRC Zone office will increase technical support on capacity building of staff and enhancing learning through routine regional coordination forums, supporting best practice documentation and exchange visits. MRCS will where necessary call for specialised support from the technical officers based at IFRC Zone office, including support on resource mobilisation, media relations, planning, monitoring, reporting, finance management, administration, logistics and ICT.

## Promoting gender equity and diversity

MRCS strives for meaningful and active participation of women in all its programmes. The NS recognised that women are at the heart of water, sanitation and hygiene issues, care and support of children and HBC clients; hence their empowerment is of prime importance. The strategy of MRCS is to ensure that at least one-to-two of the three key management positions within the community committees (chairperson, secretary and treasurer) are given to women. This will ensure women involvement in decision making in the planning and implementation of community-based projects. In addition, the community members will be educated on the importance of non-discrimination, involvement and respect for women and girls. The community-based training programmes will also ensure involved equal participation of men and women.

## Quality, accountability and learning

MRCS will ensure all baselines surveys are conducted in sample project areas, in order to facilitate effective measurement of both progress and impact. This baseline will incorporate KAP (Knowledge, Attitude and Practices) with regards to the programme areas. A specific monitoring and evaluation plan will be developed based on the operational plans. An effective and user friendly monitoring systems, with checklists will be adapted to the community-level context, where volunteers with basic literacy will participate as enumerators.

Continuous monitoring will be done through site visits by senior management, meetings with volunteers, employees and government officials. Periodic meetings with the communities will also be held. Activity and output monitoring will be the responsibility of the project managers, and reports shall be generated on a monthly, quarterly and annual basis. MRCS volunteers are present on a daily basis, and perform home visits, organise community meetings to track progress, and monitor the use of resources by the committees. The communities themselves monitor the activities and feed-back on the work of the committee and volunteers.

Routine programme coordination forums done every fortnight and every quarter will be encouraged and promoted. These fora bring together all programme officers/managers, donors and senior management to share lessons learned, best practices for replication and check quality of programming. Community feedback forums will be done with community to give feedback regarding progress made, challenges faced and seek solutions where community input is deemed necessary.

MRCS will continue to participate in various programme coordination forums done at national, district, community and regional level to share lessons and field experiences. At the end of each programme an evaluation will be done to check effectiveness, efficiency, sustainability and impact of the programmes. Programme staff (managers) will be supported in their M&E activities by the MRCS PMER unit, particularly in the areas of the baseline surveys, development of monitoring plans and tools, and the end of programme evaluation. The project team will however, retain full responsibility for monitoring the activities.

How we work	
<p>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".</p>	<p><b>Global Agenda Goals:</b></p> <ul style="list-style-type: none"> <li>• Reduce the numbers of deaths, injuries and impact from disasters.</li> <li>• Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.</li> <li>• Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.</li> <li>• Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.</li> </ul>
Contact information	
<p><b>For further information specifically related to this plan, please contact:</b></p> <ul style="list-style-type: none"> <li>• <b>In Malawi:</b> Malawi Red Cross Society: Lawson Kasamale, Secretary General, Email <a href="mailto:mrcs@eomw.net">mrcs@eomw.net</a>; Phone: Tel 265.1.775.290; Fax: 265.1.775.590</li> <li>• <b>In Southern Africa Zone:</b> Françoise Le Goff, Head of Zone Office, Johannesburg; Email <a href="mailto:francoise.legoff@ifrc.org">francoise.legoff@ifrc.org</a>; Phone: Tel: +27.11.303.9700; +27.11.303.9711; Fax: +27.11.884.3809; +27.11.884.0230</li> <li>• <b>In Geneva:</b> Busi Tshili; Officer (Management Support Team), Coordination and Programmes Division; Email: <a href="mailto:busisiwe.tshili@ifrc.org">busisiwe.tshili@ifrc.org</a>; Phone: Tel: +41.22.730.4207; Fax: +44.22.733.0395</li> </ul>	