

Country Programme Plan Malawi

I. ANALYSIS

1.0 Country Context Analysis

1.1. Brief overview

Malawi is located in Southern Africa. Administratively, the country is divided into three regions which in turn are subdivided into 28 districts. The national population is estimated at 12 million, with a growth rate of about 3%. The population spread is such that the Southern Region has 47%, 41% for the Central Region, and 12% for the North. The disparity in population distribution is partly due to economic factors that have over the years determined mobility and settlement within the country. 50% of the national population is below the age of 20. The high population growth continues to exert pressure on social services and natural resources such as land which provides employment opportunity for the majority, i.e. over 70%. Malawi is qualified as a least developed country and low income. 52% of the national population is below the poverty line and this translates to about 6.3 million people. In recent years, due to HIV and AIDS, life expectancy has drastically plummeted to about 38 years. The health services in Malawi are still very poor especially in the rural areas where the church provides 60% of the services and 30% totally in the country.

Poverty is deeply entrenched in Malawi. Although the country has some natural resources that would assist in national development, lack of capital and relevant technologies have hampered the possibility to exploit this opportunity. Over dependence on subsistence agriculture, coupled with the export of unprocessed materials, on one hand, and poor policy implementation, on the other, have greatly contributed to poverty. In addition the price of tobacco which, for a long time, has been the main foreign exchange earner is drastically going down. Being a landlocked country, Malawi experiences very high costs to transport commodities into and out of the country. In terms of national budget, the country depends on development partners such as the World Bank, IMF and other international donors. Approximately 60 and 70 % of the national budget is supported by international donors. Despite having attained debt cancellation towards the end 2006, the country continues to face challenges in the areas of governance as evidenced by persistent cases of corruption, among other things. Transparency and accountability at the various levels of society remains inadequate. Low literacy levels, coupled with unregulated population growth, ill health, and HIV and AIDS continue to exert pressure on the meagre resources that the country has, resulting in poor provision of social services.

NCA's mandate is to promote human dignity, participation, equality and social justice, with specific focus on the poor and the marginalised. Thus, NCA's engagement in Malawi is based on this fundamental principle of human dignity for all. In this regard NCA intends to ensure that empowerment of the people, the poor and the marginalised, and adherence to good governance by the duty bearers are upheld and promoted.

NCA's partners in Malawi are mainly churches and faith based organisations. Unique to these partners are the values that they share with NCA. These constitute the solid basis of partnership. It is also worthy pointing out that in Malawi, due to the inherent diaconal imperative and extensive structural outreach capacity, churches and faith based organisations have been and are major social service providers to the majority of marginalised communities especially in the rural areas where most of the population lives. However, lack of resources has always affected their ability to reach out in a comprehensive way. Therefore, there is a need to professionalize these organisations so

that they are able to adequately deliver social services to the poor and marginalised. This will ensure that people, especially women and children, realise optimum enjoyment of their rights. In order to achieve this objective, it is imperative for NCA in Malawi to join forces and network with churches and faith based organisations to strengthen service deliveries and improve quality of life in the communities.

In determining the role of NCA in Malawi, critical analysis of cultural, socio-political and economic trends is necessary. This is in view of improving people's living conditions and to empower right holders to demand their rights and duty bearers to fulfil their obligations to the best of the nation. In all its engagements, NCA Malawi is guided by its vision: **Together for Social Justice in Local Communities in Malawi**. Inspired by this vision, NCA Malawi takes participation, equity and protection as central to the interventions that it implements and supports.

1.2 Participation

For a period close to 30 years there was strong centralisation of public power and authority in Malawi. This means decision making on matters of governance and development was concentrated in the executive arm of government. In the process this weakened the civil society in terms of independence and organizational capacities. Similarly the powers of parliament were broken alongside political movements. This left the population and civil society without much power as they hardly would exercise civil and political rights in any meaningful way. 1993-94 marks a paradigm shift from the centralised decision making model to an open and pluralistic one. From that time, relevant constitutional and institutional provisions have been established to safeguard the fundamental principles of democracy and this includes popular participation and good governance. However, although there are such enabling legal and institutional frameworks popular participation is still a challenge in many respects. Decision-making powers continue to be in the hands of few people. This has in part been enhanced by some retrogressive pieces of legislation enacted over the years, e.g. *the repeal* of the Recall of Members Provision and the Senate. At present the postponement of local elections has also affected the local communities. The absence of local councillors in the district assemblies has weakened community participation. There is no linkage between the community structures, namely the Village Development Committees (VDCs)¹ and the Area Development Committees (ADCs) such that the views from the local communities are no longer been represented in the decisions and development plans of the district assemblies. In this regard, issues of transparency and accountability on the use of power and resources have been compromised.

There are many factors that account for participation deficit. A typical example is high illiteracy levels especially among women. Statistics indicate that in 2004 the number of women parliamentarian rose to 27 representing 14.4% of the total 193 seats. However, this is below the 30% threshold as stipulated by the Southern African Development Community (SADC). It is further stated that 88.3% of all decision making positions in the country are occupied by men compared to 12% for females. On average illiteracy among women is at 58%, with up to 85% in the rural, while men are at 26%.

Participation deficit is also noticeable in the Church. Most affected in this case are women. In many cases the tradition of the Church links ordination to ministry and governance. And since often it is men who are legible for ordination, this means women are barred from participating in matters of governance. This position is strengthened by entrenched scriptures, doctrines and traditions, and these create a lot of difficulties in dealing with participation deficit in the Church. In summary, participation deficit is partly due to deficiencies in the pieces of legislation, institutional framework, skills and knowledge

¹ Abbreviations see page 42

among the population. The HIV and AIDS pandemic has also revealed the participation deficit in the sense that women account for 60% of the HIV and AIDS Infection and yet women are not involved in decision making, policy development and most leadership positions.

1.3 Equity

The main equity deficits in Malawi are to do with unequal access to economic opportunities and basic social services. The status of economic inequalities in Malawi is intrinsic to the nature of economic policies that have been implemented from the colonial times, through the one party era to the present. Critical analysis demonstrates that over the years the economic space has not significantly been reconstructed so as to make it open to broader participation. Instead policies have tended to consolidate the centralisation of the national economy in terms of production and distribution. Subsequently, economic participation has often skewed towards the minority particularly in highly productive sectors like commercial agriculture. The rest of the national population, i.e. 85% remains consigned to subsistence agriculture. A shift in politics in 1993-94 accelerated a similar shift in the model of national economy from centrally planned to free-market. Thus, over the years Malawi has progressively adopted and implemented economic policies under Structural Adjustment Programmes (SAPs) in promotion of the free market economy.

Most of these reforms have been on agriculture which is the mainstay of Malawi's economy. It contributes 53% of the Gross Domestic Product (GDP), and 90% of exports. In general, key reforms have included the liberalisation of the agriculture sector, parastatal sector reform, privatisation, trade liberalisation, financial sector reform, exchange rate liberalisation, interest rate liberalisation, and the rationalisation of the budget. In agriculture specific reforms have focused on price decontrol aimed at allowing market forces to drive resource allocation in production, and market liberalisation intended to foster competition to ensure that smallholder farmers get good input and producer prices. Initially these reforms brought substantial increase in production and private sector participation in marketing the produce. It is estimated that the liberalisation of burley tobacco alone generated US\$ 185 million of revenue for the rural sector (World Bank-2000). But this success was temporal. Subsequent years have witnessed the escalation of poverty and the widening gap between the rich and the poor.

The Government of Malawi (GoM) is committed to obtain gender equality for women and men through full participation of women in all spheres on the basis of equality with men. However, due to many factors, women have limited access to economic opportunities and as a result they are severely affected by poverty. Critical examination reveals that this situation is greatly due to contradictions within policy frameworks at macro and micro levels. Facts are clear on the loss of capacity in local communities for food security and income due to removal of subsidies on agriculture. At macro level, mainly due to privatisation, the State has lost substantial capacity to generate own resources. Since 2006 Malawi has committed itself to sustainable economic growth (MGDS 5.1) and improved governance (MGDS 5.5). However, these commitments risk little achievement in the absence of critical review of the prevalent economic policy frameworks.

The Constitution of the Republic of Malawi enshrines in its principle of national policy the pledge to achieve adequate nutrition for all in order to promote good health and self-sufficiency; provide adequate healthcare, commensurate with the health needs of Malawian society and international standards. The Constitution further pledges to enhance the quality of life in rural communities and to recognise rural standards of living as a key indicator of the success of Government policies. It is also committed to provide adequate resources to the education sector and devise programmes in order to eliminate illiteracy in Malawi and make primary education compulsory and free to all citizens.

Unlike before, the 1995 Constitution treats social services as basic rights. What it means is that the relationship between the state and the citizenry ought to be regulated by the principle of duty bearer and rights holder. However, this is not sufficiently the case in practical terms. There is tendency to use social services in order to gauge political support. In order to promote equal access to social services the promotion of rights based approach to development and service provision is crucial.

Health deficits in Malawi include, inadequate services, shortage of drugs and equipment in the hospitals and lack of adequate and quality trained health personnel. As much as Malawi recognizes that access to basic health is a human right for all people, it is at the same time emphasized that people are responsible for their own health and development. In addition user fees in church health (CHAM) institutions have made access a challenge. However, Service Level Agreements between government and CHAM health facilities are partly improving the situation, although the process is slow. There is also little representation of communities in the structures which contributes to lack of ownership. While there have been improvements in education and literacy, several health indicators have worsened over the past decade. Among others, the number of physicians per population has fallen by half. Childhood immunization has also decreased from 82% in 1992 to 64% in 2004. Maternal Mortality Rate (MMR) has increased from 620 in 1992 to 980 per 100 000 in 2004 although they are now on a decreasing trend. The infant mortality rate is decreasing and is currently at 76 per 1000 live births. Child malnutrition has remained virtually unchanged since 1992 and almost half of the children under five years of age in Malawi are stunted, and 22% severely stunted.

The national average for access to clean water in Malawi is only 30% due to inadequate coverage and high breakdown of existing water supply facilities. Most communities still use unprotected sources of water such as wells, rivers and the lake and this contributes to 80% of water born diseases. CHAM is the largest health service provider in rural Malawi and most of the health facilities are experiencing water problems as well as the communities served by these health facilities.

1.4 Protection

In Malawi the leading protection deficit is HIV and AIDS. The national prevalence rate is about 15% with estimates of 21% in the urban, 20% in semi urban, and 14.5% in the rural areas. This is mostly in the age range between 15-49 years, with a gender imbalance of 50% more young women being infected than men. Studies show that certain cultural elements and traditions, coupled with economic imbalance, make women more susceptible to infection than men. Women, men, boys and girls are infected and affected in different ways with women and girls disproportionately burdened. HIV and AIDS have led to stigma, discrimination, unemployment, inadequate care (home and clinic based) and support, malnutrition and increase in number of orphans who might be deprived of the essential basic needs e.g. education, emotional support, care and love. It is believed that 1.8 million Malawians are infected and one million are orphaned because of the pandemic. The pandemic has escalated the already precarious situation of most of the individuals, households and communities. Due to the loss of manpower and technical expertise, poverty and food insecurity have aggravated. There is now an increase in orphan's child headed households, street children, elderly and single parents, particularly women. These are vulnerable groups requiring protection. A common denominator to all is the inability to meet their basic needs physically, emotionally and spiritually.

Since October 2003 the Government of Malawi (GoM) has put in place a national policy on HIV and AIDS. The policy intends to guide the national response to HIV and AIDS in order to prevent the further spread of HIV infection, and mitigate the impact of the pandemic. The policy tackles prevention, treatment, care and support of the infected and affected. Further, focuses on the reduction of individual and societal vulnerability to HIV

and AIDS by creating an enabling environment, strengthening multi-sectoral and multi-disciplinary institutional framework for coordination and implementation of HIV and AIDS programmes. FBO have been identified as an important institution in the fight against HIV and AIDS. This is because most people belong to the church network and churches play a major role in care and have a moral and ethical influence on people's daily lives. However, FBOs are not strong enough in prevention activities and provision of psychosocial support. The church, schools and the workplace as duty bearers lack capacity and structures to educate and support the rights holders in the local communities to prevent new infections and maintain an HIV and AIDS free environment. The FBOs capacity and functional structures should be strengthened to operate as protective shields for local communities and vulnerable groups

Related to HIV and AIDS are the increasing cases of Gender Based Violence (GBV). Some beliefs, traditional and cultural practices fuel this form of violence. Added to this are deficiencies in pieces of legislation, public polices and institutions, as well as certain elements and modes of interpretation of the doctrines, teaching and practices of the Church. Although Gender Based Violence affects men, women, girls and boys alike, facts show that women and girls are the worst victims. In the state, Church and society, there is continued marginalisation of women in decision making and access to meaningful economic activities. This makes women and girls vulnerable to sexual exploitation, all forms of abuses and trafficking, HIV and AIDS.

In 2006, Parliament enacted a law on domestic violence as one way of making operational such constitutional provisions. Over and above the legal framework, there is a national policy on gender whose overall objective is to mainstream gender in the national development process to enhance empowerment and capacity of women and girls for sustainable and equitable development for poverty eradication. The church should set a bench-mark for the gender related operations in the multi-faith culture of Malawi today, as it continues to fulfil its mission inspired by the values of equal dignity, the common good, option for the poor, subsidiary, integral development , justice and peace.

1.5 Role of civil society and NCA partners

1.5.1 Role of civil society

A vibrant civil society is gradually emerging in Malawi. This is evident in health, education, culture, politics, agriculture, environment, human rights and good governance. In general the core functions of civil society can be clustered around three functions, namely: participation in policy making, goods and service delivery, and political checks/watchdog over public interests. Amongst the civil society organisations in Malawi, the Church has tremendous potential to competently perform these functions. Over 80% of Malawi's population is Christian. Its extensive outreach structures make it easy to work with marginalised communities. Although the Church has programmes in diverse fields including democracy, human rights and governance, most of its initiatives concentrate on health and education. Apart from Government it is the Church that provides the majority of social services to local communities. But in terms of policy formulation, policy advocacy and lobbying, the Church's role is not highly pronounced. The current process of decentralization with the subsequent creation of local structures like the District Assemblies, Area Development Committees (ADCs) and Village Development Committees (VDCs) provides the right environment for the participation of civil society organizations, such as the Church, at national and local level.

1.5.2 Role of NCA partners in civil society

The role that NCA partners play in civil society can be seen in three ways. First, NCA partners are primarily faith-based. As such they easily inspire trust not only from the rights holders but also other organisations including government. Closely related to this point is that as faith-based organisations, they are motivated and bring with them a certain set of world view and values in their work. For instance, the value of human

dignity is at the core of their activities. The third point is that faith-based organisations in Malawi are comparatively old and well established. As such they have wide networks and practical experience. Based on this they have potential to render significant contribution in building the capacity of the emergent civil society organisations in such sectors as health, education food security, human rights and governance.

Most programmes implemented by NCA and partners are in line with the government policies and guidelines and are linked to the available networks in Malawi. Examples of policies and linkages are as follows: HIV and AIDS programme utilises the National Action Frame Work, National HIV and AIDS Policy, Malawi Growth and Development Strategy (MDGS 4.2.6) and the Millennium Development Goal (MDG6), to combat HIV and AIDS, Malaria and other diseases. The National AIDS Commission Government ministries are some of the major networks.

The health programme mainly utilises the Malawi Growth and Development Strategy (MDGS), and the Joint Programme of Work (POW) for Health Sector Wide Approach (SWAp). The POW outlines priority health activities to be implemented by the Ministry of Health including CHAM, development partners and major not-for profit NGOs within the health sector in Malawi for EHP and non-EHP services. The EHP refers to a prioritized but limited package of services that should be available to every individual in Malawi at all times, especially women and children. The EHP addresses the major causes of morbidity and mortality and, by targeting the poor; it constitutes a major part of MOH's and CHAM's contribution to the implementation of the Malawi's Growth and Development Strategy. However, financial barriers are evident in CHAM facilities where user fees are levied at the point of service delivery. In this regard, the signing of Service Level Agreements (SLA) between CHAM and government hospitals is a significant step towards improving access to the EHP through putting in place a collaborative mechanism which ensures that poor women, men, boys and girls are not denied access to health services because of their inability to pay.

Some important links include SWAps governance structures in which CHAM participates, District Health Management Teams (DHMTs), Village Health Committees (VHCs), Health Centre Committees (HCCs), Area Development Committee (ADC) and District Development Committees (DDC). The DHMTs are required to allocate funds to support meetings of the District Assembly Health and Environmental Committees to discuss District Implementation Plans (DIPS) and other health issues. Integral to the Health Programme is the Nursing Training Education which links to the Midwives Council of Malawi and Nurses Association. The SWAp has the potential to bring consistency between national plans, external support, sustainability and commitment of the GoM including CHAM and collaborating partners to the delivery of the EHP (POW).

2.0 NCA's Added Value

NCA-Malawi has a short history in Malawi, starting up only in mid 2002. The NCA Malawi added value has several levels. NCA works in Malawi upon invitation by the Norwegian Embassy and has been tasked by the Embassy and NORAD especially to address the Faith-Based Organisations (FBOs) related to HIV and AIDS, health, and Human rights. This was done in acknowledgement of the great role and responsibility FBOs have in promoting development and building democracy.

NCA Malawi has several extensive programmes related to Strategic partnership with the Norwegian Embassy where we are either operational or work in partnership with church-based and faith based organisations. Although NCA is involved in many areas, the main focus is on Health, and HIV and AIDS, and this is line with the Norwegian Embassy's priorities in Malawi. Regular meetings, reporting and yearly meetings are arranged with

the Embassy to report and discuss relevant issues. This forms a platform for information sharing and dialogues about technical, political and other emerging issues in the country.

One of NCA's major programmes is Health training in Malawi where NCA is operational in expanding the capacity of CHAM's nine nursing colleges in Malawi to double the number of trained health workers by 2009. The program has a component of improving and expanding the infrastructure and to improve the quality of the training of the nurses through education, networking and collaboration with six nursing colleges in Norway. In this programme the Embassy is invited for field visits, handing over of structures or students graduation to make closer links and understanding between the Embassy, NCA and partners within the operational activities. NCA also seeks for funding from various donors as well as partner with Norwegian Diaconal institutions and private donors facilitating financial and professional collaboration between Norway and Malawi.

NCA has established an office with well-qualified and highly committed staff. During this strategic period we will continue to strengthen the relationships with our partners in Malawi and increase the networking between them and Norwegian partners, widen the rights based analysis and integrate gender mainstreaming, advocacy and empowerment strategies into all our programmes. As both NCA and its partners focus on the empowerment of men and women, boys and girls at the grassroots level we want to inspire the churches to focus less upon power strategies and more upon empowerment strategies. This has proved to be a very important area in Malawi.

Another added values of NCA in Malawi, is the relevance of its partners. The main partners of NCA are the different churches, as well as the Muslim Associations. The Churches are everywhere and spread into every district of this mostly rural country. Equally important is that the NCA programmes are targeting the faith based organizations and at the same time are in line with the Malawi Growth and Development Strategy (MGDS) and the Millennium Development Goals (MDGs). This creates a unique synergy between the different partners without diminishing or depleting the work of the government. NCA has during its presence in the country established good cooperating structures with the faith based organizations. The Church holds great potential as an agent for social and economic justice in Malawi. NCA, with its identity as part of the global Church and its longstanding history and experience of working with churches in Malawi, has both the legitimacy and competence to support and challenge churches to live up to their potential to work for social and economic justice.

Churches are also present in Malawi's most rural and remote communities – through local congregations and social outreach programmes. Pastors and priests have considerable status in their local community – not just among their own parishioners, but also in the broader community. Churches in Malawi still have considerable moral authority and are actively sought as a source of support by people. The churches in Malawi have the potential to be a major force in addressing HIV and AIDS and related issues, such as gender and sexuality. As an organization rooted in the Norwegian churches, NCA is in a position to encourage the Malawian churches to address these issues more openly, and by doing so contribute to upholding and protecting human dignity. Working through local and national churches and church bodies enables NCA to work effectively with local communities and link these grassroots level initiatives to broader processes of national development.

2.1 NCA Regional Programs and Networks

In Southern Africa, NCA has developed regional programs for the following: *Faith Communities Address HIV and AIDS* and *Civil Society for Accountable Governance*. Each of these programs has a regional thematic advisor and established cooperation with regional networks and resource organizations. These regional resources are used to

support the NCA Malawi Country office in its thematic work. Malawian partners can potentially benefit from linkages to networks or resource organizations in the region with expertise on HIV and AIDS and Accountable Governance.

2.2 NCA alliances with international networks

NCA has a strong and longstanding relationship with international church and civil society networks, and, therefore, has the potential to link local advocacy work on accountable governance, HIV and AIDS and other programs to international networks and initiatives. Progressive international church networks, can provide solidarity and support to local churches wishing to work more actively with HIV and AIDS stigma and discrimination. NCA will also seek closer cooperation with European sister organizations such as Christian Aid, Danish Church Aid, ICCO, and Norwegian NGOs as ATLAS ALLIANCE, LHL and FORUT on provision of capacity building and division of responsibility in programming for common partners. The same cooperation will be strengthened with Action by Churches Together (ACT) both in Malawi and internationally. ACT is a Church based group that is addressing issues of disasters and emergencies. ACT-Forum Malawi started in 2002 upon recommendation from ACT-CO in Geneva. Its primary function is to coordinate activities on relief and emergencies. At present, the following constitute the membership of ACT-Forum Churches Action in Relief and Development (CARD), Blantyre Synod, Evangelical Lutheran Development Programmes (ELDP), Livingstonia Synod, Christian Health Association of Malawi (CHAM), Danish Church Aid (DCA), Christian Aid, and Norwegian Church Aid (NCA) as non-implementing partners. The work of the forum contributes to the realisation of the Millennium Development Goals (MDGs.1)

II. NCA INTERVENTION STRATEGY

3.0 Thematic analysis and priorities

3.1. Specific rights to be addressed by the programme

A number of rights violations are evident from the analysis of participation, equity and protection deficits in chapter 1. NCA does not have the capacity to work effectively on all of these, important as they may be. We have, therefore, identified the following specific rights as the focus for NCA's work in Malawi during the period covered by this plan. While we make it sure that each right is supported by normative rights frameworks such as international and regional human rights treaties and that some are backed up by Millennium Development Goals, our starting point is an understanding from partner consultation and our own experiences of the Malawian context that these rights reflect real and felt needs. The following are the specific rights to be addressed:

The right to health

Vulnerable groups mainly women and children as well as the whole population has the right to health and protection against HIV and AIDS. Goal 6 of the Millennium Development Goals (MGDs) promotes the right to health. Its aim is to halt and begin to reverse the spread of HIV and AIDS (with focus on 15-24 year olds), incidences of Malaria and major diseases. According to the Constitution of the Republic of Malawi, the state is committed to provide adequate health care, commensurate with the health needs of Malawian society and international standards (*Ref: The Constitution of the Republic of Malawi Chapter III, sect.13, ss.c.*).

The right to safe and clean water

Vulnerable groups such as women, children, orphans, youths, the chronically ill, people living with HIV and ADS, have the right to safe and clean water. This is in addition to good sanitation and nutrition. (*Ref: Article 14, Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa*). NCA seeks to promote the right

to safe and clean water. According to the Constitution of the Republic of Malawi, the state is committed to achieve adequate nutrition for all in order to promote good health and self-sufficiency (*Ref: The Constitution of the Republic of Malawi Chapter III, sect. 13, ss. b*).

The right to adequate standard of living

This right takes into account food, clothing, housing and the continuous improvement of the living conditions. It is worthy noting that the state of Malawi is committed to ensure the enhancement of the quality of life in rural communities and to recognize rural standards of living as a key indicators of the success of Government policies (*Ref: The Constitution of the Republic of Malawi Chapter III, sect. 13 ss. e.*). The same right is recognized by *Article 11.1 of the International Convention on Economic, Social and Cultural Rights-CESCR*. Realization of this right and the well-being of each Malawian will also require actions to redress the unequal distribution of access to economic opportunities, healthcare, education and basic needs for living.

The right to life, dignity, integrity and security

Vulnerable groups such as women, children, orphans, people living with HIV and AIDS have the right to life, personal dignity, integrity and security. The state is committed to implement the principles of non-discrimination and such other measures as may be required; and the implementation of policies to address social issues such as domestic violence, security of the person, maternity benefits, economic exploitation and rights to property (*Ref: The Constitution of the Republic of Malawi, Chapter III, Sec.13, ss. a, ii, iii*). This right is against all forms of exploitation, cruel, inhuman or degrading punishment and treatment as well as all forms of violence against women and trafficking in persons specifically women and children. (*Ref: Article 4, Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa*).

The right to participation

It is the right of all citizens (women and men, young and old) to participate in the political and economic governance of their country (*Ref: The Constitution of the Republic of Malawi, Chapter III, sect.40 ss; a, b, c and d; Article 25 of the International Convention on Civil and Political Rights-CCPR*). In this regard, particular attention will be given to the right of women to participate in political and decision making processes at all levels of society (*Ref: Article 9, Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, and Article 15 of the Convention on the Rights of the Child-(CRC)*).

3.2 Thematic focus

The Agenda for joint action and thematic focus areas have been developed through consultation and interaction with NCA's partners in Malawi and are at the same time within the human dignity triangle described in the NCA Global strategic plans. Consideration has also been taken of cross-cutting issues like gender, environment, human rights and capacity building. Malawi is still a young democracy and NCA will in its programme work to empower poor men and women to act as right holders and at the same time act as duty bearers to build a sustainable community. NCA and partners will further promote gender equity and equality at all levels to secure every persons access to their social, economical and cultural rights. NCA-Malawi has chosen six thematic areas that create a focused platform for its involvement in Malawi and gives the possibility of a holistic approach. In addition NCA Malawi wants to build competence within partners. The thematic focus areas are:

- Faith Communities addressing HIV and AIDS
- Health
- Civil Society for Accountable Good Governance
- Gender Based Violence

- Emergency preparedness
- Capacity building

3.2.1 Faith communities addressing HIV and AIDS

HIV and AIDS in Malawi continue to claim the lives of many people. It is a disaster for the development rooted in inequalities in the health, economy, social and cultural, and political aspects. Women, men, boys and girls are infected and affected in different ways with women and girls disproportionately burdened. In addition stigma, discrimination, unemployment, inadequate care and support, malnutrition and orphans are some of the problems caused by HIV and AIDS. The main interventions will include integration of PLWA's in the work of the religious leaders to combat stigma and discrimination, and to mitigate and contribute to the reduction of the spread of the virus through openness and use of empowerment strategies. Prevention will include addressing harmful traditions and practices, abstinence and mutual faithfulness. In addition, the church will be empowered to continue to care for vulnerable groups like orphans, home based care patients and PLWAs. An added challenge for communities is to promote gender equality and respect for both men and women. This will require streamlining gender and rights based approaches into all educational and programme activities. The emphasis on HIV and AIDS education targeting boys and girls and young women and men will continue. Strengthening of the HIV and AIDS networks will continue in order to assist Faith Based Organizations to have a common platform in their deliberations with the government and at the same time to be able to access financial support. The monitoring and advocacy capacity of FBOs will be strengthened. The aspect of counselling, psychosocial and spiritual support will be developed and strengthened in an effort to improve the quality of life in the context of HIV and AIDS.

3.2.2 Health

3.2.2.1 Health services

Provision of quality health services in Malawi, especially in the rural areas remains a big challenge, with only 54% of the population having access to formal health services within a 5 kilometre radius recommended by World Health Organisation (WHO). There are about 617 health facilities in Malawi, of which 60% are operated by Ministry of Health and 30% by CHAM. Only less than 10% of these facilities satisfy the requirements for delivering the full Essential Health Package (EHP), based on the availability of services, equipment and staffing levels. This leaves over 50% established posts for clinicians and nurses vacant. In this regard, NCA and its main partner CHAM, has a special task to expand from a technical service delivery to a quality service delivery based upon gender mainstreaming and the rights of each man and woman, boy and girl. The interventions of NCA focus on the following: advocacy, supervision and referral, primary healthcare, water and sanitation, and health training.

Advocacy

The majority of Malawians, especially in the rural areas, are not able to adequately access health services in CHAM units. There are several factors that inhibit local communities from adequately accessing the services and these include user fees, shortage of trained personnel, and geographical distance. NCA will therefore continue working with CHAM to advocate for improved access to health services by poor people, especially women and children. Currently, NCA in partnership with CHAM is advocating for Service Level Agreements between the Government and CHAM in order to enable the local communities' access to health services for free.

Supervision and referral

Most of the CHAM units have poor communication, transport, supervision and referral systems. These factors contribute to increased infant and maternal mortality rates. NCA will focus on working with CHAM to strengthen supervision and referral systems. In this it will contribute to the reduction of infant and mortality rates.

Primary healthcare

This component is aimed at building the capacity of CHAM units to work with local communities in primary healthcare interventions. The programme area is aimed at empowering local communities to be responsible for their own health and that they can also claim their health rights.

Access to portable water

Access to potable water is a basic human right and is one of the components in the Malawi Growth and Development Strategy (MGDS) and has direct contribution to the improvement of socio-economic welfare of the beneficiary communities. Availability of running water promotes general hygiene, infection prevention efforts in health facilities and reduces incidences of water borne diseases. CHAM is a large health service provider in rural Malawi and most of the health units have water problems such as unavailability of running water, outdated installations, and low water tables. This programme is in support of the Millennium Development Goals (MDGs) particularly the goals which seek to reduce by two thirds the mortality rate among children under five, maternal mortality by three quarters, and the number of people without access to potable water and sanitation by 50% by 2015.

3.2.2.2 Health training

The health sector in Malawi is facing a human resource crisis due to the large shortage of qualified personnel. This has come about due to increased number of health personnel going outside the country in search of better working conditions and inadequate output from training colleges to match the demand for health services. According to the Malawi government nurses/midwifery are needed most. This cadre apart from serving in the urban areas also serves in the rural where many live. The Five Year Health Training Programme (2005 -2009) aims to expand the capacity and improve the quality of health training in Malawi, and thus addressing the shortage of health personnel. The health programme has two components, and these are:

- Development of physical infrastructure (buildings)
- Capacity building (Network and cooperation Norway – Malawi)

3.2.2.3 Development of physical infrastructure

The physical **infrastructure** development aims at providing increased capacity of hostels, classrooms, kitchen and dining rooms, skills labs, etc, as well as upgrading the standard of existing building. This is a comprehensive programme. It includes construction of 530 new hostel beds, 58 tutors houses, 29 new classrooms/skills labs, and 6 libraries/computer labs, etc. For some colleges, new offices for tutors and administration are also included. Further, in order to attract and keep good tutors at the colleges, which are essential for quality training, a number tutor's houses of good standard are built as part of the programme. All infrastructures are built using environmental friendly materials.

3.2.2.4 Capacity building (Network and cooperation Norway-Malawi)

The aim of this component is to improve the quality of nursing education, increase and retain the number of nurses in the healthcare and delivery system in Malawi. This is through cooperation between Norwegian and Malawian nursing colleges which are as follows: In Malawi; all Christian Health Association of Malawi (CHAM) nursing colleges, Malawi College of Health Sciences (MCHS) Zomba and Blantyre campuses and Kamuzu College of Nursing (KCN). While in Norway; Akershus, Diakonhjemmet, Østfold, Telemark, Vestfold and Stord/Haugesund. Norwegian Nurses' Organization Vestfold branch and National Organization of Nurses of Malawi (NONM) the Southern region are also part of the project. Stakeholders to the project are CHAM secretariat, Ministry of Health, NONM secretariat and Nurses and Midwives Council of Malawi. This cooperation is based on eight focus areas and these are staff development, curriculum development, attract and

retain nurses, teaching and learning resources, research, networking, monitoring and evaluation and cross cultural issues.

3.2.3 Civil society for accountable governance

Good governance is about the political and economic performance of government. Politically, it is about the process of decision making in formulating public policy and legislation, encompassing such aspects as policy, review and reform, human rights, civil representation and strengthening of democratic processes. In short, it is about the exercise of public power in the process of promoting the common good. NCA will support faith based partners with the overall objective of contributing to the creation and strengthening of civil society with democratic structures and systems that allow adequate and meaningful political and economic participation of citizens, particularly the marginalised men, women, boys and girls. This shall be done under the following components:

Participation of women in decision making

In Malawi, women constitute 52% of the national population. However, their participation in politics and the economy remains very low. Many factors account for this and among them are: persistent patriarchal traditions with the tendency of placing women in the private sphere, customary laws and traditions that favour men over women; low levels of literacy that disable them from active participation. Thus NCA in partnership with faith based organisations will facilitate the achievement of substantive equality between women and men in Malawi. Broadly, this will be done through mainstreaming gender into policies and programmes of both government and civil society organisations; support to public awareness for equal participation of women in the structures of governance at national and local levels (district assemblies, area and village committees).

Ecumenical Economic Justice

NCA will support partners to engage with public institutions in matters of economic policy analysis, advocacy and lobbying, fair domestic and foreign trade, financial transparency and accountability, and budgeting processes. While these issues will be concerned more with policy, there shall also be programme components for local communities under economic literacy.

Basic Services as Rights

There is consensus that the legitimacy of government also depends on its performance, particularly in the way it satisfies the basic needs of the population such as security, infrastructure, healthcare, agricultural services and education. NCA will support faith based organisations so that women and men in local communities understand and acquire skills to monitor the implementation of national and local budgets and the performance of public institutions in their communities. In addition, NCA will support faith based organisations to forge closer ties with decentralized planning and service delivery structures such as District Assemblies, Area Development Communities (ADCs) and Village Development Committees (VDCs).

3.2.4 Women and men address gender based violence

Gender Based Violence (GBV) is generally understood to be a form of violation of a person's rights on the basis of sexual difference. This violence finds manifestation through incidences like physical and psychological torture, molestation and deprivation of property. Studies show that some of the traditions and elements of culture, pieces of public legislation, policies and institutions, as well as the teachings and practices of religious institutions provide significant contribution towards the enhancement of this form of violence. Although both sexes are prone to suffer from Gender Based Violence, experience indicates that women and girls are the worst victims.

Gender based violence and Church teaching

Experience shows that Gender Based Violence (GBV) is present both in the Church and the wider society. There is noticeable increase in cases of violent actions of men against women, sexist and discriminatory attitudes, and marginalisation of women in Church governance. Certain forms of scriptural interpretation, teachings and traditions have often been used to encourage and defend these practices. NCA Malawi believes in the equal dignity of men and women. To that end, NCA Malawi will support initiatives that aim at critical review of the understanding and interpretation of scriptures, promote the participation of women in Church governance and ministry, and review the teachings on marriage, lobby and advocate for the enforcement of legislation on Gender Based (GBV) and Domestic Violence.

Gender based violence and the marginalised

In many cases, due to socio-economic and cultural factors women and girls are often susceptible to Gender Based Violence (GBV). Power imbalances, coupled with high illiteracy rates among women lead to their marginalisation. Although there are enabling legal frame works and conventions like the Domestic Violence Act, the Wills and Inheritance Act, the Convention for Elimination of All Discrimination Against Women (CEDAW) and Convention for the Rights of the Child (CRC), Gender Based Violence (GBV) is still deep rooted in Malawian society often manifested in instances like property grabbing. Therefore, empowerment of women is vital in addressing Gender Based Violence (GBV). NCA Malawi with its partners will seek to lobby for the review of the Wills and Inheritance Act, research and document cases of girl and boy child abuses at household level and in school, develop support programmes aiming at seeking redress for Gender Based Violence (GBV) affected women, girls and boys.

Trafficking in persons

Trafficking in persons is a multifaceted problem touching upon interrelated issues such as gender based violence, the culturally and traditionally low status of women, sexual exploitation of women and children and forced labour. Vulnerable people are being lured by traffickers to seek a better future elsewhere. At the destination point however, the traffickers subject the victims to mental and physical abuse and violates their basic human rights in brothels, factories, fields or in private homes. Trafficking may occur within a country or through crossing of borders. Despite growing international mobilization to fight this grave human rights violation, it has currently become one of the worlds' fastest growing forms of crime.

A gender-based response to human trafficking achieves changes by addressing the similarities and differences in the trafficking experience of women, men, boys and girls in relation to vulnerabilities, violations and the different impacts of laws, policies and practices. Simultaneously, it is essential to acknowledge that the underlying causes and contributing factors to trafficking in persons are closely interrelated with socio-cultural degrading views of women.

The NCA prevention of trafficking pilot project (October 2006-January 2007), as well as other reports published by NGO's and government institutions have revealed numerous incidents of Malawians who have been trafficked within the country or to other countries in the region like Zambia, Tanzania and South Africa. Cases of women trafficked to Europe for purposes of prostitution have also been reported. One of the key needs identified in Malawi is to enhance the knowledge of the people at community level about the concept of trafficking. The churches in Malawi have an immensely important role to play in the fight against trafficking in women and children due to their strong presence, wide outreach and direct impact in the communities. Hence, there is a need to build the Faith Based Organisations (FBO's) capacity and knowledge on the concept of trafficking in order to secure a sustainable path for the anti-trafficking efforts in the future. Second, due to the lack of a coordinated holistic anti-trafficking approach in Malawi, creating a

stakeholder network involving both NGO's and government institutions is essential. Third, in order to deal with the issue of trafficking properly further research regarding the volume and causes of trafficking in Malawi is needed. Based on the above, the project "Prevention of trafficking in women and children" (2007-2009) NCA seeks to prevent trafficking by conducting awareness raising, building capacity of FBO partners, mapping the scope of the problem and creating protection networks within and outside Malawi.

3.2.5 Protection in natural disasters and complex emergencies

In the Southern African Region, Malawi has been prone to food crisis. Factors like natural disasters, unfavourable climatic and weather conditions, and poor government policies, contributed to this situation. However, for the past two years the food situation has improved greatly although food insecurity is still noticeable mainly in disaster prone areas. NCA Malawi will continue to network with ACT International and local partners in alleviating suffering due to food shortage. Further, NCA Malawi will support efforts aimed at changing structures and attitudes that might give room for violations of human rights in emergency situations. Results from a recent study on human rights abuses will be used as a resource for change. NCA will focus upon implementing such strategies also towards other partners working in the field of relief and emergency. In addition, NCA Malawi will assist local communities to strengthen their capacity to save lives, cope with disasters, and develop options for sustainable livelihoods in a way that goes beyond immediate survival in a gender sensitive and rights based approach. This programme area supports the Millennium Development Goals which aim at enabling men and women, boys and girls affected by natural disasters and complex emergencies to fulfil their human rights through the provision of services related to natural disasters and emergencies.

3.2.6 Capacity building

NCA's main arena for work in Malawi is within civil society, and more specifically through churches and FBOs working as agents for social and economic justice. Therefore, there will be need to strengthen the capacity of partners so that they are able to carry out agreed upon vision and mission; promote accountability to key stakeholders, more active citizen participation, expanded space to engage with and influence state and private sector actors. NCA's strategy will be to collaborate closely with sister organizations such as DCA, ICCO and Christian Aid, who support many of the same church partners as NCA. Together, we will map the specific capacity needs and strategize on how best to address them. In line with its thematic areas, NCA will focus on building partner organizations' capacity to improve performance in project management and delivery; planning, monitoring and evaluation, financial management and reporting; rights based programming, including gender analysis and advocacy; conceptualization of new programs and projects, specific skills related to supported programs; networking and collaboration.

4.0 Strategies for rights holders and duty bearers

In NCA's rights based approach, we seek to engage with poor men, women, boys and girls, as citizens who are entitled to human dignity and basic human rights by virtue of being human. One of the fundamental rights of every citizen is the right to participate in decision making processes at national and local level. The right to participation assists in transforming abstract rights into concrete entitlements such as basic healthcare, clean water and sanitation NCA's rights based approach entails a two-pronged strategy. A vital component of our strategy is to regard poor and vulnerable groups as **rights holders**. By claiming abstract rights as tangible entitlements, poor people improve their lives. At the same time, we recognize that social relations and institutions (both formal and informal) within society can pose serious barriers to poor men and women in the process of claiming their rights. NCA's rights based approach will also entail the identification of

key **duty bearers** and strategies to engage with them to transform these institutional barriers and mechanisms of exclusion.

4.1 Rights holders

The main rights holders to be addressed by this program are:

- Members of specific local communities will be targeted for provision of access to healthcare, HIV and AIDS prevention and care, prevention of Gender Based Violence (GBV), trafficking, and for citizenship and local governance initiatives. Within these communities, vulnerable women, PLWAs, Pupils, Chronically ill patients, children and boys and girls, women, nursing students, victims of GBV, women and men affected by disasters. Will be addressed as more specific rights holders.
- Members of local communities, with emphasis on women, children and girls and boys, will benefit from health care provision, HIV and AIDS prevention and care, trainings, advocacy campaigns and other programs run by the churches and affiliates on health, HIV and AIDS, accountable governance, Gender Based Violence (GBV) and trafficking

The main strategies for working with local communities will be:

- Organize and equip Church based health care systems with quality care and trained healthcare providers.
- Reduce stigma and discrimination on HIV and AIDS for church members and leaders
- Improve the Church based care for sick people and orphans
- Strengthen the prevention of HIV and AIDS specifically among young people
- Strengthen the church based organizations in preventing Gender Based Violence (GBV) and trafficking
- Provide opportunities for community members to experience democracy in their daily lives, through participation in community based interest organizations,
- Provide opportunities for information and awareness raising, using local community change agents and radio.

4.2 Duty bearers

Inherent in the rights-based approach, is the understanding that the state is the ultimate duty bearer. Therefore, this program ultimately seeks to influence important duty bearers such as national and local governments. However, given NCA's networks and partners in Malawi, our strategy will be to engage the churches and FBOs as intermediary duty bearers.

The Churches in Malawi as basic services providers

Churches in Malawi play a critical role as basic service providers. This role is historical in that since the colonial times, basic services like healthcare and education were assigned to them. Thus, over the years, the Churches have not only established their outreach structures that are able to provide social services right to the remotest parts of the country, but have also inspired trust and confidence from the general public, particularly the vulnerable groups. Again Churches, unlike other organizations of the civil society, tend to engage with the state and wider society based on specific values such as human dignity. Therefore, these characteristics make the Churches more relevant for partnership with NCA. Under this partnership, NCA's key strategies for working with Churches as duty bearer will focus on providing support towards the development of key staff and programs in Health HIV and AIDS, Gender Based Violence (GBV), accountable governance, trafficking and emergency. In addition, NCA will provide support towards capacity building initiatives for proprietors of Church based organisations such as the Christian Health Association of Malawi (CHAM), Association of Christian Educators in

Malawi (ACEM), Evangelical Association of Malawi (EAM), Malawi Council of Churches (MCC), and the Episcopal Conference of Malawi (ECM). Although NCA will not be directly involved in engaging other key duty bearers, there will be a few exceptions. In cooperation with Church partners, NCA will encourage partners to engage with government institutions at national and local level on specific issues. These will include relevant ministries at national level, district health offices at local level, and the nursing colleges.

5.0 Geographical Focus

NCA's geographical focus in Malawi is nationwide. Activities are implemented in all the three regions: North, Centre and South. In line with its strategy in Malawi, NCA works through FBO partners. These partners have their own catchments areas in various parts of the country which are selected based on specific HIV and Aids, and Health indicators. For GBV and Good Governance programmes, the choice of areas is dependent on levels of political and economic marginalisation, as well as the prevalence of harmful cultural practices. The following are the geographical areas:

5.1 Southern region

Nsanje - Tengani, Ndamera, Trinity, Kalembe and Lulwe
Chikwawa - Montfort Hospital
Thyolo - Adolorata Parish, Malamulo Nursing College
Mulanje- Mulanje Nursing College
Phalombe - Holy Family Hospital and College
Zomba - St Lukes Nursing College and Domasi CBO,T/A Chikowi
Balaka - Balaka Parish, Utale Parish
Mangochi - Namalaka, Lugola, Mase,Lulanga, Katema, St Martin Hospital, Koche, Mkope,
Mpondasi, T/A Chowe, T/A Jalasi
Blantyre - Chileka, Limbe
Neno - Matandani
Chiladzulu: T/A Kadewere, T/A Mpama

5.2 Central region

Lilongwe- Chiwe, Mpando area, Nkhoma Hospital and Nursing College, Likuni Hospital,
T/A Tsabango, T/A Chitukula, T/A Kalolo, T/A Chiseka, T/A Maliri
Dedza- Mua Hospital, T/A Kachere, T/A Kasumbu
Ntcheu- Lakeview, Nsipe, Mulanda, Mtendere, Senzani, Mtonda, Mikoke
Ntchisi- Ntchisi Suport Organisation Consortium, Mpherere Health Centre, Chinthembwe
Nkhotakota- Liwalazi
Mchinji: T/A Mlonjeni, T/A Mawvere
Salima: T/A Khombedza, T/A Karonga

5.3 Northern region

Mzimba-lunjika, mabiri, kalikubi, Ekwendeni ,Embangweni
Mzuzu-St Peters Parish, St Johns Nusing College
Rumphi- St Denis Parish, David Gordon Memorial, Mlowe, Luwuchi, Zunga, Tcharo, T/A
Chikulamayembe
Karonga- St Annes, Sangilo, St Steven Parish, T/A Kyungu, T/A Kalonga, T/A Kilipula
Nkhatabay- Luwazi, Chintheche, Consortium
Chitipa: T/A Mwenemisuku, T/A Mwaulambya

II. PROGRAMME IMPLEMENTATION

6.0 Programme objectives per thematic focus area

6.1 Faith communities addressing HIV and AIDS

Overall goal: Women, men, girls and boys in communities are empowered to reduce the spread of HIV and AIDS and mitigate its impact.

Objective 1	Indicators	Sources of verification
To prevent the spread of HIV infection by providing knowledge and skills in HIV and AIDS, Gender and Human rights.	Pupils and church members are able to utilize knowledge and skills on HIV and AIDS, Gender and Human rights. IEC materials available in schools and churches. HIV and AIDS issues discussed in community forum and schools. HIV and AIDS messages integrated in the churches sermons and curricula.	Partners Reports. Project Reports. Annual Reports. Field visits Reports.
Expected results		
Teachers and religious leaders trained in HIV and AIDS, Gender and Human Rights skills.		
Churches provide factual information on Gender and Human Rights.		

Objective 2	Indicators	Sources of verification
To improve the care and support of the infected and affected with a focus on women and children in the targeted areas.	Better health for the infected. Better social and economical services for the orphans. Good services provided by the HBC providers.	Reports.
Expected results		
Adequate counselling skills are developed in targeted churches and communities.		Surveys. Report.
Home based care (HBC) providers trained and provided with HBC kits.		Project Reports. Annual Reports. Monthly meetings.
Orphans empowered for better livelihood.		

Objective 3	Indicators	Sources of verification
To reduce the stigma and discrimination against the infected and affected in the communities, churches and mosques	PLWAs open about their status and the affected free to care and support the infected. Easy access to treatment for women, men, boys and girls in communities. People accessing VCT services in communities. Churches and Mosques initiating HIV and AIDS activities to support the infected and affected.	Project Reports. Observations.

Expected results		
PLWAs involved in religious activities.		Annual Reports. Project Report. National Aids Commission (NAC) reports.
Churches preaches factual and accurate messages of hope, faith and compassion on HIV and AIDS.	.	Annual Reports. Project Report. NAC reports Observations.
Change in attitudes of Church members and leaders towards the infected and affected.		Reports. Observations.
		Annual Reports. Project Report. NCA reports. UNAIDS Reports.

Objective 4	Indicators	Sources of verification
Promote integration of nutrition and herbal treatment in the HIV and AIDS.	PLWAs and chronically ill patients accessing the herbal treatment. Better health for PLWA and chronically ill patients through provision of food supplement. Good services on nutrition and herbs provided by the HBC givers. More sustainable environment through reduction of soil erosion and deforestation.	Project Reports.
Expected results		
Community gardens established where herbs and vegetables are grown		Annual Reports. Biannual Reviews.
Religious leaders, PLWA s and HBC providers trained in nutrition and herbs		Annual Reports. Biannual Reviews.
Woodlots established by HBC providers		

Objective 5	Indicators	Sources of verification
To improve the livelihood of street children and orphans	Street children and orphans complete basic education. Economical and social empowered street children and orphans. Healthy street children and orphans. Reduction of children living in the street.	Annual reports.
Expected results		
Street children and orphans stay in school.		Project Report. Annual reports. Bimonthly meetings.
Street children and orphans trained in vocational skills.		Project Reports. Annual Reports.
Street children and orphans trained in basic hygiene and sanitation.		

Objective 6	Indicators	Sources of verification
To build the capacity of social workers in counselling, gender and human rights.	Street children reintegrated in to the family and local community. Better family system support.	Reports.
Expected results		
Social workers trained in counselling, gender and human rights.		
Counselling services provided by the social workers.		
Social workers promoting re integration of street children in their communities.		

Objective 7	Indicators	Sources of verification
To promote humane environment for the affected and infected.	Timely access to treatment. Functioning work place policy. People living positively with HIV and AIDS.	Reports. Personal testimonies.
Expected results		
HIV and Aids policies developed by faith based organisations		
Improved access to treatment for PLWAs		
Reduced stigma and discrimination in workplaces		

Assumptions

- Knowledge and skills will lead to changes in perception, behavior and beliefs.
- Church and Civil Society responses and services will receive a long-term support from donor partners.

Risks

- Lack of focus on grass-root level by donor partners and government
- Lack of funding
- Reluctance to go for VCT

6.2. Health

6.2.1 Health services and water

Overall goal: Contribute to improved health for the vulnerable groups with particular focus on women, boys and girls, around CHAM units.		
Objective 1	Indicators	Sources of verification
To improve access to quality health services in CHAM Units for women, men, boys and girls.	Women, men, boys and girls access quality health services. Knowledge and skills on Infection Prevention, gender and human rights applied in health services delivery. Motor bicycle ambulances and vehicles utilized in referral of patients and supervisory visits. Motor bicycles well maintained and functional. Timely referrals and referrals.	Reports from partner. Hospital records. Training reports from partners. NCA monitoring reports. Observations.

	Better infant and maternal health. Reduced infant and maternal mortality. Signed Service Level Agreements between CHAM and DHOs. Increased access to 60% by communities around health facilities with signed Service Agreements. Communities informed about services given and empowered to claim health rights. Village Health Committees participate in community health interventions.	Signed agreements.
Expected Results		
Health personnel and village health committees trained in Infection Prevention, Gender, Human Rights and supportive supervision.		
Motor bicycle ambulances and vehicles procured and delivered. Drivers trained in motor bicycle driving and maintenance		
Repaired radios for communication		
Service Level Agreements signed.		
Village Health Committees formed/ strengthened		

Objective 2	Indicators	Sources of verification
To strengthen collaboration and partnership between the District Health Office and CHAM units within the district..	CHAM Units participate in District Implementation Planning processes. Resources from District Health Office accessed by CHAM Units. CHAM participate in: - SWAp Bi-Annual Review Meetings. - Quarterly Technical Working Group meetings. Public Private Partnership meetings. - 3 Regional meetings. CHAM units participate in: - Quarterly Extended DHMT meetings. - District Executive Committee meetings. Knowledge and skills shared and utilized in service delivery.	Reports on Planning meetings. Minutes of meetings. Partner Records. NCA Monitoring reports. MoH review meetings reports. Minutes of Quarterly Technical Working Group meetings. Public Private. Partnership meeting minutes. Minutes of Extended DHMT meetings.
Expected results		
Advocacy meetings at different levels – policy level (MoH), proprietor and Health Units.		
Managers and proprietors of CHAM health units continuously trained in health reforms such as decentralisation process and SWAP policy implementation.		

Objective 3	Indicators	Sources of verification
To provide CHAM units and selected communities with water and sanitation facilities that are easy to operate and affordable to maintain.	<p>CHAM units provided with water and Sanitation facilities</p> <p>Communities provided with water installations facilities</p> <p>80% of installed water points are in good working order one year after project completion.</p> <p>85% of users of water and sanitation installations reporting satisfaction.</p> <p>National standard level for Water supply is met.</p> <p>National and WHO Water quality standards are met.</p> <p>95% of constructed sanitation facilities in good working order one year after project completion.</p> <p>Sanitation facilities hygienically used and maintained by 85% of health institutions by the end of the project.</p>	<p>Records in CHAM units.</p> <p>Consultants Reports.</p> <p>NCA Monitoring Reports.</p> <p>Partner Reports.</p> <p>Surveys and comparison with baseline data.</p> <p>Spot checks.</p> <p>Project evaluation Report.</p>
Expected results		
Appropriate water facilities and sanitation systems are constructed and maintained.		

Objective 4	Indicators	Sources of verification
To build capacity of Water Point Committees and health facility personnel in water and sanitation management.	<p>Sustainability of water and sanitation services managed by the water committees.</p> <p>Continued use of water and sanitation facilities by local communities.</p> <p>Ownership of water installations clarified.</p> <p>Women participate in decision making in the water committees.</p> <p>Trained and functional gender balanced water committees.</p> <p>Increased understanding of water rights by communities.</p> <p>Men, women, boys and girls access safe drinking water.</p> <p>Water borne diseases reduced.</p> <p>Maintenance fund initiated and utilized.</p> <p>Water and sanitation facilities maintained by Health personnel.</p>	<p>Project Reports.</p> <p>NCA Monitoring Reports.</p> <p>Partner reports (Annual or Periodic).</p> <p>Training report.</p>
Expected results		
Trained and functional water committees comprising of men, women, boys and girls.		

Community committees trained in community based water management (borehole maintenance, disease prevention, human rights, gender and income generation).		
Health facility personnel trained in maintenance of water and sanitation installations.		

Assumptions

- The churches, civil society and public/private health sector realize and acknowledge its obligation as duty bearers towards people concerning health.
- Availability of trained personnel
- Continued cooperation between government and CHAM

Risks

- Inadequate funding
- High attrition rate of qualified health personnel
- Conflicting proprietors' priorities
- Lack of practical ownership by local communities and the proprietors

6.2.2 Health Training

Overall objective: Expand the capacity of CHAM health training colleges and improve the quality of health training in Malawi.

Objective 1	Indicators	Sources of verification
To expand the capacity of CHAM colleges in order to double the number of health workers, by 2009	Increased no of health workers in the country. Additional 58 tutors with suitable quarters in CHAM colleges	Reports
Expected results		
a) Infrastructure: ² - 15 (10) new hostels, 642 (530) beds - 1 (4) new dining hall /kitchen - 11 (25) new classrooms - 2 (4) new skills labs - 5 (6) libraries/computer labs - 3 (7) new office blocks - 47 (58) new tutor's houses - Misc. renovations	No of structures completed Student intake Graduates per year	Reports
b) Increase number of tutors	Number of tutors Student ratio per tutor Gap filling done by network	Reports

Objective 2	Indicators	Sources of verification
To improve living conditions of students by renovation and provision of new constructions at health colleges of CHAM	Visual inspection	Reports, visits

² Figures refer to updated plan. (First plan in brackets)

Expected results		
Renovated hostels, dining halls, kitchens etc	Observations	Reports
New hostels, dining halls, kitchens etc	Observations	Reports

Objective 3	Indicators	Sources of verification
To improve living conditions for tutors at rural nursing colleges by building tutor's houses	Visual inspections	Reports
Expected results		
Houses built	Observations	Reports

Objective 4	Indicators	Sources of verification
To improve the quality of nursing education in Malawi.	Well stocked libraries and clinical labs. Nursing students and tutors using libraries and labs. Active networks between Norwegian and Malawian nurses. Human Rights, ethics and gender applied in theoretical and clinical practice by students. Identified skills and knowledge gaps are filled.	Reports College records NCA records Norwegian tutors reports Research report Minutes of meetings
Expected results		
Human Rights, ethics, and gender are taught in Nursing Colleges.		
Availability of relevant and adequate teaching materials and human resource.		
Quality teaching and research in Nursing Colleges.		

Objective 5	Indicators	Sources of verification
To increase and retain nurses in the healthcare delivery systems in Malawi.	Number of students, tutors and nurses increased. Number of NONM members increased.	NMCM records CHAM records NONM membership register NONM reports
Expected Results		
Empowered nurses able to negotiate for their rights.		
Vibrant nurses association.		

Assumptions

- The churches, civil society realize and acknowledge its obligation as duty bearers towards people concerning health.
- Cultural differences will enrich the cooperation
- Continued cooperation between government and CHAM

Risks

- Short duration of projects to measure impact of project
- Budget overrun which may result in not implementing activities listed in the Project document
- Escalation of prices for building materials and traveling
- Inadequate funding

6.3 Civil society for accountable governance

Overall objective: By 2009 NCA contributes to the strengthening of civil society with improved democratic structures that facilitate the participation of women, men, and youths in political and economic governance at national and local level.

Objective 1	Indicators	Sources of verification
To promote networking between the Church and civil society organisations.	Bi-annual meetings of Faith Based Organizations (FBOs) and Civil Society Organizations (CSOs) on governance matters. Joint plans of action on governance Joint communiqué on governance issues.	Reports
Expected Results		
Church and CSO's have addressed issues of good governance and accountability.		
Church and CSOs have addressed issues on trade, national and local budgets, fiscal and monetary policies.		

Objective 2	Indicators	Sources of verification
To promote women participation in politics at national and local level.	FBO and CSO networks are addressing pertinent issues on women participation in politics.	Documentation on issues addressed.
Expected result		
Percentage of women in Parliament is increased from 16% to 30% by 2009		
Women issues discussed and addressed by Parliament and local assemblies.		
Bills enacted and passed on women's issues		

Objective 3	Indicators	Sources of verification
Empower women and men with skills and knowledge on economic governance	Church leaders questioning economic policies. Men and women forming vibrant associations to protect and promote their economic interests.	Specific policies questioned. Number of associations formed.
Expected Results		
Church and CSOs have addressed issues on trade, national and local budgets, fiscal and monetary policies.		

Churches and CSOs have gained adequate skills in lobbying and advocacy on economic governance issues.		
Men and women are empowered to participate in economic policy formulation and implementation.		

Objective 4	Indicators	Sources of verification
To address issues of national and local budgets, and accountability	Availability of quality learning materials, human resource and infrastructure. Availability of food. People producing diversified crops.	Books, school blocks, trained teachers. Different types of food crops in the gardens and markets.
Expected Results		
Increased number of boys, girls, men and women accessing basic and quality education		
Sustainable access to food security		

Assumptions

- Funding availability to both NCA and its partners
- Adequate capacity and commitment of stakeholders, e.g. government, parliamentarians, local councillors, faith based organisations, etc
- Enabling socio-political environment

Risks

- Inadequate resources

6.4 Gender-based violence

Overall objective: To contribute towards the reduction of Gender Based Violence (GBV) in Malawi, and the creation of an environment where women, men, girls and boys enjoy equal rights.

Objective 1	Indicators	Sources of verification
To ensure that FBOs, decision-makers and local communities are addressing all forms of Gender Based Violence (GBV) in Malawi.	Increased interventions against practices that accelerate Gender Based Violence (GBV).	Reports.
Expected results		
Reduced incidences and cases of Gender Based Violence (GBV).	Stories and testimonies. Relevant legislation enforced.	Concrete individuals with the experience.
Increased capacity of FBO's decision makers and local communities to address Gender Based Violence (GBV) within the church and society.		Official records.
The rights of marginalised groups (women, men, domestic servants and school girls) are protected and promoted by law.		

Objective 2	Indicators	Sources of verification
FBOs to critically review their teachings so that GBV is adequately addressed.	Availability of program and policy documents with integrated Gender Based Violence (GBV) concerns.	Visits to partner institutions.
	Women and men discuss and fight Gender Based Violence (GBV) together.	Discussion forum in the Church such as Mvano Groups, Chifundo Groups, Legio Maria, Chigwirizano Groups, Dorcas Women Groups, etc.
Expected results		
Gender Based Violence (GBV) issues are integrated in church sermons.		
Gender Based Violence (GBV) issues are integrated in formation programmes and policies of the lay faithful and the clergy.		
Women and men at local community level get involved in programmes aimed at reducing Gender Based Violence (GBV).		

Assumptions

- Churches and civil society have the potential to integrate gender concepts in the doctrines, teachings, beliefs, values, organizations and programmes
- Churches and civil society have the potential to influence gender concepts within and outside their own constituencies

Risks

- Concepts of gender differ within the churches.
- Lack of the will on the part of the Church to address GBV

6.4. 2 Trafficking in persons

Overall objective: By 2009 NCA contributing to the prevention of trafficking in women and children through an active gender and rights based approach

Objective 1	Indicators	Sources of verification
Empower the target groups by enhancing their knowledge about the concept of trafficking	Number of women, children and youth sensitized on issues of trafficking. Increased awareness on the issue of trafficking in the targeted communities.	Reports. Surveys. Observations.
Expected results		
Relevant awareness and training materials on trafficking produced and distributed in the targeted communities	Awareness materials produced and disseminated. Training materials produced.	Reports. Visits.
Increased attention on the issue of trafficking in persons	Number of awareness raising campaigns held Increased media coverage.	Media coverage.

Proper and factual information, education and communication messages emanating from religious institutions	FBOs able to communicate matters pertaining to trafficking Increased reporting of trafficking cases. Reduced incidences of trafficking in persons.	Survey. Observation. Reports.
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Objective 2	Indicators	Sources of verification
Contribute to the FBO's sustainable and continued fight against human trafficking in Malawi	Partner FBO organisations increased capacity on human trafficking issues.	Reports.
Expected results		
Capacity of NCA partner institutions and programme staff enhanced	Programme staff in partner organizations received training on the concept of trafficking in persons Programme staff gained necessary knowledge on how to address, identify, prevent and take action against trafficking in persons	Training reports. Reports.
Strategies to prevent trafficking in women and children formulated and implemented by targeted religious leaders, Faith Based Organisations (FBOs) and project target communities	Number of anti trafficking interventions carried out by partner organisations. FBOs committed to prevent trafficking in their denominations and constituencies. Participatory strategies developed and used.	Reports. Surveys. Visits.

Objective 3	Indicators	Sources of verification
Contribute to the establishment of the volume and causes of trafficking in Malawi	Data collected on the extent, types and targets of human trafficking among target groups.	Reports. Visits.
Expected results		
NCA partner institutions collected and compiled data on causes and volume of trafficking in Malawi in a coordinated and standardized manner.	Increased understanding of trafficking patterns in Malawi and the region. Usable information available for future interventions.	Visits. Reports. Compiled trafficking files.
Pilot research study carried out by identified proper research institution in Malawi.	-Research institution selected and hired and research conducted.	Research study.

Objective 4	Indicators	Sources of verification
Strengthen the coordination of anti-trafficking interventions and promote joint priority setting in Malawi.	Anti-trafficking stakeholder networks identified and established within Malawi and abroad. A bill on anti trafficking enacted and passed by Parliament.	Meetings. Media reports. Anti- trafficking laws in Malawi.
Expected results		
NCA partner institutions actively participated and involved in anti-trafficking network(s) in Malawi and region.	Number of organisations participating in network(s). Number of meetings held and attended.	Regular meetings Media reports.

Joint priority settings formulated and implemented by NCA partner institutions and other stakeholders.	Increased communication and experiences shared. Number of interventions carried out through close cooperation.	Regular meetings. Media reports.
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Objective 5	Indicators	Sources of verification
Promote the safety and empowerment of identified trafficked victims and those at particular risk of becoming trafficked	80% of identified or suspected instances of trafficking reported and dealt with in a safe and proper manner by 2009.	Reports. Surveys.
Expected results		
Protection networks established to follow up on cases of trafficking	Efficient reporting structures in place. Number of victims and potential victims reached.	Reports. Surveys.
Income generating activities provided to at-risk groups and shelter provided for identified victims of trafficking.	Small loans for businesses provided -At-risk groups gained financial independence. Shelter received a number of trafficked victims staying overnight.	Reports. Surveys.

Assumptions

- FBOs have the potential capacity to integrate the concept of trafficking in their doctrines, teachings, beliefs, values, organizations and program activities
- Other stakeholders' support and willingness to cooperate
- Trafficked victims reached and identified and assisted
- Perpetrators fined and prosecuted
- Laws on anti trafficking enacted

Risks

- Lack of capacity to implement project activities among NCA partners
- Conflicting priorities and values on different levels
- Resistance to change among NCA partners
- Lack of focus on grassroots level by government and project partners
- Fewer than expected encountered trafficking cases
- Stigmatisation and fear leading to victims' lack of desire to cooperate
- Criminal syndicates/traffickers interference with project implementation

6.5 Protection in natural disasters and complex emergencies

Overall objective: Enabling men and women, boys and girls affected by natural disasters and complex emergencies realise their rights and protection.

Objective 1	Indicators	Sources of verification
Women, men, boys and girls affected with natural disasters and emergency situations are assisted.	People are receiving food and have shelter. Nutritional status is improved.	Reports. Physical visits to affected communities. Nutrition records from health centers.

Objective 2		
The dignity and rights of women, men, boys and girls affected by natural disasters and emergencies are respected during the provision of assistance by the duty bearers	Human rights abuses reported. Victims assisted \ Perpetrators identified and proper action taken.	

Expected results		
The affected women, men, boys and girls have food and shelter. Human rights abuses are reduced in the course of implementing or providing assistance to the affected.		

Assumptions

- Cases of disaster and emergency are reported in good time
- There is readiness of the part of ACT-members to identify resources
- There is proper coordination among ACT-members

Risks

- Lack of capacity among NCA partners to coordinate and implement
- Non reporting of abuses at the earliest time by field staff
- Non-compliance with set guidelines
- Lack of resources

6.6 Capacity building for NCA staff and core partners

Overall objective: To strengthen the capacity of NCA partners to meaningfully support the involvement of target communities in their development endeavours, and empower men and women, boys and girls to become responsible for their own development

Objective 1	Indicators	Sources of verification
To improve the performance of partner FBOs in strategic project management and delivery to the benefit of local communities in Malawi.	Human rights, gender mainstreamed in programme planning, implementation and reporting. Timely reports from partners.	Reports. Evaluation reports.
Expected results		
Improved knowledge, skills and behaviour of partners		

Objective 2		
To promote innovative thinking in project design, management and implementation	New project initiatives.	
Expected results		
Partners' interventions are in line with the real and felt needs of local communities.		
Efficient and effective service delivery systems.		

Objective 3		
To strengthen institutional capacity and governance.	Strategic plans. Periodic functional assessment reports.	Reports.
Expected results		
Transparent and accountable systems		
Proper roles and responsibilities of boards and management.		

Objective 4		
To strengthen ecumenism, networking and collaboration between NCA and partners, and among the partners.	Active ecumenical networks. Identified issues for lobbying and advocacy.	Reports. Monitoring reports.
Expected results		
Reduction of duplication of efforts.		
Sharing of ideas and synergy.		
Programme delivery improved as a result of regular updates.		

Assumptions

- Functioning structures of partners
- Adequate staff within partner organisations

Risks

- Conflicting priorities
- Retention of staff in partner organisations
- Lack of resources

7.0 Rationale for choice of partners, resource organisations, and strategic alliances

NCA Malawi partners are mainly faith based organisations. This is because we share the fundamental value of human dignity. Second, the Church in Malawi has a long history of engagement in development and this is coupled with its wide membership outreach that to the grass-roots.

7.1. Capacity of NCA partners

Most of the NCA partners are strategically placed in the rural areas and implement the activities within the communities. Though with very little skills, most churches are implementing some activities in development areas. The churches have some structures in place which can be functional or not due to shortage of technical staff and skills. The members of staff have been exposed to some training by other Donors who have funded activities in different areas.

Some challenges faced by the church on capacity are the inability to deal with issues in a holistic and integrated approach. Most churches are involved in diverse issues. Staff turnover is a major challenge and brings in new staff that is not trained, meaning that the process of training has to be conducted again and again.

7.2 Partnership strategy

Core Partners

NCA supports churches and church-related organizations, which are members or affiliates of the three main Mother bodies for churches in Malawi. As part of the process of program development, NCA will assess on regular basis which specific churches or church based organizations are most relevant to cooperate with, given their legitimacy among poor communities in different geographic areas, their potential to work with the thematic priorities and commitment to engage in capacity building which strengthens their institutional role in civil society, management capacity and programmatic competence. The last year NCA has reduced their partners with three. In 2007 a partner's assessment will be conducted to critically analyze which partners to reduce related to an analysis of

focusing and strengthening the impact of the programs in Malawi. NCA Malawi being operational in quite an extensive program on health training also calls for reduction of partners to be able to follow up and secure quality of partner's program delivery.

Links between partners and program objectives:

Core partners		Thematic Focus					Emergency
Partner Name	Abbreviation	Health	HIV and AIDS	Good Governance	Gender Based Violence	Trafficking	
Christian Health Association of Malawi	CHAM	X	X				X
Ecumenical Counselling Centre	ECC		X			X	
Malawi Council of Churches	MCC		X		X		
Evangelical Association of Malawi	EAM		X				
Episcopal Conference of Malawi	ECM		X				
Association of Christian Educators in Malawi	ACEM		X				
Public Affairs of Malawi	PAC			X	X		
Malawi Interfaith Aids Association	MIAA		X				
Quadriria, Muslim organization			X				
Chisomo children's club			X			X	

Resource Partners

A main strategy of NCA in Malawi will be to facilitate linkages between NCA core partners and resource organisations, which can help to strengthen core partners' capacity, in relation to thematic priorities and core competencies. Particular emphasis will be given to resource organisations in Malawi, Southern Africa and elsewhere, which have expertise related to different aspects of Health governance, HIV and AIDS, gender based violence and trafficking.

Resource partners		Thematic Focus					
Partner Name	Abbreviation	Health	HIV and AIDS	Good Governance	Gender Based Violence	Trafficking	Emergency
National Aids Commission	NAC		X				
Women and Law in Southern Africa	WILSA				X	X	
Malawi Economic Justice Network	MEJN			X			
Centre For Social Concern	CFSC					X	
Malawi Network of Religious Leaders Living with or Personally Affected with HIV and AIDS	MANARELLA		X	X			
Centre for Human Rights and Rehabilitation	CHRR			X	X		
Action by Churches together	ACT Malawi						X
UNICEF						X	
Six university colleges in Norway		X					
Malawi College of Health Sciences		X					
Oslo City Mission			X				
Kamuzu College of Nursing		X					
Modum bad Nerve sanatorium		X	X				

Strategic Alliances

In order to be able to undertake interventions at regional and global level NCA will develop relationship with strategic alliances that are able to promote human dignity beyond the national level.

These are:

Resource partners		Thematic Focus					
Partner Name	Abbreviation	Health	HIV and AIDS	Good Governance	Gender Based Violence	Trafficking	Emergency
African Network of Religious Leaders Living with HIV and AIDS	Anarella		X				
International Migration Organisation	IOM					X	
Lutheran World Federation	LWF						X
Action by Churches Together	ACT international						X
African Forum and network on Dept and development	AFRODAD			X			

7.3 Overview of core partners

Name of partner	CHRISTIAN HEALTH ASSOCIATION OF MALAWI (CHAM)
Year of Foundation	1965
Mission	Committed to follow the healing Ministry of Jesus Christ by providing curative, preventive, promoting health services to the people especially the poor and marginalized in a non discriminatory way.
Constituency	Protestant and Catholic Health facilities and training schools.
Geographic Focus	National wide
Thematic Focus	Health
Strategies	Coordinating/ Facilitation of health services of Mission hospitals and health training colleges.
Role in Civil Society	The only ecumenical health provider in Malawi.
Particular Achievements	Increase in CHAM health units signing Service Level Agreements.
Relationship with NCA	NCA's added value to the relationship: Gender and human rights approach to service delivery.
Start of Cooperation	2002
NCA's rationale for relationship	Health service delivery and training of Health personnel
Planned increase; decrease; phase-out	Planned increase.
Strategic Potential for Future Cooperation	Holistic approach to health service delivery, with active involvement and participation of the community and clinic in a particular area. Priority-rural Malawi,
Partners, other than NCA	ICCO, CORDAID, Christian Aid, Dan Church Aid

Name of partner	Malawi Council of Churches (MCC)
Year of Foundation	1942
Mission	To promote propagate and defend the kingdom of God through united action and witnessing for Christ through evangelism, development, advocacy and other activities to be determined from time to time
Constituency	22 different protestant churches
Geographic Focus	National wide
Thematic Focus	HIV and AIDS and GBV
Strategies	To promote effective intra and inter organizational communication and networking with other national, regional and global ecumenical organisation. Create awareness amongst the member churches and communities on issues relating to economic justice, human rights, democracy, good governance and reconciliation.
Role in Civil Society	Church has a big constituency and has been taken and accepted to be a voice of the voiceless.
Particular Achievements	HIV and Aids curriculum for the clergy is developed and training of the clergy has started following gender and RBA concepts.
Relationship with NCA	Core partner
Start of Cooperation	2002
NCA's rationale for relationship	Gender and RBA in how HIV messages are communicated in the congregations
Planned increase; decrease; phase-out	Planned Increase
Strategic Potential for Future Cooperation	
Partners, other than NCA	ICCO, CORDAID, Christian Aid

Name of partner	Association of Christian Educators in Malawi (ACEM)
Year of Foundation	1994
Mission	To facilitate coordination between various education institutions of different churches of Malawi.
Constituency	2900 primary schools. Provides 60% of all education in Malawi
Geographic Focus	The whole country, Malawi
Thematic Focus	To develop and promote education systems and cater adequately for the whole person as made in the image of God, to promote critical thinking and a balance between academic and practical skills.
Strategies	To build capacity of teachers to teach HIV and AIDS education. Bottom-up approach to deliberately target primary, secondary and college students.
Role in Civil Society	ACEM chairs body of civil society members of about 40 NGOs whose aim is to have quality best education in primary and secondary schools. They ensure gender balance and monitor budgets in schools.
Particular Achievements	Advocacy by acting as mouth piece of proprietors of schools. Were involved in the development of Education policy. Mainstreaming HIV and AIDS in the curriculum for school. Trained teachers training in schools and counselling has started.
Relationship with NCA	
Start of cooperation (year)	2002
NCA's added value to the relationship	Gender and human rights mainstreaming into projects
Planned increase, decrease or phasing out	Increase
Strategic potentials for future cooperation	Build capacity to manage special education program
Partners, other than NCA	

Name of partner	Evangelical Association of Malawi (EAM)
Year of Foundation	1962
Mission	To uphold human dignity in a holistic manner by mobilising and building capacity of churches through discipleship, social service and advocacy
Constituency	66 different churches and Christian Organisations
Geographic Focus	National wide
Thematic Focus	Church mobilisation and training , Social services, leadership and governance
Strategies	Facilitate and coordination of member churches
Role in Civil Society	
Particular Achievements	Initiation of HIV and AIDS activities in churches, building capacity for religious and traditional leaders
Relationship with NCA	Core partner
Start of Cooperation	2004
NCA's rationale for relationship	Core partner
Planned increase; decrease; phase-out	Increase capacity of churches in different focus areas.
Strategic Potential for Future Cooperation	Buils capacity of member churches to function on their own and participate in development
Partners, other than NCA	Tear fund, Cordaid, NAC

Name of partner	Episcopal Conference of Malawi (ECM)
Year of Foundation	1961
Mission	To provide consorted effort on issues of health, HIV and AIDS, pastoral training, justice and peace, good governance, gender, nutrition, food security and communication
Constituency	All the 7 Catholic dioceses of Malawi.
Geographic Focus	
Thematic Focus	HIV and AIDS, justice and peace, good governance and gender.
Strategies	Work through Churches and develop structures
Role in Civil Society	Advocacy in social justice in Malawi.
Particular Achievements	Gender mainstreaming, focus on Gender leadership strategic planning
Relationship with NCA	
Start of Cooperation	2002
NCA's rationale for relationship	We create a forum for gender and human rights interventions in all programs and as such, improve the impact. We also assist them to cooperate
Planned increase; decrease; phase-out	We plan an increase and not monitor the empowerment success
Strategic Potential for Future Cooperation	To expand the human rights cooperation
Partners, other than NCA	Several church related assistance in the area.

Name of partner	Malawi interfaith Aids Association
Year of Foundation	2003
Mission	Facilitate a united commitment of Faith Communities in the fight against HIV and AIDS
Constituency	Faith Based Organisations registered with the Association
Geographic Focus	National wide
Thematic Focus	HIV and AIDS
Strategies	Collaboration and coordination of Faith based Organisations
Role in Civil Society	Voice for FBOs and Advocate for faith issues
Particular Achievements	Access to funding for the FBOs in HIV and AIDS, Research in Stigma and discrimination. Representation in Fora for the FBOs
Relationship with NCA	Strategic partner
Start of Cooperation	2004
NCA's rationale for	Promote unity for FBOs and Cordination

relationship	
Planned increase; decrease; phase-out	Increase membership and capacity,
Strategic Potential for Future Cooperation	Increase recognition and Sustain FBOs
Partners, other than NCA	NAC, UNICEF, SAT, NOVIB

Name of partner	Ecumenical Counselling Centre
Year of Foundation	2005
Mission	To build and strengthen the churches diaconal work in Malawian society by building the capacity of church leaders to provide adequate, gender sensitive counselling to men and women, boys and girls.
Constituency	Churches in Malawi and Faith Based Organisations
Geographic Focus	The whole of Malawi
Thematic Focus	HIV and AIDS and Gender Based Violence (GBV)
Strategies	Working through churches and FBO institutions
Role in Civil Society	Mitigation of psych-social problems in Malawian society
Particular Achievements	initiated and strengthened the churches on issues of gender based violence one of which is now trafficking in persons and HIV and AIDS strengthened ecumenism approach to issues of counselling
Relationship with NCA	
Start of Cooperation	2007
NCA's rationale for relationship	Gender and rights based approach in prevention of trafficking by the church
Planned increase; decrease; phase-out	Decrease
Strategic Potential for Future Cooperation	To expand gender and rights based interventions in churches in the area of trafficking
Partners, other than NCA	CORDAID

Name of partner	Public Affairs Committee (PAC)
Year of Foundation	1992
Mission	To mobilise the general public through the religious community and other stakeholders in promoting democracy, development, peace and unity through civic education, mediation and advocacy.
Constituency	Faith Based Organisations (FBO) Christians and Muslims.
Geographic Focus	The whole country, Malawi
Thematic Focus	Human rights and good governance
Strategies	Working through volunteers of member organisations
Role in Civil Society	Neutral players on national issues.
Particular Achievements	Strong successes on constitutional advocacy.
Relationship with NCA	Start of cooperation (year): 2001. NCA's added value to the relationship: Gender mainstreaming within the FBOs that PAC is working with. Planned increase, decrease or phasing out: Planned increase. Strategic potentials for future cooperation: Areas of rights of HIV and AIDS, Gender based violence.
Start of Cooperation	2003
NCA's rationale for relationship	NCA and PAC share common values associated with human dignity. In addition PAC search for promotion of rights for the vulnerable
Planned increase; decrease; phase-out	increase
Strategic Potential for Future Cooperation	Potential to cooperate strongly in the areas of GBV and Good Governance
Partners, other than NCA	Partners other than NCA: Dan Church Aid, ICCO, DFID, Dan Church Aid

Name of partner	QUADRIA Muslim Association
Year of Foundation	1999
Mission	To develop the life of women, and to sensitize the public on HIV and AIDS.
Constituency	Muslims
Geographic Focus	Nationalwide
Thematic Focus	Social justice, HIV and AIDS, Advocacy
Strategies	Capacity building and networking
Role in Civil Society	Promote national development in collaboration with government and other stakeholders
Particular Achievements	HIV and AIDS initiatives in mosques and surrounding communities
Relationship with NCA	Strategic partner
Start of Cooperation	2004
NCA's rationale for relationship	One of the two main muslim organisation in Malawi
Planned increase; decrease; phase-out	Increase
Strategic Potential for Future Cooperation	Religious dialogue, Women empowerment
Partners, other than NCA	DCA, GTZ, NAC

Name of partner	Chisomo Children's Club, Living waters Church
Year of Foundation	1998
Mission	Chisomo aims to bring about long-term change in the lives of street children of Malawi. It enables the children to have a hope and a future, helping them and their families to escape dependency. It promotes justice, helping the children to access their rights and understand their responsibilities.
Constituency	Boys and girls and street children
Geographic Focus	Most parts of the northern, central and southern region of Malawi
Thematic Focus	HIV and AIDS awareness and prevention, education and capacity building, advocacy
Strategies	Working with community members and churches
Role in Civil Society	Outreach of vulnerable street children and reintegration into society
Particular Achievements	Lobbying the Government on children's' rights. Rehabilitation and reintegration of street children back into the communities. Strengthening family structures through relationship building.
Relationship with NCA	
Start of Cooperation	2007
NCA's rationale for relationship	Creating a forum where the partner can advance human rights interventions in the area of child rights with more focus on trafficking
Planned increase; decrease; phase-out	Planned increase
Strategic Potential for Future Cooperation	Expand the base of child protection and reintegration into the society
Partners, other than NCA	UNICEF, Tearfund UK, Protea Ryalls Hotel, Global AIDS (interfaith Alliance) Comic Relief through Concern Universal and DCA/ Danida

Name of partner	Catholic Commission for Justice and Peace (CCJP)
Year of Foundation	2002
Mission	To promote the values of social justice in the state and society.
Constituency	Local communities in general, vulnerable women, men, girls, boys, tradition
Geographic Focus	Traditional areas of Tengani and Ndamera in Nsanje.
Thematic Focus	HIV and AIDS and Gender Based Violence
Strategies	Working with local communities and religious leaders.

Role in Civil Society	Capacity building and awareness raising on GBV and its impact on HIV and AIDS.
Particular Achievements	Increased level of awareness on GBV and its impact on HIV and AIDS; identification and implementation of activities on harmful cultural practices; the formation of community action groups on GBV; integration of GBV messages in church ceremonies and prayer services.
Relationship with NCA	Core partnership
Start of Cooperation	2006
NCA's rationale for relationship	NCA and CCJP Chikwawa share common value of human dignity and concern for the welfare of the vulnerable men, women, girls and boys in Malawi.
Planned increase; decrease; phase-out	Increase
Strategic Potential for Future Cooperation	There is potential for strategic cooperation in combating against harmful cultural practices that promote GBV with particular focus on women and girls.
Partners, other than NCA	MISERIOR, CRS

8.0 NCA contributions

In addition to the financial assistance, NCA's contribution to partners includes the following:

- Facilitate meeting and reflection space for different partners working on common issues.
- Support establishing of coordinating bodies within specific thematic areas to strengthen the faith based organizations in advocacy, access to funding and quality service delivery.
- Accompaniment of partner processes, including capacity building support for internal organizational development.
- Competence building and practical training in demonstrating high awareness in implementation and compliance with NCA's code of conduct specifically on sexual exploitation, fraud and misuse of money, persons or structures.
- Collaboration on action research, policy analysis and reflection
- Facilitate linkages between core partners and relevant resource organizations, which can assist in developing expertise in programmatic areas such as in Health, HIV and AIDS, Accountable Governance, Gender Based Violence and Trafficking
- Facilitate exchange and cooperation between partners in Malawi and relevant networks elsewhere in Southern Africa and globally.
- Facilitate communication and exchange with groups and organizations in Norway to raise awareness and solidarity around Malawian development issues, use of technical expertise of partners from Norway and vice versa.
- Conduct meetings with the Norwegian Embassy in Malawi to share common issues and experiences in programming within the selected areas of strategic partnership. NCA represents a source of information to RNE related to church based and faith based political or religious issues in Malawi.

9.0 Monitoring and evaluation

Based on NCA's experiences in Malawi high priority is given to improving the quality of programme and project planning monitoring, reporting and evaluation. This secures the further development of good routines for assessing and assisting in strengthening the quality of partner's proposals, for regular meetings with partners, monitoring visits to the partners and their projects, and for planned and systematic evaluation of the work. The implementing partners are responsible for the day-to-day follow-up of the work, for

reporting on all activities and deviations from the original plans and for proposing measures to correct such deviations. NCA uses bimonthly partner meeting and regular monitoring visits to assess project implementation in relation to agreed plans, and observe overall progress in relation to reported deviations and assess the relevance of corrective measures. NCA promotes a participatory approach to planning, monitoring and evaluation, and makes every effort to include key stakeholders in these processes. We see this as very important for building ownership of projects and finding effective and creative approaches to improving the quality of the projects. We will improve to develop good indicators that reflect the contributions of partners and projects to the overall goals of increased participation, equity and protection.

NCA investments to build the capacity of partners in the areas of planning, monitoring and evaluation is important for ensuring the quality of NCA's own monitoring and reporting. As part of NCA's overall initiative to strengthen the organization's capacity to document results in our work, we also invest in competence building for our own staff and measures to institutionalize overall NCA priorities for improved monitoring and evaluation in the country office. Security for staff is of high priority for NCA Malawi. An approved security plan has to be followed when staff is on field visits or representing NCA outside the office. Emergency procedures, well trained drivers and safe locations are provided when traveling inside or outside the country.

In 2006 the Royal Norwegian Embassy in Malawi undertook an evaluation of NCA's performance and ability as a strategic partner for the Embassy in Health and HIV and AIDS programming. The main recommendations were that the embassy should continue their partnership with NCA and NCA on their hand should reduce their partners and make more their own contributions in the programs more visible. The NCA office reduced their partners immediately and a partner's assessment is planned in July 2007 by external consultants and will serve as a guide for further reduction and more focused programming. Again, since 2006 NCA Malawi in cooperation with NCA regional office has embarked on a project aimed at finding out gender concerns are integrated in the Church in Malawi. .

10.0 Assessments

10.1 Assessment of relevance of program in relation to national plans and priorities

The health program directly contributes to the ambitions of the GoM. For example, the POW for the health SWAp state that the overall objective and desire of Ministry of Health (MOH) is to develop a health care delivery system that addresses the current and foreseeable health, disease and health care management problems by focussing on the provision of a minimum package of essential health services to the people of Malawi with emphasis on the poor, women and children. Specifically, the NCA-Malawi health programme is in line with specific objectives 1, 4 and 7 in the POW for the health SWAp, sub theme 5.3.1 in the MGDS, goals 4,5 and 7- target 10 and sub theme 4.2.2.

10.2 Assessment of relevance in relation to Norwegian development objectives

The Parliamentary White Paper (Nr. 35), *Felles kamp mot fattigdom – En helhetlig utviklings politikk*, sets the framework for all Norwegian Development Assistance Goals, including assistance to Malawi. The current White Paper gives high priority to Health, HIV and AIDS, gender and good governance. The main pillars of Norwegian development policy are promoting better donor coordination and greater national responsibility/ownership of development and poverty reduction in main partner countries. The success of this approach is highly dependent on accountable political and economic governance in the recipient countries. Another success factor is the ability to reach the

poor and marginalized people through relevant structures on the ground. All these factors are being part of NCA's priorities and added values.

According to *Stortinget's prioriteringer* for budget year 2006 and 2007 for development aid (Ministry of Foreign Affairs) to Malawi the focus is in the following areas:

- **Health** with specific focus on women's and children's health
- **HIV and AIDS** both prevention and care
- **Good Governance and Human Rights**
- **Agriculture and environment**
- **Women and equity**

NCA focus on women's Health, Health training to meet the lack of health personnel, HIV and AIDS, good governance and gender issues as violence against women and trafficking adhere to the political priorities in Norway. In NORAD's thematic areas HIV and AIDS, women and gender equalities and human rights is lifted up as priority areas. The Norwegian Plan of Action for the implementation of the UN Security Council Resolution 1325 (2000) on Women, Peace and Security (2006) establish the platform for NCA to in promoting women's rights and gender equality in programming. The NCA focus in Malawi is on mainstreaming issues of gender, women's empowerment to participate in politics and church positions as well as the focus on women's health, HIV and AIDS, gender based violence and trafficking are important implementations to the overall priority on gender and women's rights.

NCA's newly established trafficking program is in line with a new Norwegian Government action plan launched late 2006 – Stopp menneskehandelen, regjeringens handlingsplan mot menneskehandel 2006- 2009 (Norwegian Government Plan of Action to Combat Human Trafficking 2007-2009). Norwegian's new action plan on Women's Rights and Gender equality in Development. (2007-2009) is also the background for entering into a 3 year trafficking program as well as refocusing more specifically on women's health and reproductive health rights for women, gender based violence as well as women's participation and positions in politics and Church based and faith based organizations.

10.3 Assessment of risks

A risk is that church partners are not willing or able, due to capacity constraints, to carry forward the program priorities in a robust manner. Misuse of funds or donor fatigue from the partners could also hamper the programs. Another risk is the possibility of an unstable political situation in Malawi not creating conducive environment for the growth of civil society and their possibility to participate in improving the living conditions for the poor and marginalized Malawians. A final risk is that the funding for the program is uncertain or sporadic, making it difficult to work with partners consistently and over time to fulfill the program objectives. The thematic priority areas might change due to political changes in Norway or funding might be reduced. The brain drain and the HIV and AIDS pandemic represents a risk to the progress of implementation and continuation of programs, as some partners are likely to face loss of trained employees.

10.4 Assessment of sustainability

The following will be crucial for assuring the sustainability of this program over time:

- Capacity of local partners to effectively plan, implement and evaluate work that is perceived to be relevant for the poor and marginalized in Malawi. Local ownership of the work supported is imperative for the long term sustainability.
- Linkage with the local existing structures and use of locally available resources.
- Qualified NCA staff with capacity to build relationships with local organizations and build capacity and monitor the work.
- Reliable and diversified sources of funding for the programs over a period of time.

11. Budget estimates for 2007-2009

Year	2007	2008 (estimates)	2009(estimates)
Amount (NOK)	45 million	40 million	40 million

ABBREVIATIONS

ADCs	Area Development Committees
ACT Forum	Acting Churches Together Forum
AFRODAD	African Forum for Debt and Development
AFS	Audited Financial Statement
AIDS	Acquired Immunodeficiency Syndrome
ANARELLA	African Network of Religious Leaders Living with or Personally Affected by HIV and AIDS
CSOs	Civil Society Organizations
EHAIA	Ecumenical HIV and AIDS Initiative in Africa
DHMTs	District Health Management Teams and
DCCs	District Development Committees
FBOs	Faith Based Organizations
GBV	Gender Based Violence
GEA	Gender Evaluation Assessment
HCCs	Health Centre Committees
HIV	Human Immunodeficiency Virus
ICCO	Interchurch organization for development co-operation
LFA	Logical Framework Approach
MDGs	Millennium Development Goals
MFA	Ministry of Foreign Affairs
NCA	Norwegian Church Aid
ECC	Ecumenical Counseling Centre
NGO	Non Governmental Organization
PLWA	People Living With HIV and Aids
PRSP	Poverty Reduction Strategy Plan
RBA	Rights Based Approach
SWAP	Sector wide approach
STDs	Sexual Transmitted Deceases
SADC	Southern African Development Community
SAPs	Structural Adjustment Programmes
VDCs	Village Development Committees
VHCs	Village Health Committees

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