

Revised Plan 2011



International Federation
of Red Cross and Red Crescent Societies

Malawi

Executive summary

The Malawi Red Cross Society (MRCS) in 2011 continue focussing on developing and delivering sustainable programmes that meet the needs of vulnerable people. The MRCS is committed to contribute to the International Federation of the Red Cross and Red Crescent Societies (IFRC) 's [Strategy 2020](#) and to meet the objectives of the [Johannesburg Commitments](#), signed at the 7th Pan African Conference held in Johannesburg under the theme '*Together for Action in Africa*', and attended by representatives from all African National Societies. The Africa National Societies leadership re-affirmed their commitment to the development in Africa. The theme "*Together for action in Africa*" underscores a renewed focus on capacity-building including infrastructural development for addressing challenges at national, regional and local levels. The priority areas for African National Societies, have advised the IFRC secretariat in modelling its membership support programmes.



The IFRC support to MRCS plan for 2011 will be through its Southern Africa Regional Representation Office (SARRO) based in Johannesburg. Through its membership service mandate, SARRO concentrates on coordination, representation, facilitation, humanitarian diplomacy and NS capacity development. With support of SARRO, MRCS will contribute to improving vulnerable populations' access to health care services, food, safe water and sanitation facilities, rapid response and mitigation, risk reduction, preparedness and recovery during and after disasters. This plan has been carefully formulated to contribute towards improving service delivery, building stronger institutional capacity, strengthening MRCS divisions in all districts and forging better alliances with local, regional and international partners.

Malawi has a population of 13.067 million, comprising 6.367 million males (49 percent) and 6.7 million females (51 percent)¹. The widespread poverty situation in the country affect people's capacity to deal with disasters as much as it reduces the extent to which people are able to benefit from interventions intended to alleviate suffering.

This MRCS plan for 2011 also focuses on resourcing for long-term programmes whose funding is ending in 2010 such as the HIV and AIDS programme, integrating HIV and AIDS programming under the Health and Care portfolio, consolidating activities under the Zambezi River Basin Initiative, rolling out the new concept for NS development adopted in June 2010 and aligning the new strategic plans to the priorities of the Johannesburg Commitment adopted.

¹ National Statistical Office: 2008 Population and Housing Census Preliminary Report, Zomba, Malawi

The total 2010-2011 budget is CHF 2,847,081

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

Country context

Table 1: Statistics from the Human Development Report 2007/2008² for Malawi

Population, total (million), 2005	13.2
Life expectancy at birth, annual estimates (years), 2005	46.3
Adult literacy rate (% aged 15 and older), 1995-2005	64.1
Under-five mortality rate (per 1000 live births), 2005	125
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 \$2 a day (%), 1990-2005	62.9
Population using improved water source (%) 2004	73
Population using improved sanitation (%) 2004	61

Malawi is a small landlocked country in southern Africa, with a total area of 11.5 million hectares of which one third is covered by water including lakes. The country is one of the poorest in the world, with a GDP per capita income of US\$190. Fifty two percent (52.4 percent) of the population lives below the poverty line of less than US\$1 per day. This means that most people cannot produce or purchase their minimum requirement of 2,200 kilocalories per person per day. This poverty arises from the lack of adequate food requirements as the basket measure used for determining peoples' needs comprises mainly of comprising food materials³.

Malawi's economy is dominated by the agricultural sector, which accounts for more than a third (35 percent) of the GDP. Agriculture also accounts for more than 90 percent of export earnings and is the main source of livelihoods for 71 percent of the rural population. About 80 percent of agricultural produce comes from smallholder farmers on customary land that on average has less than a hectare of land to cultivate. In recent years, the economy has been adversely affected by below normal rainfall and other climatic changes causing severe droughts and or floods⁴.

Access to the health delivery system is inadequate; hence the health indicators are bleak. According to the UNDP's Human Development Report (2007/08)⁵, the Human Development Index (HDI) for Malawi is 0.437, which gives the country a rank of 164th 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 have caused economic as well as social disruption by reducing the skills base and increasing staff turnover.

² UNDP, Human Development Report 2007 - 2008

³ National Statistical Office; 2005; Integrated Household Survey 2004-2005, Zomba, Malawi

⁴ Government of Malawi; 2004; Behavioural Surveillance Survey (BSS), Lilongwe, Malawi

⁵ UNDP http://hdrstats.undp.org/countries/data_sheets/cty_ds_MWI.html

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 mortality⁶. The use of insecticide treated nets (ITNs) has proved to contribute to a 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 ITNs⁷.

Access to safe water and sanitation services remains poor in the rural parts of Malawi. The government and UNICEF country cooperation (2002-2006) indicated 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 the break-down of boreholes. Most schools where enrolment has also gone up due to the introduction of free primary education 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 are considered to be 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.

NS priorities and current work with partners

MRCS priority areas for 2011 will focus on developing and effectively delivering sustainable programmes through; emphasizing on a holistic approach to disaster management, increasingly sustaining the health and wellbeing of targeted vulnerable populations. There is also a need for capacity building at both institutional and community levels, which is in line with the priority areas identified by the NS.

MRCS takes note that it is necessary to be conscious of the new challenges that have forged new patterns of vulnerability to disaster and epidemics, and adapt accordingly while at the same time consolidating and improving on the quality of services that it provides in times of need. It is against this background that MRCS developed its 2010-2014 Strategic Plan, which builds upon previous efforts and experience and seeks to: consolidate its past achievements, refocus its interventions, improve its response and achieving greater impact on the people that it serves. The Strategic Plan has the following priority areas:

- Developing and effectively delivering sustainable programmes to vulnerable populations: MRCS focus is on providing a holistic approach (response, risk reduction, mitigation and recovery) to man-made and natural disasters. In addition to timely respond to emergencies immediate and ensure recovery of the lost assets and opportunities.
- MRCS will also focus on increasingly sustaining the health and wellbeing of targeted vulnerable populations particularly in the areas of HIV and AIDS, maternal and child health and nutrition, malaria control, tuberculosis control, health emergencies, water and sanitation, First Aid and human pandemic preparedness. MRCS shall also mainstream gender issues in its programming.
- Organizational Development to create a well functioning NS through: strengthening Red Cross divisions in all districts, strengthening PMER functions, strengthening institutional capacity in financial management, administration, resource mobilization and allocation.
- Forging better alliances with local, regional and international partners in order to develop long term and stable sources of income.

⁶ <http://www.who.int/whosis/en/index.html>

⁷ Malawi Demographic Health Survey 2004

- Provide adequate public information on the organization as well as to market MRCS as an auxiliary agency of Government providing vital social services to Malawians in difficult conditions. The strategy highlights limitations regarding public understanding of the role, works and guiding principles of Malawi Red Cross.

Disaster Management Priorities



MRCS responded to the needs of families displaced by flood during the first quarter of 2009, with support of the IFRC.

Disaster risk reduction, community-based disaster preparedness, climate change adaptation and food security activities will be the disaster management priorities for MRCS, implemented in targeted areas. The aim is to enhance community resilience and improve ability to mitigate, respond as well as reduce impacts of both rapid and slow onset disasters.

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, 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.⁸ 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 the NS's disaster risk reduction effort;
- Further strengthen and integrate long-term food security plans in the areas of community-based health care, water and sanitation.

⁸ For more information on refer to: <http://www.ifrc.org/what/disasters/recovering/food-security.asp>

Malawi is also a partner with six other National Societies in the Zambezi River Basin Initiative (ZRBI). The Zambezi River basin is characterised by numerous humanitarian challenges. In the past eight years, flooding in the basin has resulted in mass displacements, outbreaks of water-borne and vector-borne diseases, and has devastated crops and livestock, as well as damaging the environment. The ZRBI represents a shared vision amongst southern Africa National Societies - one of maximising the impact of Red Cross interventions in an integrated and holistic way. Whilst Red Cross flood operations had managed to avert loss of life and livestock and to prevent disease outbreaks, it was argued that the challenges faced by affected communities were beyond the scope of emergency relief. Sequential to this review, the (ZRBI) was developed aimed at reducing vulnerability and building community resilience against hazards and threats. The initiative was endorsed by the seven affected countries (Angola, Botswana, Malawi, Mozambique, Namibia, Zambia and Zimbabwe)⁹ at the meeting of the Southern Africa Partnerships of National Societies held in June 2009. The ZRBI is in line with the IFRC's *Framework for Community Safety and Resilience*, which provides a foundation upon which Red Cross Red Crescent integrated community-level risk reduction can be planned and implemented.

Health and Care Priorities

HIV and AIDS remains a priority for National Societies in sub-Saharan Africa which is at the epicentre of the epidemic. According to the UNAIDS outlook report, 70 percent of the burden of the disease, new infections and deaths all occur in the southern Africa region and countries with the highest infection rate in the world are in southern Africa. A total of 11.4 million PLHIV are found in the region and about 5 million children have lost one or both parents due to AIDS.

In April 2010, the Southern Africa Regional Representation Office (SARRO) conducted a midterm review of the 2006–2010 regional HIV and AIDS implemented under the Global Alliance on HIV framework. The results of the review indicated that the Global Alliance on HIV has been well understood and adopted by all National Societies in the form of the 'seven ones'.¹⁰ However, the implementation of the Global Alliance is at different levels among National Societies, with many National Societies appreciating the benefits of the 'regionality' concept, especially the sharing of common materials, manuals, good practices and lessons. Weaknesses were highlighted in branch and volunteer management, capacity building efforts at branch levels and sustainability. It was also noted that the targets and budgets for the programme were very ambitious in terms of National Societies' absorption capacities and resource mobilisation prospects.

In 2009, an HIV and AIDS budget was developed as part of the 2010-2011 Malawi country plan. The assumption then was that the HIV and AIDS programme ([MAA63003MW](#))¹¹, which is part of the southern Africa Regional HIV and AIDS programme ([MAA63003](#)) would continue into 2011. As it became clearer that the appeal MAA63003, which ends in December 2010 was not going to be re-launched, a decision was made for all National Societies in the region to come up with four year (2011-2014) HIV and AIDS country plans which were subsequently presented at a meeting of the regional HIV and AIDS working group (SARAWO) held in September 2010.

The budget from the original plan will be revised through an update in the first quarter of 2011. However, for this revised 2011 plan, the MRCS' HIV and AIDS activities will be guided by the priorities espoused in the four year plan and the recommendations of the 2009 rapid assessment and the HIV and AIDS programme mid-term review.

⁹ For more information on ZRBI refer to: http://www.ifrc.org/Docs/pubs/disasters/160400-Zambezi_River_Project_LR3.pdf

¹⁰ The Global Alliance and its partners abide by the 'seven ones', namely: one set of working principles, one national HIV and AIDS plan, one set of objectives, one division of labour understanding, one funding framework, one performance tracking system and one accountability and reporting system.

¹¹ 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/MAA63003MW.pdf>. The original budget figures are adjusted annually based on NS implementation rate and result of the resource mobilisation efforts.

Taking into consideration the findings and recommendations of the midterm review and in line with the Global Alliance approach, MRCS has developed a four year HIV and AIDS plan and budget. The plan and budget is also aligned to the recommendations of the rapid assessment¹² conducted in 2009 and decisions made by Secretaries General and Presidents from the region in June 2009 to scale-down or maintain existing beneficiary targets. The four year plan also takes into perspective the country priorities with regard to the magnitude of the epidemic by ensuring that under prevention activities, MRCS will focus on the most at risk populations and key drivers of the epidemic.

Under treatment, care and support, it was recognised that with the advent of antiretroviral treatment, the need for nursing care has gone down and the four year plans will focus on treatment literacy and adherence, nutrition, psychosocial support and livelihoods support. Nursing care will be for a reduced number of clients with chronic illnesses as many PLHIV are no longer bed-ridden and are living normal healthy lives.

MRCS will also strengthen its efforts to reducing stigma and discrimination by engaging in advocacy, promotion of human rights, tackling sexual and gender-based violence at community level including promotion and implementation of work place programmes for staff and volunteers.

Support for **orphans and vulnerable children** (OVC) remains a critical aspect of the HIV and AIDS programme. MRCS will focus on quality rather than quantity in the provision of services for OVC, which support include educational, material, livelihoods, psychological and social support. The NS will place more emphasis on building the capacity of families and communities to support the children and to build the resilience of children to cope with the challenges they face. MRCS will also strengthen community structures such as the grannies/guardians clubs and Red Cross child care committees and advocate for the rights of children. Child protection will become a priority and a key activity will be the implementation of the Child Protection Strategy.

Water and sanitation (WatSan) activities will be implemented in eight districts (Lilongwe, Zomba, Blantyre, Mwanza, Ntcheu, Mchinji, Karonga and Balaka) integrate with the 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 and bricks, labour, volunteers and food for the builders. Ideally the participatory approach is adopted in order to ensure ownership of the community-based WatSan 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 Aid training manual has already been revised. MRCS also intends to join the operational alliance on First Aid, being spearheaded by the Belgian Red Cross-Flanders in southern Africa. MRCS will also concentrate on malaria prone areas by providing insecticide treated nets (ITNs) and information, education and communication (IEC) material on prevention, as well as training on proper and effective use of the nets. The target population groups are the pregnant mothers and children under-five years.

¹² A Rapid Assessment was conducted in November 2009 in response to the recommendations of the June 2009 SAPRCS meeting attended by Secretaries General and Presidents of the southern Africa National Societies. The rapid assessment results recommended the need to scale down or maintain the 2006 – 2010 appeal and integrate into Health and Care.

MRCS will also pilot a Human Pandemic Preparedness (H2P) project in the border districts of Nsanje, in the southern region, Mchinji in the central region and Karonga in the northern region. The main target group will be officials from various government ministries at national and district level, civil society groups, NGOs including Red Cross branches and local leaders.

NS Development/Capacity Building Priorities

In June 2010, as signatory to the Rundu Commitment, MRCS committed itself to the new concept of NS Development which is a framework through which the sustainable development of the NS will be determined and driven by the NS itself. MRCS has adopted the new approach towards its sustainable development that *inter alia* emphasises the use of national, sub-regional and regional capacities to address humanitarian and development challenges.

A key aspect of this approach is the establishment of sub-regional groupings that will bring together National Societies with similar challenges and historic ties to work more closely but within the greater objectives of the Southern African Partnership of Red Cross Societies (SAPRCS). The sub-regional groupings will utilise the capacities and competencies within a group of three to four NS to enable a common definition and prioritisation of challenges, joint approaches as well as the sharing of resources. It works with and complements the objectives of SAPRCS while ensuring MRCS takes ownership of its own development in a sustainable manner. Whilst it is the responsibility of MRCS to be accountable for its own development, a small sub-group offers opportunities for synergies and learning.

MRCS is in the same sub-group with Mozambique, Zambia and Zimbabwe Red Cross¹³. The group will have a technical person who will be a staff on loan from any one of the members of the group. The sub-regional groupings will take full responsibility of their own coordination and management. The IFRC and PNS will financially support the salary of the staff on loan, the operational activities and coordination meetings of the sub-regional groupings. The staff on loan while contractually being a national society staff will have a dual reporting line to the sub-group committee and to the IFRC Southern Africa regional representative. The focus for NS development in 2011 will be on rolling out the new concept for national society development adopted by MRCS in June 2010 and at the same time developing strategies to deal with existing and predicted vulnerabilities.

Through this plan MRCS will support government efforts towards achieving goals set out in the Malawi Growth and Development Strategy (MGDS) framework, including the new drive on human capacity development and decentralization of development programmes. Accordingly, MRCS will place emphasis on enabling divisions to plan and implement interventions effectively through a deliberately decentralized approach.

The organization will commit resources to providing skills, essential equipment and infrastructure in all sections and departments to facilitate efficient service delivery. At the same time, policies, systems and structures will be aligned with the demands of the national strategy ensuring that all tools and instruments support the effort to increase efficiency and effectiveness at all levels of intervention. In the same vein, resources will be committed towards capacitating local community leaders, community groups and clubs in institutions, while making divisions accountable for all interventions in districts and communities. At the centre of these arrangements will be volunteers who require greater support, increased capacity building and resource allocation in order to increase impacts of their work.

MRCS will also continue rolling out the Navision accounting software throughout its structures aimed at improving financial management and reporting. It will also continue with the development and management of PMER functions to promote evidence based decision making.

¹³ The New Approach to Sustainable Development of National Societies in Southern Africa (June 2010)

Principles and Values Priorities

MRCS will ensure that the regional branches are strengthened and have capacity to disseminate the Red Cross principles, values and mandate. MRCS actions are guided at all times by the Red Cross Fundamental Principles of humanity, impartiality, neutrality, independence, voluntary service, unity and universality. The purpose of promoting the Movement's Fundamental Principles and Humanitarian Values (P&V) is not simply to ensure that people – staff, volunteers, public and private authorities, or the community in general know of these P&V, but to influence their behaviour through developing an understanding and raising awareness.

While the promotion of P&V is a core area in its own right, their integration into all activities of disaster management and health and care in the community is also seen as an essential part of what makes a well-designed Red Cross Red Crescent (RC/RC) intervention. Promoting and respecting RC/RC P&V is indispensable if the NS is to be perceived as an impartial, neutral and independent actor, and furthermore to facilitate the RC/RC to carry out its mandate. MRCS operational programming based on, and in conformity with, P&V is key to demonstrating the comparative advantage of the RC/RC versus other humanitarian actors.

The concept of sexual gender-based violence is new within the MRCS and relevant activities are to be developed, with support from IFRC Sub-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.

Secretariat supported programmes in 2011

Disaster Management

a) The purpose and components of the programme

Programme purpose

Save lives, protect livelihoods, and strengthen recovery from disaster and crises.

The Disaster Management programme budget for 2011 is CHF 1,279,580.

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.

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.

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.

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.

Programme component: Zambezi River Basin

Outcome 1 The risk and impact of disasters among communities living along the Zambezi River basin is reduced through community preparedness.

Outcome 2	Access to adequate and nutritious food commodities is increased among communities along the Zambezi River basin.
Outcome 3	The number of deaths, illnesses and impact from diseases is reduced among communities along the Zambezi River basin.
Outcome 4	NS capacity to implement disaster preparedness, response and recovery operations is increased.

b) Potential risks and challenges

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

In terms of sustainable programmes, the community resilience activities require 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

Programme purpose
Enable healthy and safe living

**The Health and Care programme budget for 2011 is CHF 1,123,409.
The budget for the HIV and AIDS component will be revised in the first quarter of 2011.**

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.
Programme component: Emergency Health	
Outcome 1	Communities in MRCS targeted areas have increased capacity to cope with health emergencies.
Programme component: Water and sanitation¹⁴	
Outcome 1	Access to sustainable safe drinking water, sanitation and hygiene practices is improved in MRCS target areas.
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.
Programme component: HIV and AIDS)	
Outcome 1	Prevent further infections through targeted community based peer education and information education and communication activities for specific most at risk populations, key drivers of the HIV epidemic and promote uptake of services including male circumcision, voluntary counselling and testing (VCT), parent to child transmission (PPTCT) and mother and child health (MNCH).
Outcome 2	Prevent further infections through targeted community based peer education and information education and communication activities for specific most at risk populations, key drivers of the HIV epidemic and promote uptake of services including male circumcision, voluntary

¹⁴ Global WatSan Programme supported by EU under the Federation Global Water and Sanitation Initiative

	counselling and testing (VCT), parent to child transmission (PPTCT) and mother and child health (MNCH).
Outcome 3	Reduction of stigma and discrimination by engaging in advocacy, promotion human rights, tackling sexual and gender based violence at community level including promotion and implementation of work place programmes for staff and volunteers.
Outcome 4	Strengthen planning, monitoring, evaluation and reporting (PMER), training in resource mobilization, strengthen branch and volunteer management systems, establish relevant partnerships at regional and country level, developing guidelines, good practices, organizing country and regional meetings and facilitating participation in regional and international conferences and seminars

b) Potential risks and challenges

Since the H2P project has never been implemented in Malawi, communities at large might not actually appreciate and understand the magnitude of the problem since it has not yet affected them. MRCS might not get all the necessary technical support on H2P from the government and other partners due to its limited capacity in terms of staff.

From the MRCS 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 ensuring that MRCS is accountable to all the partners.

NS Development

a) The purpose and components of the programme

Programme purpose	
	Increase local community, civil society and Red Cross capacity to address the most urgent situations of vulnerability.

The NS Development programme budget for 2011 is CHF 375,063.

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.
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.
Programme Component: Branch Development and Volunteer Management	
Outcome 1	MRCS has vibrant branches and local units delivering quality service through their volunteer and youth networks.
Programme Component: Resource Development	
Outcome 1	MRCS resource base is improved and ensures sustainability of programmes.

b) Potential risks and challenges

The key potential risk is lack of funding to meet the salary cost according to the terms and conditions of service reviewed and aligned to remuneration standards of other organizations. Management has started negotiations with partners for increased support on core costs, in order for the NS to meet its obligation on remuneration. Negotiations are continuing through partnership meetings and regular contact with existing and potential donors.

Inadequate sources of operational funds for the performance and accountability unit and organizational development might affect the programme management cycle. MRCS shall continue to lobby with all existing partners for continued funding support for all programme support services.

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. Technical support on logistics and procurement, particularly for and during emergency operations is being sort through the IFRC.

Principles and Values

a) The purpose and components of the programme

Programme purpose

Promote respect for diversity and human dignity and reduce intolerance, discrimination and social exclusion.

The Principles and Values programme budget for 2011 is CHF 69,028.

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.

Programme component: Sexual and Gender Based Violence

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

b) 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 2011 is covered under the NS development programme.

a) Technical programme support

The IFRC's mandate is to provide technical support and co-ordination to MRCS and the tasks are geared towards strengthening branches, increasing membership, restructuring and developing various policies, procedures and guidelines. Other support includes those for logistics, information, and planning, reporting and human resource management. Technical support is provided by the programme departments and support service units at IFRC Sub-Zone office.

b) Partnership development and co-ordination

MRCS has a standing Memoranda of Understanding (MoU) with partners, which has helped in coordination and maintenance of relationships. At country level, MRCS takes the 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 Sub-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 a basis, the NS will reciprocate by attending sector agency and coordination meetings.

MRCS 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, Irish Red Cross, 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 have the direct support of the IFRC and Danish Red Cross.

The 2010-2014 Strategic Plan has identified partnership, collaboration and networking as a major approach. Foremost, the NS will promote *formal partnership* arrangements with PNS and local funding agencies through MOU setting out specific obligations for parties. To facilitate this approach the Society will collaborate with partners in formulating a Country Assistance Strategy (CAS) to which partners will subscribe. Similar arrangements will be put in place at district level to capitalize on the potentials of all agencies and pool resources for increased impact of interventions.

c) Representation and Advocacy

The NS leadership supported by the IFRC will ensure the NS is well represented at all strategic national fora on humanitarian issues and social development. The IFRC is dedicated to assisting the MRCS enhance capacity in crisis management in the event of such. In that regard, the IFRC provides guidance in media and public relations.

Promoting gender equity and diversity

MRCS strives for meaningful and active participation of women in all its programmes. The NS recognizes 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 equal participation of men and women.

Quality, accountability and learning

MRCS will ensure effective measurement of progress and impact of its interventions in order to promote evidence-based decision making in its programming. This shall be done by promoting quality data collection, processing, management and usage. A specific monitoring and evaluation plan will be developed based on the master Logframe and the operational plans. This shall clearly define the different sets of indicators for measuring progress and impact of MRCS interventions with details on methodology for collection, frequency and usage among others. Effective and user-friendly monitoring checklists will be adapted to the community-level context, where volunteers with basic literacy will participate as enumerators.

In order to ensure quality delivery of programme activities as per the intended set objectives, MRCS will promote coordination and collaboration within as well as outside the NS. This will be done through routine programme coordination fora done every fortnight and every quarter. In these meetings, plans, achievements, lessons learnt and challenges being met in various sectors within the NS and by other stakeholders implementing similar activities will be shared and collective decisions made where appropriate.

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, organize 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 committees and volunteers.

Before inception of new projects, baseline surveys will be conducted as a basis for measuring progress and impact on all interventions. The baseline surveys will incorporate Knowledge, Attitude and Practices (KAP) with regards to the programme areas. At the end of each programme an evaluation will be done to assess the effectiveness, efficiency, sustainability and impact of the programmes. Programme staff (managers) will be supported through the performance and accountability 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.

[click here to view the budget summary below](#)

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:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

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

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MAAMW002 - Malawi

Budget 2011

Budget 2011

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	Total
Supplies	506,265	123,751				630,016
Land, vehicles & equipment		6,529	1,920	2,688		11,137
Transport & Storage	95,889	72,767	23,964	6,989		199,608
Personnel	185,097	173,000	97,316	18,895		474,307
Workshops & Training	245,614	401,996	177,810	14,194		839,615
General Expenditure	163,543	272,345	49,674	21,775		507,338
Depreciation						
Contributions & Transfers						
Programme Support Services	83,173	73,022	24,379	4,487		185,060
Contingency						
Total Budget 2011	1,279,580	1,123,409	375,063	69,028		2,847,081