

ANNUAL REPORT



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

MALAWI

20 March 2004

In Brief

Appeal No.: 01.17/2003 ([Click here to access the 2003 Appeal](#))

Appeal target: CHF 811,776 (USD 556,376 or EUR 551,823)

Appeal coverage: 59.2% ([Click here to access the Final Financial Report](#))

Appeal 2004: Malawi no. 01.14/2004 ([Click here to access the 2004 Appeal](#))

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Overall analysis of the programme

Malawi, like other southern Africa countries, is prone to disasters such as floods, droughts, epidemics, HIV/AIDS as well as the influx of refugees from countries such as the Democratic Republic of Congo, Mozambique, Rwanda and Somalia. In 2002 Malawi experienced severe food shortages caused by drought and floods leading to national food insecurity; the international community responded with food aid. It is one of the countries along with Lesotho, Swaziland, Zambia and Zimbabwe, which benefited from the food security emergency operations following the Federation's [Emergency Appeal no. 15/2003](#), as well as other agencies' appeals since 2002. Food insecurity continued in 2003 and its relief operation has continued to be one of the major activities of the national society.

In January, the tropical depression Delfine induced heavy rains caused flooding affecting four districts of Salima, Ntcheu, Balaka and Karonga: 500 people were affected, four deaths recorded, roads and bridges damaged, crops destroyed and other property washed away. Since the Mozambican refugee programme (1986-1995), the [Malawi Red Cross Society](#) has been providing services to the refugees throughout the country. During this programme the national society gained capacity in co-ordination, distribution, warehousing, reporting and repatriation techniques. Today Malawi Red Cross is the sole partner of the UNHCR in running Dzaleka refugee camp.

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During the regular floods along the Shire River in recent years, Malawi Red Cross also gained experience in rapid assessments and responding appropriately to the identified needs. In the past 15 years, the Malawi Red Cross through its programmes has responded to all these disasters and through them gained a wealth of experience and capacity, especially at branch level and is often regarded as a partner to the government and UN agencies for countrywide distribution of food in relation to recurrent droughts.

The Malawi Red Cross health and care related development programmes continued to provide service to various communities throughout the country. HIV/AIDS prevalence rate in the country is still among one of the highest in the world, despite the intensified prevention and control activities implemented by Malawi Red Cross and other local partners. Water and sanitation activities also continued to scale up considerably, with the main strategy of integration and complementing other related health and care programmes, in particular, HIV/AIDS in line with the ARCHI 2010.

Health and care

Goal: A sustainable improvement in the general health and reduction in HIV/AIDS transmission of the targeted vulnerable communities through the provision of community based health and care interventions.

Objective: The regional delegation supports the Malawi Red Cross capacity to implement community-based health care programmes, including HIV/AIDS and water and sanitation programming, thereby improving the general health situation in targeted communities and increasing the communities' coping capacity in disaster situations.

Health

During the past year there was no funding for health activities through the annual appeal.

HIV/AIDS

The Malawi Red Cross has been implementing an HIV/AIDS programme with the main goal of reducing the impact of HIV/AIDS on selected communities and improving the quality of life for those affected and infected by the HIV/AIDS pandemic. The strategies put in use in order to attain this goal are home-based care (HBC) services to the chronically ill, orphan support for children under 18 years and children made vulnerable by the effects of HIV/AIDS (OVC) and community-based prevention activities with focus on the youth. In addition, focusing on internal capacity building of staff and volunteers to build and strengthen their skills to be able to implement community-based HIV/AIDS programs. In response to the [Ouagadougou Declaration](#), the Malawi Red Cross started scaling up its HIV/AIDS activities with funding from the Federation, the American Red Cross and Icelandic Red Cross in 2001 and 2002 respectively. The HIV/AIDS programme is now operational in 12 districts. In each of the targeted districts, the project has focused on one traditional authority - a district subdivision headed by a chief.

Expected results

1. Incidence of HIV infection has been reduced by increasing knowledge and awareness of the disease among the target population

50,000 youths in four districts trained and informed on HIV/AIDS and STD prevention and transmission.

The youth and community leaders were key leaders in the training of HIV/AIDS and STD prevention and transmission. The following activities were carried out; open discussions during HIV/AIDS open days/weeks where inter-village or youth club debates, interactive dramas, reciting of poems, music and traditional dances, testimonies by people living with HIV/AIDS (PLWHA), distribution of information, education and communication (IEC) materials and distribution of condoms in all the twelve districts. Open-days took place once in every quarter but most districts managed to conduct two or three open-days in 2003.

Village headmen have been trained through workshops in HIV/AIDS topics in nine districts and in Mchinji, the chiefs have formed a chiefs HIV/AIDS campaign team to monitor the program activities and encouraged open HIV/AIDS discussions in the community. The team ensured that their communities are taking care of the sick

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without discrimination and provided information on anti stigmatization against HIV/AIDS on open-days. The team coordinated community activities and supported chiefs that are weak in supporting HIV/AIDS initiatives in their villages, thereby taking an advocacy role in the community.

Youth Clubs have been formed in five districts and recreational materials availed allowing youths to share on HIV/AIDS information. The “Say I/Together we can” manual has been revised and translated into vernacular Chichewa and 106 peer educators have been trained to use the manual in three districts. A total of about 24,285 people were reached with prevention messages through the HIV/AIDS programme.

Risk reduction behavior promoted among youths.

The national society distributed 600,000 condoms in all 12 districts. With support from regional HIV/AIDS programme sensitization campaigns were conducted in the 12 districts through the peer educators and traditional leaders’ involvement. IEC materials about safer sex behaviour were distributed to the youths and other target groups.

5,000 peer educators recruited and trained.

A total of 1,500 volunteers were recruited and trained in peer education, drama and theatre. The peer educators reside in their communities and operate within the catchments. The volunteers are not remunerated nor given any incentives but are very committed to the responsibilities.

300,000 condoms distributed.

600,000 condoms were distributed to youth and general population in the 12 districts through support from the regional delegation.

15,000 young mothers educated on mother-to-child transmission (MCTC) and family planning.

Approximately 30,000 women were given health education on reproductive health including services about PMTCT¹ in six districts.

3,200 orphan guardians trained and 2,000 orphans identified and registered

This project component was integrated into the existing HBC programme. Two strategies have been used. The first strategy is to establish community-based childcare centres (CBCCs) that would take care of children aged between three and six years out of which more than 20-30% on average are orphans. The rationale for the CBCC strategy is to provide adequate time for caregivers of chronically ill clients to care for their clients, have time to go to the farms while HBC volunteers are taking care of their clients during home visits. It would also leave time for older siblings of the orphans to go to school while their younger siblings are at the CBCCs. Community mobilization activities for establishment of CBCC centres were done in 11 districts; 19 CBCCs were established in nine districts. About 139 volunteers have been trained to take care of the children and 12 parent committees for the CBCCs were identified and trained on their roles and responsibilities.

In Ntchisi and Nkotakhota districts the CBCC was linked to the supplementary feeding programme and approximately 6,000 OVC were beneficiaries of the supplementary feeding programme in six months in 2003. Approximately 14,000 OVC received second hand clothes donated by Malawi Red Cross in all the twelve districts. So far from the 12 districts implementing the HIV/AIDS program, only Chiradzulu district is remaining in implementing the OVC programme.

2,000 PLWHA received HBC and new support groups formed.

A total of 209 new HBC facilitators were trained adding the number of trained HBC providers to 503. The old HBC providers underwent refresher courses and a volunteer coaching system was introduced in the project and 33 coaches were selected in nine districts that are implementing the HBC monitoring system adapted from the regional HBC monitoring tools. This was piloted in four districts and later scaled up to six more districts. The HBC providers are providing care to approximately 2,500 clients.

A referral system has been established in all HIV/AIDS project areas linking the project to the health centres, hospitals, VCT centres and support groups for PLWHA (where available). The regional delegation coordinated

¹ PMTCT – Prevention of Mother to Child Transmission (HIV)

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training on how to start support group in Mchinji district and two active support groups have been formed. The project has been encouraging clients to go for voluntary counselling and testing (VCT) and numerous clients are coming public on their HIV/AIDS status in all the program districts. These are the target group for the next support group training in 2004.

The HBC project has been linked to the water and sanitation project in Karonga and Balaka districts where six new boreholes have been drilled and 16 old ones rehabilitated so as to improve access to safe water by our clients. The Malawi Red Cross donated blankets, rice, second hand clothes and sanitary packs to the HBC clients and providers.

PLWHA accepted in communities with full respect to their legal rights.

Through the food security programme campaigns on stigma and discrimination were held during distributions. PLWHA participated by giving testimonies about their experience in living with the virus. During relief distribution the youth conducted performances on HIV/AIDS transmission, prevention and control. As a result many people in the communities where the HBC project exist have increased acceptance of PLWHA with relatives of clients showing increased support to clients.

The Malawi Red Cross is recognized both nationally and internationally as a key actor in the fight against HIV/AIDS, through advocacy and communications strategies directed at media and authorities.

The government of Malawi has recognized the Malawi Red Cross as a key partner in the provision of support to the most vulnerable. Other stakeholders such as WFP, UNAIDS, European Union and other bilateral organizations and the partner national societies (PNS) have high confidence in the way the national society delivers its services to the vulnerable groups in the country.

Impact

In the absence of an assessment and evaluation it is not easy to tell the level of impact on the communities. However, qualitatively the HIV/AIDS prevention initiative has had a positive impact on community perception on HIV/AIDS. More people are now going for VCT and are open with their HIV/AIDS status that was not the case in 2002. More people are now registering for the HBC program without shame due to openness about HIV/AIDS issues in the community. It is hoped that the midterm programme review will bring out more information regarding the impact of the project to the beneficiaries.

The projects had tremendous impact at community level especially with the provision of food to the chronically ill and the vulnerable people in project areas. The health centres have recorded lower mortality rates among the people living with HIV/AIDS. Some families that had clients who were bedridden now have them mobile and are doing peasant farming which they were not doing before. The national society has been well recognized by other stakeholders as one of the most well positioned organizations that are assisting the vulnerable communities. On food security interventions the national society is working with WFP, American and Spanish Red Cross.

Sustainability of the programme

The communities proved that they can sustain the programme activities to a certain extent. For instance when there were no funds to run the HBC project, the HBC providers continued to provide all other services apart from drug administration and the clients are content for the services they receive. Big walks were organized by volunteers to raise money for supporting the clients as a community own resource mobilization initiative. Traditional leaders, community members and schools children participated in the walk.

Most CBCCs were initiated by the communities themselves i.e. construction of shelter, door to door collection of food to feed the children in the centres. The programme only assisted them with utensils in some districts and training for the volunteers and committees. This was done to strengthen their capacity in running the project. The communities are in control of prevention activities and the project officer gives guidance only. All the above examples are an indication that the communities have the capacity to run the projects on their own. All they need is strong involvement in the project, capacity building in the area of resource mobilization and technical skills in finance and project management.

Constraints

There are no computers available for the programme in Zomba, Balntyre, Lilongwe and Mchinji, which has made it difficult in the management of the project information. Moreover, these districts also lacked good vehicles. Currently, they use motor vehicles which have proven not to be effective for this kind of work especially during the rainy seasons. Dedza and Balaka districts that are funded by the Danish Red Cross have not yet adopted the monitoring system making it difficult for the coordinator to compile a complete Malawi Red Cross national comprehensive HIV/AIDS statistics and reports on time. The training for the project officers, supervisors and volunteers will take place in 2004 as this was not catered for in the 2003 budget. This is a priority and key result area for the first quarter of 2004 for the coordinator.

Coordination

The Danish Red Cross supports Dedza, Balaka and Karonga districts, the American Red Cross supports Ntchisi, Nkhotakota, Mwanza and Nkhatabay districts, the Federation supports Lilongwe, Mchinji, Blantyre and Zomba districts and the Icelandic Red Cross supports Chiradzulu districts in HIV/AIDS initiatives. The Spanish Red cross has indicated interest to extend the program to three more districts (Salima, Mlanje and Kaporo) where it was funding a food security programme and running income generating projects (four maize mills) with funding from ECHO. Other partners have also showed interest in funding the programme, for instance the European Union. The Icelandic Red Cross has indicated the possibility of extending its support to one more district in 2005 with funding from Iceland International Development AID (ICIDA). A concept paper on orphan care was written and submitted to the Icelandic Red Cross and once approved implementation will start in the first quarter of 2004. Much focus will be put on strengthening existing programs, putting monitoring systems for the other components and improving quality of services.

In preparations to seek extra funding meetings were held with Malawi European Union representatives to assess the possibility of the Spanish Red cross accessing funding for these districts, Salima, Mlanje and Kaporo in the last quarter of 2003 to 2005. On the other hand the HIV/AIDS department views that the most ideal option would be to use any extra funding source to bridge the funding gaps in the other existing programs which have budget deficits.

Water and Sanitation

2. Provision of sustainable water and sanitation services at national society and beneficiary community levels with extra capacity to respond to emergencies

Beneficiaries empowered to plan and implement water and sanitation activities with linkages to health and HIV/AIDS programmes.

Community sensitization and mobilization meetings were conducted with the beneficiary communities of the 15 villages in Nkhotakota district. Programme activities were outlined and roles and responsibilities of each stakeholder were clearly outlined. Plans and modalities of implementation of the activities were discussed and agreed, so beneficiaries know clearly what their role in the programme will be and also any form of contribution they are supposed to do.

Red Cross branches are catalysts of water and sanitation activities in the national society.

The Malawi Red Cross branches assisted in the selection of intervention areas in Nkhotakota district, which also included the selection of villages and sites for drilling of boreholes and family latrine construction. Branches also assisted in the sensitization and mobilization process of the programme activities to the intended beneficiaries in the selected intervention areas. Participative demand assessment has been completed in 15 villages and community management water point committees have been formed. Water point committees were trained in community management in three of the villages.

Increased water and sanitation technical and managerial capacity in the national society

The Malawi Red Cross water and sanitation programme officer underwent training in management development for three weeks in Manzini, Swaziland to enhance the managerial capacity which has resulted in effective and

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efficient implementation of programme activities. The recruitment of the water and sanitation ‘software’² officer in August greatly improved on the efficiency and effectiveness of the software aspects of the programme since the officer has adequate experience and skills in participatory methodologies such as participatory hygiene and sanitation (PHAST) and PRA³.

A water and sanitation technician attended the regional disaster response training that was conducted in Malawi increasing the number of RDRT trained Malawi Red Cross water and sanitation staff to three.

Sustainable and appropriate water and sanitation infrastructures in accordance to SPHERE and Country standards

A total of 15 boreholes have been drilled, five boreholes fitted with hand-pumps have been constructed, 130 latrines constructed, 30 volunteers and five extension workers from 15 villages trained in training-of-trainers course on hygiene promotion, latrine construction and San Plat casting (82 San Plats cast and 38 installed on pit latrines) and formation of 15 water points all in Nkhotakota district. In addition 15 hand-pumps were rehabilitated and water point committees trained in community management of the 15 rehabilitated hand-pumps. Hygiene promotion to the 7,500 beneficiaries of the 15 rehabilitated hand-pumps was conducted.

The purpose of the project was the establishment of sound, sustainable environmental services for 10,000 vulnerable populations in Nkhotakota district, Malawi by 2004 in; water supply, sanitation; and hygiene promotion

Impact

The training in hygiene promotion, SanPlat (latrine sanitary platform) casting and latrine construction has built capacity of volunteers and extension workers in hygiene and sanitation promotion. Included in this training is the dissemination of the Red Cross principles. The trained government extension workers will form a multi-sectored team for the improvement of water supply, sanitation and hygiene promotion in 15 villages in Nkhotakota. Extension workers jointly with the volunteers provide house-to-house promotion of hygiene and sanitation. These volunteers and extension workers train villagers in the building of SanPlats and latrine construction. This provides a sustainable skill in the villages that improves the hygiene and sanitation in the villages. Water, sanitation and hygiene promotion enhance livelihood opportunities; they save time and energy for the beneficiaries.

Constraints

During the reporting period, the drilling team could only work in the dry season when it’s easy drill on dry ground. However, in 2004 they will rehabilitate hand-pumps during the wet season and this will result in more cost effective projects. There are some locations in the project areas where it is not possible to drill by hand and the Malawi Red Cross will contract the drilling to a motorized drilling company. This will build the capacity of Malawi Red Cross in this area and the cost of the two types of drilling can be compared and the future way of drilling decided upon. The drilling project was not completed on time due to fact that the WatSan staff were busy implementing the Southern Africa food security operation WatSan projects.

The financial management of the project both from the Federation and the national society was inadequate. The regional WatSan programme needs to improve on its financial management to enable the transfer funds to the projects more efficiently, and to provide the national society with information on expenditure. The regional WatSan programme has already started improving its financial management. The national society requires improvement in its financial reporting as poor financial reporting delays transfer of funds to the project. The Malawi Red Cross is aware of the limitations on their financial management and the Federation will be assisting them in 2004.

Coordination

Boreholes are drilled by hand with a “Vonder” drilling rig. This is a participative way of drilling, as the villagers are fully involved in the process and thus make a contribution to the costs of the borehole. However it is slow compared to boreholes drilled by machine drilling. The Malawi Red Cross is implementing this project in

² Software (WatSan) – refers to the planning stage of a project where needs of a community are identified, defined and capacities build in order to promote self-sustainability, ownership.

³ PRA - participatory rural appraisal

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partnership with the relevant Malawi government departments – the ministry of health, ministry of water development and ministry of gender, children and community services. Extension workers from these ministries assist the Malawi Red Cross in various ways; the formation of water point committees, the training of water committees in community management, the training of volunteers in hygiene and sanitation promotion and the monitoring of project activities. The national society liaises with other NGO's to avoid duplication of services, share lessons learnt, and to ensure effective implementation and delivery of services.

Disaster Management (DM)

To enhance disaster management and guide its programme activities, the Malawi Red Cross in 2000-2001 developed its disaster preparedness policy and plan which is recognized by the government; the plan has not been fully implemented due to financial and capacity challenges.

The national society monitored the disaster situation caused by the tropical depression, Delfine, closely, and rapid assessments were conducted in the affected districts to ascertain the situation and immediate needs. In the four districts, assessors met with survivors of the floods, local leaders, district officials as well as the national society members living in the districts. The rapid assessment pointed out the loss of crops and lack of food for immediate consumption, shelter, clothes and blankets as the major problems. Following this initial assessment a plan of action was devised which included conducting a more in-depth needs assessment using trained regional disaster response team (RDRT) members who also participated in the distributions of relief items that ensued.

The Malawi Red Cross disaster management programme is currently involved in the following operations:

- Targeted food distributions as an implementing partner with WFP and NGO consortium in five districts for 40,000 beneficiaries.
- Food and non food distribution in seven districts with support from ECHO, the Spanish Red Cross and the Federation for 258,000 beneficiaries and,
- Running a care and maintenance refugee support programme as an implementing partner of UNHCR in Dzaleka refugee camp for 12,000 beneficiaries.

The regional delegation continues to support the national society in its disaster management programme. In March, a support visit by the regional disaster preparedness officer was undertaken to assist and advise Malawi Red Cross in the implementation of its DM work plan for 2003. However, inadequate funding limited the implementation of the planned appeal activities.

Goal: Increased disaster Management capacity of Malawi Red Cross in reducing human suffering when disasters occur through capacity building and community involvement

Objective: Secretariat assistance to the Malawi Red Cross has increased the national society's capacity to meet the humanitarian needs in the country.

Expected result: The capacity of the Malawi Red Cross to provide appropriate and timely support to the people affected by disasters is increased

DM capacity building for 500 programme staff and volunteers, 1000 division and volunteers by end of 2004.

Three officers from the national society attended the vulnerability, capacity assessment (VCA) trainers-of-trainers workshop facilitated by the Federation in Harare in February and another five participated in the annual RDRT training which was held in Salima district, Malawi. The Malawi Red Cross has five RDRT members who are readily available for deployment in the country and within the region. Basic disaster training for programme officers and action team members could not be conducted as there were no funds.

Food security initiatives are integrated into national society priority programmes by end of 2003.

This is an area where a lot has been achieved due to the lessons learnt through active participation in the just ended Southern Africa food security operation. Various initiatives have been implemented which include starter packs for household farmers, vegetable gardens, farmers training and tools.

Country wide EWS⁴ mechanisms based on DMIS⁵ and situation analysis by RDRT members and other stakeholders established in 2003

RDRT members who have been trained are being utilised in the national society to provide situation reports of potential hazards but an operational system is yet to be devised and communicated to all stakeholders up to the branch levels. The Malawi Red Cross benefited from hosting the annual RDRT training enabling the national society and local community participate in the annual disaster management exercise.

Impact

The targeted beneficiaries have benefited from the food relief operation and others are involved in the initiatives put in place to ensure food security for the vulnerable communities.

With the modest financial support from the regional delegation in Harare, and its own well-trained RDRT members ready to carry out rapid assessments, the national society improved its image, credibility and respect as a reliable source and responsive humanitarian organization. The planned disaster management developmental programme activities are realistic and will further enhance the national society's disaster management capacity for the benefit of vulnerable communities. Overall, the past and present activities of the national society in responding to emergencies has raised Malawi Red Cross' profile/image in the country and given it visibility and credibility and the national society is recognized as an important player on the humanitarian scene.

Constraints

Lack of funding from the beginning of the year has caused some delays in the implementation of disaster management developmental activities. Furthermore, attention was focused on the food insecurity crisis in the region, which means, that available resources are being diverted to the food security operations.

Coordination

The Malawi Red Cross has a good image in the country and is well respected by other agencies. The national society is making every effort to maintain its good working relationships with other relevant/ related organizations both within government and non-governmental organizations. In the refugee programme, close collaboration and good working relationships with UNHCR, government and other participating partners are being maintained.

Organizational Development

The Malawi Red Cross has been supported by the regional OD on issues of governance, finance management, branch development and volunteer development over the years (2000-2002). However no funding was pledged for the organizational development activities planned in 2003. Consequently, few activities were implemented in the field of organizational development except for the self assessment which was done in July 2003. Additionally, the finance director and programme coordinator attended the finance and resource development workshop as well as the volunteer management workshop which were organized regionally.

In collaboration with the regional delegation, the Federation country office organized a two-day workshop on Counterpart relationship and on the Characteristics of Well-Functioning national society. The Malawi Red Cross staff and bilateral partners took part in the workshop.

It is worth mentioning that the reporting period was a busy time for the national society with many other commitments such as the assisting floods victims and the extensive food security operations.

⁴ EWS - Early Warning systems

⁵ DMIS – Disaster management information system

Goal: Implementation of characteristics of a well-functioning national society has improved the Malawi Red Cross in the three key areas ; foundation, capacity and performance

Objective: The Federation supports the national society's efforts to accomplish the optimal capacity to respond to the large humanitarian challenges and needs in the country

Coordination

The Federation country manager was involved in assisting the national society in identifying programming requirement and support as well as advocating for capacity building considerations in Federation as well as bilaterally supported national society activities (American Red Cross, Icelandic Red Cross, Danish Red Cross, Spanish Red Cross and Irish Red Cross). The relationship of the Red Cross bilateral partners has improved over time. During the year, meetings were held with all bilateral partners to share information on the programme. Coordination extended to include meaningful mutual involvement in planning and implementation of support activities to the national society.

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