

Mid-Year report



International Federation
of Red Cross and Red Crescent Societies

Malawi

Appeal No. MAAMW002

23 August 2011

This report covers the period 1 January to 30 June 2011



An orphan receiving a sewing machine after completing a tailoring training under a livelihood support initiative of the Malawi Red Cross Society. Photo: MRCS

In brief

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

Programmes summary: During this period, some programme initiatives were important focus areas for MRCS such as disaster response and recovery (including recovery interventions for communities affected by an earthquake in Karonga district in 2002, as well as assistance to refugees at Dzaleka refugee camp); food security; community-based health (including maternal and child health, malaria and tuberculosis); water and sanitation; integrated HIV and AIDS programme interventions; MRCS branch and youth development as well as finance development. Progress was made under MRCS' initiative for reducing the incidence of gender based violence in target communities, and supporting survivors and their families.

The National Society responded to floods that hit four districts of Malawi in April 2011, resulting in death and destruction and affecting 12,213 households. It carried out rapid assessments and provided temporary shelter and provided immediate relief assistance to the most vulnerable households in affected communities.

Financial situation: The total 2011 budget is CHF 2,846,772 of which CHF 238,177 (8 per cent) covered during the reporting period (including opening balance). Overall expenditure during the reporting period was accordingly low - CHF 104,616 (3.7 per cent of the budget and 44 per cent of available funds).

During this period, budget revisions were ongoing with the Netherlands, Icelandic and Finnish Red Cross Societies, as well as the UK government's Department for International Development (DFID). The community-based health and care project funded by the Netherlands Red Cross came to an end and funding for a new project was under negotiation. Also, the recovery project funded by DFID came to an end in June and a further funding of three million British Pounds (approximately four million Swiss Francs) was under negotiation for a new project. The actual approved budget will be known in the second half of 2011. Similarly, the total approved budget for 2011 from the Icelandic Red Cross will be known in the second half of the year. A proposal on climate change adaptation in urban areas, for 32 million Euros (approximately 35 million Swiss Francs), was submitted to the Nordic Development Fund through the Finnish Red Cross.

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

No. of people we have reached: The table below gives the number of people reached directly and indirectly during the first half of 2011.

Programme	Planned no. of people to be reached	People reached directly	People reached indirectly
Disaster preparedness		23,460	
Disaster response and recovery			
Karonga earthquake recovery programme	6,000	3,000	15,000
Refugee programme	15,000*	12,000*	0
Disaster risk reduction	20,000	20,000	3,460
Food security	11,267	2,012	8,014
Zambezi river basin initiative	3,150	3,150	4,350
Community based health	226,119	30,780	226,119
Malaria	234,746	234,746	0
Emergency health		185	
Water and sanitation	74,975	60,744	2,950
HIV and AIDS	750,000	800,000	2,000,000

* On a per month basis

Our partners: The MRCS received support from the following Movement partners during this period: Swedish, Netherlands, Danish, Finnish, British, Irish, Icelandic, Belgium and Japanese Red Cross Societies, as well as the IFRC and the International Committee of the Red Cross (ICRC). The National Society also worked closely with UN agencies, government-based and international organizations like UNHCR, UNDP, UN Habitat, Global Fund (through the National AIDS Commission), DFID, USAID through Basic Support for Institutionalizing Child Survival (BASICS), World Vision International, Oxfam and Gorta. Collaboration with various government ministries and NGOs continued at all levels.

The MRCS and IFRC want to thank partners and contributors for their response to this appeal.

Context

Malawi is one of the most peaceful and politically stable countries in southern Africa. During the reporting period, the country faced a number of socio-economic challenges which, in a few instances, resulted in delayed service delivery by the National Society. Fuel shortages due to scarcity of forex reserves to pay the suppliers on time continued and delayed the implementation of some planned activities. In addition, shortages in drug stocks in most public health institutions led to inadequate supplies of essential drugs to health posts constructed by MRCS in collaboration with communities in Ntchisi, Kasungu and Dowa districts. This adversely affected the intended objective of these health posts, i.e. to benefit community members by meeting their expectations to have easier access to health services closer to their homes.

In April, the country witnessed serious flooding in Nsanje, Salima, Nkhotakota and Karonga districts, resulting in death and destruction (of property, crops and livestock), which affected 12,213

households. In Karonga district, where MRCS has been implementing a recovery programme for communities affected by an earthquake in 2002, the floods led to a collapse of 18 household VIP latrines that were under construction by the National Society but could not be finalized due to funding challenges.

Despite these constraints and delays, ARCS continued to make significant progress in implementing programmes laid out in its' 2011 plan, with support from the IFRC and other Movement and non-Movement partners.

Progress towards outcomes

Disaster Management

Programme component 1: 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.

Achievements

During this period, MRCS continued to focus on building the capacity of communities in disaster preparedness and post disaster response, based on its' disaster management plan. Monthly awareness campaigns were held in Mwanza and Mangochi districts, along with two quarterly community open days, as well as meetings with community leaders and first aid trainings. Community education focused on discussions regarding the impact of climate change and climate change adaptation. Drama performances were also used to educate community members. The interventions reached 460 volunteers and 23,000 community members.

The National Society developed two proposals for the mobilization of resources. One proposal was submitted to DFID for three million British Pounds (approximately four million Swiss Francs) to cover interventions related to the construction and repair of houses and school and household toilets, drilling and rehabilitation of boreholes, as well as extension of pipe water systems in areas affected by the earthquake in 2002. The second proposal for 32 million Euros (approximately 35 million Swiss Francs) was submitted to the Nordic Development Fund, through the Finnish Red Cross, and focused on climate change adaptation in urban areas. Should funding be secured for these proposals during the next reporting period, implementation will start immediately after.

Programme component 2: Disaster response and recovery
Outcome 1: MRCS has improved disaster response mechanism to meet the needs of the communities most affected by disasters including the refugee communities.
Outcome 2: MRCS capacity to provide assistance in restoring sustainable livelihoods among the population affected by disasters is improved.

Achievements

Following the floods that hit the country in April, MRCS carried out response operations in the affected areas, mostly in Salima and Karonga districts. Rapid assessments were conducted and temporary shelter provided in affected communities. The National Society assisted about 400 households through the provision of 800 tarpaulins, 500 mosquito nets and 60 tool kits.

MRCS also continued implementing a recovery programme in Karonga district, targeting communities that had been affected by an earthquake in 2002. During this period, the construction of 100 houses was completed; cash transfers were provided to 500 beneficiaries to complete house repairs; and community awareness meetings were held to discuss the importance of adhering to construction guidelines when doing repairs. The programme was also evaluated in June by an external consultant. Results show that the programme has been successful. Further, lessons learned have been used to improve on programme design for a second phase programme proposal, which is under discussion with DFID.

The National Society continued initiatives under its refugee programme and assisted approximately 12,000 refugees on a monthly basis. Support in the form of distribution of food and non-food items, as well as counseling and community service, was provided to refugees in Dzaleka refugee camp, which is managed by MRCS with funding from UNHCR and the National AIDS Commission.

Table: Distribution of food and non-food items in Dzaleka refugee camp during the reporting period

Food items	Quantity	Non-food items	Quantity
Maize	974,150 kilograms	Blankets	700
Pulses	120,949 kilograms	Sleeping mats	700
Sugar	31,300 kilograms	Insecticide treated nets	300
Salt	9,225 kilograms	Survival kits	5
Corn soya blend	98,288 kilograms	Tablets of soap	24,550
Vegetable oil	40,617 litres	Sanitary material for women	3,500
		Cooking sets	60
		Clay stoves	208
		Kerosene	8,000 litres

In addition, 450 families were assisted in supplementing food rations by cultivating their own food. Each family was given 50 kilograms of fertilizer and 5 kilograms of maize seeds to this end. Further, 95 houses for refugees were renovated, counselling service was offered to 365 refugees to help them cope with and adapt to the new environment (with 35 home visits made to provide further support) and 23 families that had lost loved ones were supported with coffins and other funeral related costs.

Programme component 3: 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

During the community awareness meetings on disaster preparedness and response, conducted in Mwanza and Mangochi districts, discussions focused on the impact of climate change and climate change adaptation. The outcome of these meetings was the adoption of activities to enhance the capacity of communities to improve their livelihoods in the context of climate change. This included the establishment of an irrigation scheme for enhanced agricultural production, construction of fish ponds for fish production, initiation of bee rearing and goat rearing projects.

Programme component 4: Food security
Outcome 1: Household food availability is improved.
Outcome 2: Household food utilization is improved.
Outcome 3: Household access to food is improved.

Achievements

As one of the National Societies implementing the IFRC Five-Year Strategic Framework on Food Security in southern Africa, MRCS continued to work towards reducing the vulnerability of communities through longer-term support to livelihoods and food security. Steps were taken to improve and increase balanced and diversified agricultural production of food and cash crops through small-scale irrigation in target communities. Seven new irrigation clubs and one irrigation scheme were formed, trainings were conducted for community members on crop management and irrigation techniques, fields were prepared, and 350 starter packs (comprising fertilizers and seeds were procured).

Further, in an effort to increase household income of vulnerable households, capacity building was carried out through the following trainings:

1. Two training sessions on pig production for 60 farmers from three farmers groups;

2. Three fish production training sessions for 48 farmers (with two fish ponds already constructed);
3. Two training sessions on bee keeping for 42 farmers from three farmers groups. In addition, 18 bee hives for apiculture were procured to be given to these groups.

The goat pass on project also continued, supplying small-holder farmers with an initial stock of local female goats and improved exotic bucks to promote sustainable goat production.

Programme component 5: Zambezi River Basin Initiative (ZRBI)
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: National Society capacity to implement disaster preparedness, response and recovery operations is increased.

Achievements

As a partner in the ZRBI, the National Society participated in the national team that carried out an assessment to establish the extent of damage and priority areas for response in the Zambezi river basin. While health care support was provided by the government and NGOs, MRCS continued to promote good hygiene practices among 1,500 households. In addition, the six boreholes drilled by MRCS in Nsanje district continued to provide access to safe water to 1,500 households and the six water point committees trained there demonstrated an ability to maintain and manage the water points.

Participation by programme staff in several IFRC regional workshops and programme reviews, as well as in locally organized meetings and trainings on disaster management, resulted in improved knowledge which is contributing towards improved disaster management programming.

Constraints or Challenges

The main challenge was the delay in receipt of funding for the food security initiative, especially during the first quarter of the year, which delayed implementation as scheduled. As a result, some activities planned for this first quarter were shifted to the second quarter as well as second half of the year.

Also, fuel shortages due to scarcity of forex reserves to pay the suppliers on time delayed the implementation of some planned activities. These included the distribution of agricultural inputs like seeds, fertilizers and farm implements under the food security initiative, as well as the delivery of construction materials for the construction and repair of houses under the recovery programme in Karonga district.

Health and Care

Programme component 1: 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 (CBHFA).
Outcome 2: Women, men and children are protected from malaria, through adequate surveillance, preparedness, prevention and response measures.
Outcome 3: Communities are protected from tuberculosis (TB) through adequate surveillance, preparedness and response measures.

Achievements

During this period, MRCS trained 15 trainers from 15 of its branches on CBHFA. The trainers will in turn conduct CBHFA trainings for MRCS volunteers in their respective branches (divisions) during the third quarter of the year.

In addition, progress was made in the areas of maternal and child health. A total of 3,890 mothers were provided family planning counselling, of which 336 received contraceptive pills, 106 received a contraceptive injection, 3,025 received male condoms and 340 received female condoms. Further, 1,690 pregnant women accessed the antenatal service outreach service offered by the district health offices, with support from MRCS. Similarly, child health services offered by the district health offices, with support from MRCS, covered a number of children during this period. About 4,000 children under the age of five were covered by the under-five clinic services per month, with 2,491 children being immunized, and 642 underweight children were referred to nutrition rehabilitation centres.

In an effort to protect families from malaria, MRCS volunteers carried out home visits to 22,538 households (113,745 people) and 25,975 households (121,001 people) in Mwanza and Neno districts respectively. During the course of these visits, they promoted the utilization of all 119,300 long lasting insecticidal nets (LLINs) that were distributed in Mwanza and Neno.

Similarly, in an effort to protect communities from TB, MRCS volunteers conducted home visits where 10,976 people received various TB messages. Volunteers also collected sputum from 55 TB suspects, of which three were found positive. Drama performances were held to educate community members on TB and approximately 8,780 people were reached through these.

Programme component 2: Emergency health
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Outcome 1: Communities in MRCS targeted areas have increased capacity to cope with health emergencies.

Achievements

Working towards its objective of enhancing the capacity of target communities to cope with health emergencies, MRCS held an advanced first aid training course for 15 first aid trainers, who in turn have started providing training in this area to MRCS volunteers in their respective branches. Following this training, 29 volunteers were trained in basic first aid in Mwanza district, to enable them to respond to health emergencies. MRCS also conducted commercial first aid training for five companies, training 141 workers through this process.

Programme component 3: Water and sanitation
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Outcome 1: Access to sustainable safe drinking water, sanitation and hygiene practices is improved in MRCS target areas.

Achievements

During this period, 20 sites for new and old water points were assessed for borehole drilling and rehabilitation in Kasungu, Mchinji and Nsanje districts. Eight boreholes were drilled and constructed of which five were in Mchinji district and three in Kasungu district. Six boreholes were also rehabilitated in Nsanje. Through these, more than 13,775 people have access to safe water sources. Further, 20 water committees, comprising 10 members each, were formed and eight committees were trained on borehole repair and maintenance. The remaining committees will be trained during the second half of the year. Also, 200 MRCS volunteers were trained on the repair of water pumps. All these trainings will contribute to the sustainability of water points as communities themselves will be responsible for managing and maintaining these.

This period also saw the establishment of sanitary facilities such as 183 family latrines, 24 VIP latrines, 18 urinals and 18 hand washing facilities in schools. As a result of these, more than 8,400 people now have access to safer facilities for human waste disposal. Thirty volunteers were trained on sanitation platform casting and latrine construction, with the expectation of passing on skills to community members to ensure sustainability. The training led to the construction of 183 family latrines.

With the aim of intensifying good hygiene practices and sanitation, hygiene promotion campaigns were conducted in Karonga, Mchinji and Nsanje districts, reaching 39,450 people. Hygiene promoters visited 6,431 households to promote and monitor adoption of good hygiene practices (hand washing, construction of toilets fitted with sanitation platforms and digging refuse pits). During

these visits it was noted that while all households had toilets, only 1,436 had hand washing facilities and there was a need to strengthen this practice. Further, 74 MRCS volunteers were trained in participatory hygiene and sanitation transformation training.

Programme component 4: 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

This project phased out during 2010 and was handed over to the Malawi government. During this reporting period, the government organized a workshop to conduct a final review of the Flu preparedness plan before its endorsement by the government. MRCS was a key participant in this workshop.

Programme component 5: 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: Provide nursing care in homes and communities for chronic illnesses that still require it. Provide support for PLHIV and children who are on antiretroviral therapy (ART) through counselling on adherence, ART literacy, nutrition, psychosocial support, livelihoods and support groups. Provide holistic support for orphans and vulnerable children including educational, material, livelihoods, psychological and social support and ensure implementation of the regional Child Protection Strategy.
Outcome 3: Reduction of stigma and discrimination by engaging in advocacy, promoting human rights, and 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.

Achievements

The number of people reached with information, education and communication (IEC) activities exponentially increased to 800,000, as compared to previous years. The National Society's HIV prevention strategy addressed issues of multiple concurrent partners, most-at-risk groups and youth. Condom use was also promoted and 24,000 male and 1,000 female condoms were distributed in targeted communities through peer educators, sex workers and community based volunteers.

MRCS' 690 peer educators reached 238,000 youth during this period. The National Society oriented 32 HIV counsellors in Mwanza, Nkhatabay and Chiradzulu districts, with another 24 HIV testing and counselling (HTC) counsellors being oriented on gender and sexuality. The counsellors in turn participated in HIV counselling sessions for fellow youth in their areas and conducted HTC, both in hospitals and communities to reach out to a large number of youth. MRCS also supported the formation of seven post test youth clubs in these districts, and linked these with the HTC centres within their reach. The post test clubs encouraged an 18% increase in number of youth going for HTC. The HTC counsellors worked with the post test club members in promoting HCT.

Further, 250 sex workers were involved in peer education activities. They conducted awareness campaigns among 967 fellow sex workers on personal protection and distributed condoms to them, promoted the use of condoms among clients, and referred fellow sex workers and clients for HTC.

Since February 2011, two different types of radio jingles developed by MRCS on behavioural change, related to multiple concurrent partnerships and unsafe sex among youth, have been running on two major radio stations, reaching an estimated 2,000,000 people in both rural and

urban settings. In addition, eight campaigns on HIV prevention were conducted in target communities through drama shows, poems, songs and dances, which reached 5,580 people. HIV and AIDS messages were also disseminated during sports tournaments started by MRCS in four districts. Distribution of 2,000 leaflets and 2,000 posters on preventing sexually transmitted infections and promoting abstinence and condom use took place among in and out of school youth, along with a training on sexual reproductive health and rights issues for 120 of these youth.

MRCS also continued to work towards expanding care, treatment and support to PLHIV. Support was provided to 1,500 home based care clients and training to 39 home based care volunteers and four coaches. Holistic support was also provided to 9,661 orphans and vulnerable children (OVC) in the form of food, material, educational, psychosocial and livelihood support. The graduation of seven students supported with tertiary education, in April 2011, was a noteworthy achievement. A significant improvement was also seen in psychosocial wellbeing of OVC. The National Society continued to support 53 community based childcare centres¹ covering 5,610 children, both OVC and non-OVC, aged 2-5 years.

MRCS is supporting 28 PLHIV support groups with 1,600 members. This is the highest number in a year since 2003, which MRCS believes is due to increased support to support groups, the decentralization of ART in Malawi and increase in the number of people discharged from the National Society's home based care of PLHIV initiative, who are willing to join the support groups.

Under the Masambo fund, run by MRCS to improve the health and nutritional status of its volunteers and staff who are HIV positive, 24 volunteers and staff living with HIV from Mwanza, Karonga, and Zomba districts, as well as in Dzaleka refugee camp, benefitted from the Malawi Kwacha (MWK) 42,000 (CHF 217) each that they receive in every quarter of the year. Besides using the funds for procuring food and drugs for opportunistic infections, beneficiaries used these for starting small income generating activities and procuring livestock. MRCS is the only organization running this type of funding for its volunteers and staff in Malawi.

Constraints or Challenges

The major constraint was the delay in receipt of funding during the first quarter of the year from some partners, as a result of delayed submission of reports required by them.

The fuel shortages in the country also delayed the progress of some planned activities such as community health days, HIV and AIDS awareness campaigns, outreach maternal and child health clinic sessions, distribution of supplies, as well as some monitoring and evaluation activities.

National Society Development/Capacity Building

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

Achievements

During the period under review no activities were planned for this component.

Programme component 2: Well-functioning organization
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 2: 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.

¹ Community owned pre-schools

Achievements

The focus during this period was to review the conditions of service, i.e. the human resource manual in the MRCS, and revise this accordingly. Though the terms of reference for conducting this exercise were completed, due to funding constraints the exercise has been postponed to the second half of 2011.

The National Society established two twin projects with the Icelandic Red Cross to assist MRCS in strengthening its branch management and development systems. Further, the Belgium Red Cross funded construction of an office in MRCS' Kasungu branch (division).

In an effort to strengthen its planning, monitoring, evaluation and reporting system, MRCS engaged a leadership fellow from the Malawi college of medicine to support this process with the major focus being on developing an integrated health and care monitoring and evaluation system. The process of developing a website and communications strategy was continued during this period.

MRCS carried out several finance management system reviews during this period. Based on identified performance gaps, the National Society developed a finance development project to address these gaps in order to contribute to improving the finance management system, procedures and tools. The activities broadly focus on full adoption of the NAVISION accounting system, strengthening the budget holder's role, improving programme managers' and district officers' understanding of finance management, strengthening procurement management, strengthening finance management at branch level, improving on reporting and documentation, and revision of the finance manual. Costs for conducting a planned information technology (IT) audit, which should help MRCS to put in place a reliable IT infrastructure, have also been incorporated in the finance development project. Currently, MRCS is in the process of consulting its partners for funding and implementation begins in the second half of 2011.

Programme component 3: Branch development and volunteer management

Outcome 1: MRCS has vibrant branches and local units delivering quality service through their volunteer and youth networks.
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Achievements

The National Society has taken branch and youth development as one of the priority areas for the current strategic plan 2010-2014. During the reporting period, a consultative meeting with youth representatives from the three regions of Malawi² was carried out to review MRCS' youth policy. The youth policy was revised, approved by MRCS' board, and 500 copies produced along with a dissemination plan. Further, collaboration was strengthened with the National Youth Council and MRCS' branch and youth development manager was appointed as a board member in one of the council's board committees.

MRCS plans to elect a new board and branch committee executives, including youth structures, by the end of this year, for which the election calendar were set during this period. A consultant was also identified to assist MRCS in developing a volunteer database. This exercise will be carried out during the second half of 2011.

Programme component 4: Resource development
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Outcome 1: MRCS resource base is improved and ensures sustainability of programmes.
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Achievements

During the reporting period, a draft communications strategy was developed to support the maintenance of a good public image for MRCS as well as build a wider understanding of MRCS' work. The development of a website for the National Society, as one of the essential resource mobilization tools, is still in progress. Further, plans to develop a donor database were underway (MRCS intends to learn from the South Africa Red Cross that already developed such a database).

A resource mobilization task force, comprising MRCS managers and board members, was established and will be fully operational in the second half of 2011. A resource mobilization plan of

² The Central, Northern and Southern regions that comprise a combined total of 28 districts.

action has also been developed. Consultations with partners and an audit firm are ongoing regarding the production of a consolidated audit by September 2011.

Constraints or Challenges

- The departure of MRCS' resource mobilization advisor, who left the organization in March 2011, disturbed the implementation of some activities. There is still a need for such a position in the National Society.
- Mobilizing resources for National Society development (human, finance, material) has been challenging for MRCS. Except the Swedish Red Cross, not many partners committed funding for this.

Principles and Values

Programme component 1: Promotion of Fundamental Principles and Humanitarian Values
Outcome 1: Knowledge, understanding and application of the Fundamental Principles and Humanitarian Values are enhanced at all levels of the organization (including non-discrimination, nonviolence, tolerance and respect for diversity and gender).
Outcome 2: The Fundamental Principles and Humanitarian Values are internalized leading to positive behaviour change.

Achievements

Effort was made by MRCS to orient all its staff and volunteers on the Fundamental Principles and Humanitarian Values, as well as how to apply these in all operations. Orientations on these were carried out informally during monthly project coordination meetings in project sites. A total of 120 staff members and 460 volunteers were reached through these.

Programme component 2: Make operational the 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

MRCS continued educating the public and stakeholders on the Fundamental Principles and Humanitarian Values through promotion and dissemination of its programme activities through radio programs, dissemination of programme documentaries, calendars, newspaper features, open days and events during flag week (MRCS fundraising week). Progress was made in the development of a website which, once finalised, will be a good channel for educating the public and stakeholders on Fundamental Principles and Humanitarian Values.

Programme component 3: Sexual and gender based violence
Outcome 1: MRCS has mainstreamed gender issues in all its programmes.

Achievements

In the context of ongoing violence, abuse, neglect, exploitation and discrimination faced by women and children across all social strata in Malawi, and the effects of HIV and AIDS exacerbating the situation, MRCS continued to tackle gender based violence (GBV) through the HIV and AIDS and refugee programmes.

During this period, activities under this initiative were implemented in nine districts and the Dzaleka refugee camp, with the aim of reducing the incidence of GBV and supporting survivors and their families or guardians. The National Society trained 40 GBV committee members in Dzaleka refugee camp on GBV awareness, forms of GBV, prevention and response (counselling and support to survivors and counselling and rehabilitation of perpetrators). The committee assists in identifying cases and referring them to appropriate authorities. Further, ten gender focus group discussions were conducted in Mwanza, Chiradzulu and Nkhatabay districts, facilitated by MRCS along with the district AIDS coordinating committee. In total, 2,050 people attended these discussions. Issues of gender and how this contributes to the transmission of HIV were discussed.

Constraints or Challenges

The articulation of gender issues in a structured manner in all programmes has been a challenge

as the majority of MRCS staff still need to be trained or oriented on how to mainstream gender issues in programming. Therefore, there is need to identify resources for training staff to enable a better understanding of gender mainstreaming, along with more community education on such issues.

Working in partnership

During this period, MRCS continued partnerships with Movement partners (IFRC, ICRC, and the Swedish, Netherlands, Danish, Finnish, British, Irish, Icelandic, Belgium and Japanese Red Cross Societies) who contributed financial, technical and material support for its programmes. The National Society also worked closely with UN agencies, government-based and international organizations, as well as relevant government ministries and NGOs at all levels including at the community level.

MRCS participated in various technical coordination meetings with the government and other stakeholders at national and district levels. The government provided the National Society with policy guidance and technical support during processes like project design, implementation and evaluations. Collaboration with the UN helped MRCS to access both technical advice for programming and implementation of its volunteer development, recovery and refugee programme interventions, as well as some relevant trainings. There is however, a need to address the areas of disaster risk reduction and preparedness through MRCS' current partnerships.

Contributing to longer-term impact

The programmes are in line with IFRC's Strategy 2020 and meet the objectives of the Johannesburg Commitments³. They are based on MRCS' strategic plan 2010-2014, complemented by an operational plan for 2011.

During this period, MRCS continued to use a monitoring and evaluation mechanism for better management, learning and improvement in its programmes. This included fortnightly programme review meetings, monthly meetings with volunteers in the districts, ongoing supervision by coaches to volunteers, monthly and quarterly visits by managers to project areas and quarterly planning and review meetings. Lessons learned, best practices and quality standards in the programmes were shared through documentation of case studies, sharing of evaluation reports, distribution of a monthly newsletter, sharing programme documentaries and community feedback sessions. Under the health and care programme, the Danish Red Cross funded a learning visit for a MRCS representatives to the Uganda Red Cross, to learn more about integrated health and care programming. A wealth of knowledge, including best practices and lessons learned, was gathered and will help MRCS in achieving its vision to have an integrated health and care programme.

Gender issues have been integrated in most of the programmes through encouraging equal representations in leadership positions in project management structures at field level. During baseline surveys, needs assessments and programme evaluations, participation of both men and women was encouraged. This provided opportunities to articulate the needs of both women and men in programmes.

Looking ahead

MRCS will continue working with its current partners and focusing on the same programmes during the rest of 2011. During the first half of the year, delayed reporting in some projects resulted in late receipt of funding which affected progress of programme activity implementation. Therefore, a priority for the second half of the year will be to improve on reporting. MRCS will also strive to intensify resource mobilization and collaborate with new partners to mobilize more resources to meet programming gaps.

³ The Johannesburg Commitments were signed at a 7th Pan African Conference held in Johannesburg under the theme '*Together for Action in Africa*', and attended by representatives from all African National Societies.

How we work

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

The IFRC's vision is to:

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

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

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

Contact information

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

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International Federation of Red Cross and Red Crescent Societies

MAAMW002 - Malawi

Mid-year Report 2011

Selected Parameters	
Reporting Timeframe	2011/1-2011/6
Budget Timeframe	2011/1-2011/12
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	1,279,580	1,123,101	375,063	69,028	0	2,846,772
B. Opening Balance	765	197,898	9,424	0	0	208,087
Income						
<u>Cash contributions</u>						
<i>DFID Partnership grant</i>	-4,143					-4,143
<i>Japanese Red Cross</i>		7,177				7,177
<i>Swedish Red Cross</i>		15,428				15,428
<i>Swedish Red Cross (from Swedish Government)</i>		11,040				11,040
C1. Cash contributions	-4,143	33,646				29,503
<u>Other Income</u>						
<i>Balance Reallocation</i>		588	0			588
C4. Other Income		588	0			588
C. Total Income = SUM(C1..C4)	-4,143	34,233	0	0	0	30,090
D. Total Funding = B + C	-3,378	232,131	9,424	0	0	238,177
Appeal Coverage	-0%	21%	3%	0%	#DIV/0	8%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	765	197,898	9,424	0	0	208,087
C. Income	-4,143	34,233	0	0	0	30,090
E. Expenditure	39	-89,590	-15,064			-104,616
F. Closing Balance = (B + C + E)	-3,340	142,541	-5,641	0	0	133,561

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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)		1,279,580	1,123,101	375,063	69,028	0	2,846,772	
Relief items, Construction, Supplies								
Shelter - Relief	82,944							82,944
Construction Materials	2,546		6,517				6,517	-3,971
Clothing & textiles	7,072		3,245				3,245	3,827
Food	14,746							14,746
Seeds & Plants	201,272							201,272
Water, Sanitation & Hygiene	110,894							110,894
Medical & First Aid	31,488		407				407	31,081
Teaching Materials	4,000							4,000
Utensils & Tools	41,477							41,477
Other Supplies & Services	32,256							32,256
Total Relief items, Construction, Supl	528,695		10,169				10,169	518,526
Land, vehicles & equipment								
Vehicles	1,920							1,920
Computers & Telecom				7,197			7,197	-7,197
Office & Household Equipment	2,688			433			433	2,255
Total Land, vehicles & equipment	4,608			7,630			7,630	-3,022
Logistics, Transport & Storage								
Storage	12,288		1,219				1,219	11,069
Distribution & Monitoring	113,869		7,738				7,738	106,131
Transport & Vehicle Costs	109,136		25,604	4,085			29,689	79,447
Total Logistics, Transport & Storage	235,293		34,562	4,085			38,647	196,647
Personnel								
National Staff	15,500		28,122	250			28,372	-12,872
National Society Staff	304,133		39,856	3,752			43,608	260,525
Volunteers			58,110	19,326			77,436	-77,436
Total Personnel	319,633		126,089	23,327			149,416	170,217
Consultants & Professional Fees								
Consultants	53,766			1,621			1,621	52,145
Professional Fees	3,000							3,000
Total Consultants & Professional Fe	56,766			1,621			1,621	55,145
Workshops & Training								
Workshops & Training	499,752		21,490	7,697			29,186	470,565
Total Workshops & Training	499,752		21,490	7,697			29,186	470,565
General Expenditure								
Travel	23,066		2,054	9,173			11,227	11,839
Information & Public Relation	38,597			71			71	38,526
Office Costs	32,515		23,289	5,817			29,106	3,409
Communications	18,999		2,346	1,922			4,268	14,731
Financial Charges	2,521	24,577	-12,225	-992			11,360	-8,839
Other General Expenses	905,743		9,300	5,627			14,927	890,817
Total General Expenditure	1,021,441	24,577	24,763	21,619			70,959	950,482
Operational Provisions								
Operational Provisions		-24,577	-133,347	-52,536			-210,460	210,460
Total Operational Provisions		-24,577	-133,347	-52,536			-210,460	210,460
Indirect Costs								
Programme & Service Support	180,585		5,442	874			6,316	174,269
Total Indirect Costs	180,585		5,442	874			6,316	174,269
Pledge Specific Costs								
Earmarking Fee		-39	212	49			223	-223

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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)		1,279,580	1,123,101	375,063	69,028	0	2,846,772	
Reporting Fees			211	700			911	-911
Total Pledge Specific Costs		-39	423	749			1,133	-1,133
TOTAL EXPENDITURE (D)	2,846,772	-39	89,590	15,064			104,616	2,742,156
VARIANCE (C - D)		1,279,619	1,033,510	359,999	69,028		2,742,156	