

Mid-Year report

 International Federation
of Red Cross and Red Crescent Societies

MALAWI

Appeal No.
MAAMW002

31 August 2010

This report covers the
period 01/01/2010 to
30/06/2010



Malawi Red Cross Society volunteers distributing blankets and other relief items to families affected earthquake disaster in Karonga district: Photo MRCS

In brief

Programme outcome: In line with the strategic aims of the [Strategy 2020](#)¹, the Malawi Red Cross Society (MRCS) 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, with healthy and safe living, social inclusion and a culture of non-violence and peace.

Programme(s) summary

MRCS continued assisting vulnerable populations through programmes directed at increasing community disaster preparedness, mitigation and response, community-based health and care including prevention and reducing the impact of HIV and AIDS and limited access to water and sanitation services.

Based on its programme focus, MRCS responded to emergencies supported by the International Federation of Red Cross and Red Crescent Societies (IFRC) regional office in Southern Africa. During the reporting period, the National Society implemented response operations to an earthquake and an outbreak of measles. On the long term programmes, MRCS ensure effective implementation of its programmes by prioritizing and directing resources to capacity building of its branches.

¹ Strategic aim 1: Save lives, protect livelihoods, and strengthen recovery from disasters and crises
Strategic aim 2: Enable healthy and safe living
Strategic aim 3: Promote social inclusion and a culture of non-violence and peace.

In its implementation of activities, the National Society cooperated and collaborated with other key stakeholders, Partner National Societies (PNS), governmental and non governmental agencies. However, late disbursement of funds affected the schedule of programme implementation, for example some activities planned for the first quarter were postponed to the second quarter.

Financial situation: The total 2010 budget is CHF 2,930,615 (USD 81,781 or EUR 64,536), of which CHF 1,322,575 (45 per cent) covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 353,244 (12 per cent) of the budget.

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

See also

[MDRMW006](#) – This DREF operation was launched on the 29 June 2010 for CHF 125,701, to support MRCS carry out a measles vaccination campaign targeting 80,000 beneficiaries.

No. of people we help:

- About 11,310 refugees were reached on a monthly basis, provided with food and non-food items (NFIS) including psychosocial support.
- The National Society is working with five communities (50,000 community members) in disaster risk reduction (DRR) activities, reaching over 35,000 people through irrigation farming clubs and awareness campaigns.
- 6,000 affected households were provided with shelter materials after the earthquake in Karonga, whilst construction and repair of houses started targeting 680 households.
- 600 HIV and AIDS affected and infected vulnerable households from communities in Mwanza district were reached through the integrated food security interventions and trained on field preparations, mushroom production, and crop management and irrigation techniques.
- About 105,312 people from the ten districts of Blantyre, Balaka, Chiradzulu, Dowa, Kasungu, Karonga, Lilongwe, Mwanza, Ntchisi and Zomba were reached through water and sanitation (WatSan) and provided with boreholes and sanitation facilities.
- Targeting 967,436 people with awareness messages on human pandemic preparedness (H2P) in Nsanje, Karonga and Mchinji districts, 113 staff and volunteers were trained on human pandemic preparedness.
- 226,119 people were reached through community-based health and care programmes in seven districts (Balaka, Blantyre, Dowa, Karonga, Kasungu, Mchinji and Zomba), supported by Danish and Netherlands Red Cross.
- Targeting 234,988 people with malaria interventions in Kasungu, Dowa, Mwanza and Neno districts.
- 476 volunteers from Neno and Mwanza Districts were trained on Red Cross principles and values, beneficiary registration, data collection and social mobilisation campaigns on malaria prevention.
- 203,373 people reached during the household registration for the Malaria Project in Mwanza and Neno Districts.

Our partners:

MRCS continued working in partnership with Danish, Irish, Icelandic, Netherlands, Belgium-Flanders, Finnish and Swedish Red Cross Societies, supported by the IFRC and ICRC. The National Society also partnered with other agencies such as DFID, UN agencies (UNHCR, UNICEF), government agencies (Ministries of Health, Agriculture, Home Affairs and Water department) and National Aids Council (NAC). Donors under this plan thus far include the Finnish, Irish and Spanish Red Cross Societies, and DFID. MRCS also receives funds under bilateral partnerships with the Danish and Netherlands Red Cross Societies.

Context

Malawi is a landlocked country with a population of 13,066,320 million people (2008 census preliminary report) of which 85 percent live in the rural areas. It is ranked 163 out of the 177 countries on the Human Development Index (HDI) and per capita Gross National Product is USD/210. An estimated 64 percent of the population lives below the poverty line (less than USD1 per day). The country is highly vulnerable to a range of shocks and hazards including natural disasters such as droughts, floods and storms, disease epidemics, air and water pollution and economic shocks.

The country has an HIV prevalence of 12 per cent. Tens of thousands of people die of AIDS related illnesses every year and this is reflected in the increasing numbers of orphans and vulnerable children (OVC) estimated at 560,000. After years of silence, the government in 2004 launched a programme to tackle the burden of HIV and AIDS. In addition, malaria is also a major public health problem and the population is at risk. Although progress in reducing malaria prevalence has been evident, the Ministry of Health estimates that malaria accounts for 33 percent of all outpatient visits and remains the number one cause of hospital admissions among children under five.

Malawi has experienced its worst measles outbreak in 13 years, which has affected 23 out of 28 districts in the country. The southern region has been the most affected by the recent outbreak of measles, both in terms of the number of districts affected and the number of cases and deaths reported. A total of 11,461 cases and 62 deaths have been reported as at 8 June, 2010. (Malawi, WHO).

Persistence food insecurity continues to take a heavy toll on children with 48 percent of children under-five years 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.

Malawi is considered a water stressed country with less than 1,700 m³ of freshwater per capita and only 65 percent of the population having access to improved water and sanitation services. In addition, Malawi is experiencing remarkable population growth, especially in its urban and peri-urban areas. Consequently, as the country grows, water availability further declines. Future water demand projections predict that Malawi will fall to less than 1,000 m³ of fresh water per capita by as early as 2015, making it a “water scarce” nation. Water scarcity will severely limit agricultural productivity and access to water for people in a country with an “ultra” poverty rate of 22 percent.

Malawi however, remains a peaceful nation with good political will and adopted a multi-party political system in 1994. This enables MRCS to operate in a favourable environment when delivering its services to vulnerable populations.

Progress towards outcomes

Disaster Management

Programme component: Disaster Preparedness

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

MRCS conducted sensitization meetings on participatory planning in flood and drought hazards with vulnerable communities and their local leaders to enhance community preparedness for disasters. Community sensitisation on disaster preparedness was also conducted through drama performances and the production and distribution of information, education and communication (IEC) materials.

Programme component: 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.
Outcome 2	MRCS capacity to provide assistance in restoring sustainable livelihoods among the population affected by disasters is improved.

Achievements:

In order to build community capacity in post disaster response, MRCS implemented response and recovery programmes in Karonga district following the earthquake that had hit the district in December 2009. So far, the National Society has distributed relief items, developed guidelines for construction of safe houses, recruited and trained building teams and supervisors, selected beneficiaries for the housing construction programme and conducted sensitization meetings for the district assemblies and affected communities.

Whilst the relief phase targeted 6,000 households affected by the earthquake with shelter materials, the recovery phase of the operation targeted 180 households with the construction of new houses and 500 households with the repair of damaged houses. MRCS distributed 6,000 tarpaulins used to construct temporary shelter to displaced families. Beneficiary selection for the recovery phase and training in construction of safer houses was completed during the reporting period.

To ensure timely response in the event of disasters, the National Society continued hiring out the five tents procured in 2009 for purposes of accumulating funds for the Internal Disaster Response Fund (IDRF). The funds accumulated in IDRF will enable prompt disaster response actions before disaster emergency funds usually provided by the IFRC.

MRCS continued with the refugee programme and during the first half of the year, assisted 11,310 of the targeted 15,000 refugees on a monthly basis. The refugees were provided with psychosocial support, food items, household utensils, sanitary materials and blankets among others, based on needs identified by government.

Programme component: Food Security

Outcome 1	Household food availability is improved.
Outcome 2	Household food utilisation is improved.
Outcome 3	Household access to food is improved.

Achievements:

MRCS is implementing an integrated food security project targeting 600 household affected by HIV and AIDS. The aim of the project is to improve the nutrition, food security and economic conditions of the affected households through small scale schemes.

During the reporting period, MRCS assisted 600 households affected and infected with HIV and AIDS in Mwanza district, with a comprehensive menu of interventions aimed at improving their food security and income levels. These included the formation of irrigation clubs and training on mushroom production, crop management, irrigation techniques and field preparations. The mushroom crop will be used for food whilst the surplus will be sold to generate household income.

Programme component: Disaster Risk Reduction (DRR)	
Outcome 1	Vulnerabilities of communities in disaster prone areas are reduced through timely information, capacity building and community resilience to disaster risks.
Outcome 2	MRCS capacity to implement disaster risk reduction activities is increased to ensure self-reliance of individuals and communities in disaster prone-areas.

Achievements:

MRCS is implementing a DRR project in Ndindi, Maganga, Pemba, Msosa and Mwanza Traditional Authorities (TA) s in Salima District, funded by DFID. These targeted areas are at risk to severe floods and drought. During the reporting period, MRCS carried out the following activities: community sensitisation on participatory planning, production of IEC materials on DRR, training of DRR drama groups, First Aid training, procurement of starter packs and treadle pumps and refresher training on assessment tools.

As part of the DRR project, MRCS implemented a solar irrigation system at M'gwira irrigation scheme and more than 20 farming clubs from the five traditional authorities (TAs) are participating in irrigation farming. The project has managed to reach over 35,000 beneficiaries through irrigation farming clubs and DRR awareness campaigns promoted through the use of drama groups.

In order to reduce risks and impacts from disasters, MRCS provided training on conservation agriculture and basic principles of irrigation to small scale farmers in Salima District under the DRR project. During the reporting period, MRCS trained 300 farmers from 38 irrigation farming clubs in the project areas on winter cropping, irrigation farming techniques, crop management, plot lay out, bed making, planting, compost manure making, fertilizer application, land and soil texture for irrigation farming, quality and quantity of water, treadle pump management and maintenance and water management and water rights. Follow ups were also conducted to monitor progress of the irrigation clubs. MRCS also procured and distributed starter packs, maize seed, fertilizers and treadle pumps according to the number of members in each irrigation club.

Constraints or Challenges

The late disbursement of funds from pledges especially in the first quarter of the implementation period delayed implementation as scheduled. As a result some activities planned for the first quarter of the year were shifted to the second quarter.

Health and Care Programmes

Achievements

Programme component: Community-based Health	
Outcome 1	Community capacity to reduce vulnerability to health threats and hazards has increased through knowledge of local community-based health and First Aid (CBH&FA).
Outcome 2	Women, men and children are protected from malaria, through adequate surveillance, preparedness, prevention and response measures.
Outcome 3	Communities are protected from TB through adequate surveillance, preparedness and response measures.

Achievements:

MRCS has a community-based health project in the seven districts of Karonga, Mchinji, Zomba, Balaka, Kasungu, Dowa and Blantyre, supported by the Danish, Netherlands and Finnish Red Cross and targeting 226,119 people. The aim of the programme is to reduce vulnerabilities arising

from poor hygiene, water and sanitation; inadequate maternal and child health and HIV and AIDS. During the reporting period, MRCS conducted the following activities: hygiene promotion, capacity building, borehole fencing, malaria control, OVC support and HIV prevention. Whilst implementation is almost coming to an end in Kasungu, Dowa, Zomba, Mchinji, Karonga and Balaka Districts, the project in Blantyre started in 2010 and is scheduled to run for the next three years. End of project evaluations will be carried out towards the end of the year for the six districts.

Measles: To enable the National Society to effectively initiate the response operation to the measles outbreak, the IFRC has provided emergency funding to support the following activities:

- Training 800 volunteers on measles prevention and control using the Epidemic Control Manual as well as the Community-Based Health and First Aid (CBHFA) methodology.
- Production of materials for training and health education on transmission and prevention of measles.
- Dissemination of measles and health related prevention messages by MRCS volunteers among the affected districts.
- Supporting vaccination efforts of the Ministry of Health targeting children.

Malaria: A malaria project funded by the Netherlands Red Cross through the IFRC is being implemented in two districts in the Southern Region, namely Mwanza and Neno. The aim of the project is to promote universal coverage of mosquito nets in the two districts. The programme is targeting all 6 traditional authorities and 39 Group Village Areas in the 2 districts. About 220 volunteers in Mwanza and 256 in Neno were recruited and trained in Red Cross Principles and Values, household registration skills, baseline data collection methodology as well as malaria messaging in the communities. A household registration exercise was conducted in the two districts to establish the number of households that should benefit from the distribution of mosquito nets.

A total of 47,296 households (203,373 people) were reached during the household registration exercise and 120,000 long lasting insecticide nets (LLINs) will be distributed in the third quarter. A baseline survey was also carried out, whose results would be used to measure the impact of the project during the mid-term and end term review in December 2011.

Tuberculosis (TB): With funding support from Eli Lilly, MRCS conducted TB training in the three districts of Chiradzulu, Mwanza and Balaka targeting volunteers working on the CHBC programme. A total of 90 participants, 30 from each district attended the training. The training which focused on multi-drug resistant tuberculosis (MDR-TB) was facilitated by the representative of the International Council of Nurses.

Programme component: Water and sanitation² (WatSan)	
Outcome 1	Access to sustainable safe drinking water, sanitation and hygiene practices is improved in MRCS target areas.

Achievements:

MRCS assisted 105,312 people from the ten districts of Blantyre, Balaka, Chiradzulu, Dowa, Kasungu, Karonga, Lilongwe, Mwanza, Ntchisi and Zomba districts with various WatSan related activities. These included the repair of a borehole each in Kasungu and Dowa Districts, four each in Ntchisi District and Dzaleka refugee camp and the drilling and rehabilitation of 13 boreholes in Lilongwe District that ensured access to safe water for 41,336 people. This has also made access to water within reasonable distance of most households, averaging around 500 meters per household. Furthermore, health workers and patients at health posts/centres in these districts now have improved access to safe water, which is expected to lead to improvements in the health conditions of the vulnerable people in the affected communities. Provision of safe water in schools has increased classroom attendance especially amongst girls, according to the headmaster at Mkazomba primary school in Lilongwe district.

² Global WatSan Programme supported by EU under the Federation Global Water and Sanitation Initiative

During the reporting period, MRCS constructed 22 ventilated improved pit (VIP) latrines, four hand washing facilities and four urinals in the four districts of Blantyre, Lilongwe, Mwanza and Zomba, which benefited 9,873 primary school children and adults. In the same districts, a total of 784 households (4,312 people) benefited from improved latrines with san plats.

MRCS volunteers also sensitised communities in Karonga, Zomba and Balaka Districts on hygiene and sanitation through door-to-door visits. During the door-to-door visits the volunteers conducted health education sessions and assessments of available sanitary facilities. A total of 8,573 households were reached by the door-to-door visits. In some areas, school pupils were also sensitized by teachers on Participatory Hygiene and Sanitation Transformation (PHAST) activities.

A total of 429 people including volunteers and government health workers were trained on community-based management, sanitary platform casting and installation in Lilongwe district. With funding from ICRC, First Aid instructors from 11 Malawi Red Cross Divisions were trained in First Aid at MEDI in Mponera.

Programme component: Humanitarian Pandemic Preparedness (H2P)	
Outcome 1	Flu preparedness plan developed in collaboration with Government and other stakeholders.
Outcome 2	Linkages with other partners developed for information sharing at district and national levels.

Achievements:

The National Society continued with the implementation of the human pandemic preparedness (H2P) project in Nsanje, Mchinji and Karonga Districts. During the reporting period, a workshop was held at which the results of the H2P baseline survey conducted in 2009 were presented. Sensitisation meetings on H2P continued in the three districts through district assemblies and Red Cross Division. In order to strengthen the capacity of MRCS staff and volunteers to carry out community level pandemic preparedness activities, the National Society conducted training for district first responders' teams in the three districts. A total of 113 people were trained who will in turn cascade the training down to the communities in their districts.

Constraints or Challenges

A delay in the transfer of funds to the National Society has affected the implementation of some of the activities, as planned.

National Society Development

Programme component: Leadership and Management Development	
Outcome 1	MRCS leadership (governance and management) capacity has increased in developing and implementing policies and strategies for optimal organisational performance and accountability.

Achievements:

In Mwanza Division, a total of 36 division committee members were trained on leadership skills to enhance their capacities for organisational performance.

Programme Component: Well-functioning organisation	
Outcome 1	MRCS has functional and strengthened structures in branches, governance, management and volunteer management according to the characteristics of a well-functioning national society (WFNS).
Outcome 2	MRCS has capacity in planning, performance tracking and reporting according to the Federation's "Performance and Accountability Framework".
Outcome 3	Effective financial management system, procedure and tools are in place and systematically used.
Outcome 4	MRCS has a well functioning internal and external communication system, supported with a reliable information technology infrastructure.

With the technical support of the National Society planning, monitoring, evaluation and reporting (PMER) unit, MRCS finalised the development of a consolidated logical framework and standardised reporting format for all programmes. The reporting format was piloted and adopted by programme managers and senior management. The PMER unit also facilitated the development of the 2010 consolidated operational plan, based on the MRCS 2010-2014 Strategic Plan. This will guide implementation and monitoring of programmes implemented in 2010.

The PMER unit continued providing technical support to all the National Society programmes. Most notable achievements during the reporting period include coordinating the implementation of baseline surveys for the Young Men as Equal Partners (YMEP) and Malaria projects. The draft baseline survey report for YMEP project has been finalised while the report for the malaria baseline survey is yet to be completed. The PMER Unit also coordinated the implementation of a Participatory Rural Appraisal (PRA) exercise for CBHFA activities in Blantyre District.

Twenty four treasurers from the sub-divisions were trained on financial management to strengthen financial accountability of these divisions. MRCS also selected and trained four divisional committee members on basic computer operations to enable them to communicate with their twinning counterparts from Icelandic Red Cross via email. The training will also enhance the capacity of MRCS divisions (branches) in recruitment, development, motivation, retention, and improve volunteer management systems.

Programme Component: Resource Development	
Outcome 1	MRCS resource base is improved and ensures sustainability of programmes.

Achievements:

A resource mobilization workshop for board members was also conducted during the reporting period.

Constraints or Challenges

The main challenge during the reporting period was lack of operational budget lines for the programmes under the twinning cooperation agreement signed with the Icelandic Red Cross in 2009, which made it difficult for the branch and youth development manager and the programme accountant to carry out technical support visits.

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 organisation (including non-discrimination, non-violence, tolerance and respect for diversity and gender).
Outcome 2	The Fundamental Principles and Humanitarian Values are internalised leading to positive behaviour change.
Programme component: Operationalization of Fundamental Principles and Humanitarian Values	
Outcome 1	The dissemination of Fundamental Principles and Humanitarian Values is an integral part of all Programmes and activities.

Achievements:

The National Society continued working on the development of its website to facilitate the promotion and understanding of the mandate, principles and values of Red Cross Red Crescent among the general public and its stakeholders. The information office continued raising the profile and visibility of MRCS by coordinating activities to commemorate the 2010 World Red Cross day on May 8, and MRCS fundraising week (flag week).

Programme component: Sexual and Gender Based Violence

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

Achievements:

MRCS organised an open day on gender-based violence (GBV) focusing on youth involvement in the fight against GBV. Activities of the day concentrated on information dissemination on GBV with the youth actively participating. MRCS also organised five meetings with GBV committees and distributed 300 posters on GBV.

Constraints or Challenges

The officer who provided technical support in the development of the website has since left the organisation, which has delayed its finalisation. Inadequate funding for information and communication activities has resulted in the inability to adequately provide publicity on MRCS activities.

Working in partnership

MRCS activities are designed towards complementing the government of Malawi's efforts in serving the vulnerable populations. As such, MRCS collaborated with relevant government line ministries during the reporting period. For instance, MRCS worked hand-in-hand with the department of disaster management in responding to the earthquake and floods experienced in the country. MRCS' collaboration with government agencies has contributed to smooth programme implementation through information sharing, which has also reduced duplication of efforts among stakeholders.

Through its networks in community-based health and care, water and sanitation, hygiene promotion and HIV and AIDS programmes, the MRCS participates in the Ministry of Health (MoH) coordination meetings. At the National Measles Outbreak Response task force meeting held at the MoH offices on 12 March 2010 and 28 May 2010, the MRCS' strategic role in health promotion was recognized. For the measles response operation, MRCS partners with the MoH in carrying out social mobilisation activities in supporting the Government's measles campaign.

MSF has already started supporting Government efforts by conducting 'mop-up' vaccination campaigns in Blantyre and Mzimba Districts that have recorded 5,058 and 486 cases of measles respectively. The 'mop-up' campaign targeted children between the ages of six months and 14 years. The WHO and UNICEF have also pledged to support the Government with USD 100,000 and USD 186,000 respectively, whilst USAID pledged USD 10,000 towards the campaign. The MoH still has a huge funding gap for it to achieve its planned target.

Contributing to longer-term impact

Better management, learning and improvement in MRCS programmes and information sharing within and outside the National Society was promoted through planning workshops, quarterly review meetings, weekly coordination meetings and field visits. In these meetings, plans, achievements, lessons learnt and challenges being met in various sectors within the National Society and by other stakeholders implementing similar activities were shared and collective decisions were made where appropriate. This assisted a lot in effective tracking of MRCS progress in implementation of its interventions.

The National Society also developed a consolidated 2010 annual operational plan based on the 2010-2014 Strategic Plan. This plan is the basis for guiding and monitoring implementation of MRCS activities for the year 2010.

Looking ahead

The National Society effectively implemented the planned activities for the reporting period, though some activities, which were to be implemented in the first half of the year were shifted to the second half of the year due to delayed funding support. The National Society will continue implementing the planned activities for the second bi-annual reporting period.

The National Society will continue implementing its DM interventions in the same areas where it has been operating. MRCS will also continue implementing its health and care interventions in the traditional impact areas and will phase out some community-based health care activities in five districts (Dowa, Zomba, Mchinji, Karonga and Balaka), thus handing them over to the community. The activities in these districts are almost close to completion.

Community-based health and care activities will continue for the next three years in Blantyre District because they have been funded for the next three years. Funding has also been secured from Belgium Red Cross to compliment the activities in Kasungu District which are yet to start in July 2010 for the next three years.

The information office will continue working towards the development of the National Society website whilst the branch and youth development unit will continue to provide technical support to the divisions. The PMER unit will continue to provide technical support across all MRCS programmes based on the needs and requirements of each programme.

How we work	
The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".	Global Agenda Goals: <ul style="list-style-type: none">• Reduce the numbers of deaths, injuries and impact from disasters.• Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.• Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.• Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.
Contact information	
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International Federation of Red Cross and Red Crescent Societies

MAAMW002 - Malawi

Mid-year Report 2010

Selected Parameters	
Reporting Timeframe	2010/1-2010/6
Budget Timeframe	2010/1-2010/12
Appeal	MAAMW002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	1,264,078	1,378,992	228,876	58,669	0	2,930,615
B. Opening Balance	4,800	86,534	3,211	0	0	94,545
Income						
<u>Cash contributions</u>						
<i>DFID Partnership grant</i>	118,393					118,393
<i>Eli Lilly Export SA</i>		10,650				10,650
<i>Netherlands Red Cross (from Netherlands Government)</i>		900,000				900,000
C1. Cash contributions	118,393	910,650				1,029,043
<u>Outstanding pledges (Revalued)</u>						
<i>DFID Partnership grant</i>	116,413					116,413
<i>United States Government - USAID</i>		130,846				130,846
C2. Outstanding pledges (Revalued)	116,413	130,846				247,259
<u>Income reserved for future periods</u>						
<i>United States Government - USAID</i>		-48,272				-48,272
C3. Income reserved for future periods		-48,272				-48,272
C. Total Income = SUM(C1..C6)	234,805	993,224	0	0	0	1,228,029
D. Total Funding = B + C	239,605	1,079,758	3,211	0	0	1,322,575
Appeal Coverage	19%	78%	1%	0%	#DIV/0	45%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	4,800	86,534	3,211	0	0	94,545
C. Income	234,805	993,224	0	0	0	1,228,029
E. Expenditure	-130,367	-222,877				-353,244
F. Closing Balance = (B + C + E)	109,238	856,881	3,211	0	0	969,331

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Selected Parameters	
Reporting Timeframe	2010/1-2010/6
Budget Timeframe	2010/1-2010/12
Appeal	MAAMW002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		1,264,078	1,378,992	228,876	58,669	0	2,930,615	
Supplies								
Shelter - Relief	41,112							41,112
Construction Materials	242							242
Clothing & textiles	79,171		13,243				13,243	65,929
Food	23,042		3,748				3,748	19,294
Seeds,Plants	294,432	24,501					24,501	269,930
Water & Sanitation	92,176							92,176
Medical & First Aid	22,274							22,274
Teaching Materials	6,000							6,000
Utensils & Tools	17,748							17,748
Other Supplies & Services	485,007							485,007
Total Supplies	1,061,204	24,501	16,991				41,492	1,019,712
Land, vehicles & equipment								
Land & Buildings	6,529							6,529
Vehicles			4,048				4,048	-4,048
Computers & Telecom	1,920							1,920
Total Land, vehicles & equipment	8,449		4,048				4,048	4,400
Transport & Storage								
Storage	21,045							21,045
Distribution & Monitoring	39,336		4,798				4,798	34,538
Transport & Vehicle Costs	245,569	2,556	15,056				17,612	227,957
Total Transport & Storage	305,950	2,556	19,854				22,411	283,540
Personnel								
National Staff	20,500							20,500
National Society Staff	334,911	32,306	36,695				69,001	265,910
Consultants	7,836		7,580				7,580	256
Total Personnel	363,247	32,306	44,275				76,580	286,667
Workshops & Training								
Workshops & Training	646,366	2,917	12,088				15,005	631,361
Total Workshops & Training	646,366	2,917	12,088				15,005	631,361
General Expenditure								
Travel	30,545		9,397				9,397	21,148
Information & Public Relation	59,537	1,488	2,239				3,727	55,811
Office Costs	21,159		1,535				1,535	19,624
Communications	23,567	265	4,679				4,944	18,624
Professional Fees	6,227		36				36	6,191
Financial Charges	3,121	-7,299	2,237				-5,062	8,183
Other General Expenses	210,751	5,207	3,579				8,786	201,965
Total General Expenditure	354,908	-340	23,702				23,363	331,545
Programme Support								
Program Support	190,490	9,104	13,875				22,979	167,511
Total Programme Support	190,490	9,104	13,875				22,979	167,511
Services								
Services & Recoveries			1,189				1,189	-1,189
Total Services			1,189				1,189	-1,189
Operational Provisions								
Operational Provisions		59,322	86,854				146,176	-146,176
Total Operational Provisions		59,322	86,854				146,176	-146,176
TOTAL EXPENDITURE (D)	2,930,615	130,367	222,877				353,244	2,577,371
VARIANCE (C - D)		1,133,711	1,156,115	228,876	58,669		2,577,371	