

Plan 2010-2011



International Federation
of Red Cross and Red Crescent Societies

Mozambique

Executive Summary

Climate change is having a severe and tangible impact on Mozambique. In recent years, an increase in the ferocity and intensity of natural hazards such as droughts, floods and cyclones have devastated communities and destroyed infrastructure across the country. The HIV and AIDS pandemic is also negatively affecting development, exacerbating poverty, malnutrition, poor school attendance and worsening gender inequalities.

Mozambique Red Cross Society¹ (CVM) has significantly achieved in local resource mobilization and through the International Federation of Red Cross and Red Crescent Societies (IFRC), is only seeking support for its organisational development and disaster management initiatives. IFRC technical support will be directed at organisational development (OD) process at branch level aimed at improving service delivery to the expanded vulnerable community. The Strategic Development Plan will be revised taking into account priorities of the [Johannesburg Commitment](#) adopted by Red Cross and Red Crescent Leaders in the 7th Pan African Conference (PAC).



To accomplish its goal of providing support to the National Society, the IFRC has reviewed its strategic direction by developing the new global strategy – [Strategy 2020](#): developed through an extensive consultation process with active participation of all National Societies, including meetings in all Zones. Strategy 2020 is based on three mutually-reinforcing strategic aims for 2020;

1. Save lives, protect livelihoods, and prepare for and recover from disasters and crises;
2. Enable healthy and safer living;
3. Promote social inclusion and a culture of non-violence;

and three enabling actions to deliver Strategic Aims

1. Build strong National Red Cross Red Crescent Societies;
2. Pursue humanitarian diplomacy to prevent and reduce vulnerability;
3. Function effectively as the International Federation.

This plan for 2010-2011 is seeking a total of CHF 4.0m (EUR 2.6m or USD 3.8m)

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

¹ Portuguese Cruz Vermelha de Moçambique

Country context

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

Population, total (million), 2005	20.5
Life expectancy at birth, annual estimates (years), 2005	42.8
Adult literacy rate (% aged 15 and older), 1995-2005	38.7
Under-five mortality rate (per 1000 live births), 2005	145
One-year olds fully immunized against tuberculosis (%), 2005	87
One-year olds fully immunized against measles (%), 2005	77
HIV prevalence (% aged 15-49), 2005	16.1
Human Development Index value, 2005	0.384
Human Development Index rank, 2005	172
Human Poverty Index (HPI-1) value (%)	50.6
Human Poverty Index (HPI-1) rank	101
Population living below \$2 a day (%), 1990-2005	74.1
Population using improved water source (%) 2004	43
Population using improved sanitation (%) 2004	32

At the end of the civil war in 1992, Mozambique was ranked among the poorest countries in the world. It still ranks among the least developed countries with very low socio-economic indicators. In the last decade, however, Mozambique has experienced a notable economic recovery. Between 1994 and 2006, average annual GDP growth was approximately eight percent. Mozambique achieved this growth rate even though the devastating floods of 2000 - 2001 and 2007 - 2008 slowed GDP growth to 2.1 percent. Despite the progressing economic growth, poverty levels remain high, particularly in disaster prone areas. According to the UNDP statistics, GDP per head was estimated at just US\$804 in 2007, and an estimated 74 percent of the population live on an income of less than US\$2 per day. Poverty and some local customs and practices condemn many families to a very delicate way of life, by living in flood risk and land eroded areas, in vulnerable houses and practicing non-sustainable income generating activities. Although male literacy rate has risen from 49 percent in 1990 to 77 percent in 2004 and the female literacy rate from 18 percent to 49 percent over the same period, overall adult literacy remains extremely low, estimated at just 38.7 percent in 2005 – well below the sub-Saharan average of 60.3 percent. An estimated 500,000 children aged between six and twelve are not attending school.

The main causes of mortality are HIV and AIDS related illnesses, malaria, tuberculosis and diarrhoeal diseases. According to the UNDP–commissioned National Human Development report for the country launched in December 2007, HIV and AIDS represent a challenge to Mozambique on a “devastating scale.”³ There are an estimated 500 new adult HIV infections every day and life expectancy is expected to drop from 42 years to 36 years by 2010 as a result of the disease. Approximately, 1.2 million people are living with HIV with the number of children orphaned due to AIDS estimated at 273,000. It is also predicted that 800,000 Mozambicans will die from AIDS related illnesses between 2004 and 2010

² UNDP, Human Development Report 2007 - 2008

³ National Human Development Report for Mozambique, UNDP December 2007

Malaria is also highly endemic throughout Mozambique and it is one of the leading causes of morbidity and mortality with approximately six million cases reported each year. Malaria accounts for approximately 40 percent of all outpatient visits, increasing to 60 percent if only paediatric cases are considered. More than 18 million people in Mozambique are considered to be at-risk of malaria, including an estimated 3.6 million children under five years old and 900,000 pregnant women.

Water-borne diseases such as cholera and dysentery are also endemic and periodic, as are climatic phenomenon such as floods and cyclones. It is estimated that only 43 percent of the population has access to safe drinking water and 32 percent to adequate sanitation. In 2008/2009 the country was affected by floods and cyclones, which resulted in a huge response operation by CVM. The recurrent calamities such as drought, floods and cyclones have contributed to making Mozambique the most vulnerable country to the consequences of climate change in southern Africa.

One of the main thrust as recognized by the government, is the need to build a self-reliant environment at community level, where the government and the civil society would create in a participatory manner the necessary initiatives to alleviate problems and find appropriate local solutions. In many cases the communities feel marginalized in the decision making process, which does not help in the generation of the required self-reliance. The limited capacities and resources at local and national level of both civil society organizations and the government, and the high dependency on external financial support reduces the possibilities of building more sustainable, participatory, preventive and risk reduction approaches.

National Society priorities and current work with partners

The National Society actively contributes to the sustainable development and advocacy for vulnerable communities, satisfying elementary rights, such as the right to food, water, health, education and job opportunities. The programmes will focus on the rural population in the poorest districts of the country, particularly in areas prone to natural disasters such as successive floods and droughts, in addition to the urban poor. Among these groups, particular attention will be paid to women, children and young people, as well as to the chronically ill, the disabled and unaccompanied elderly people.

Disaster Management Priorities

As a result of the recurrent hazards, CVM is faced with many challenges in supporting the most vulnerable populations. Considerable experience has been gained during the emergency and rehabilitation phases of the previous disaster response operations. In order to strengthen its response mechanism, CVM consistently and regularly reviews the priorities and objectives as to how best to assist the vulnerable people.

In disaster preparedness, CVM will continue strengthening the components by developing and implementing its National Disaster Management Master Plan (DMMP) developed with the assistance of the IFRC Sub-office and partners. Primarily, attention will be on enhancing institutional capacity by training volunteers, prepositioning relief stocks and creating strategic partnerships with sector agencies.

The Zambezi River crosses seven countries in southern Africa among which is Mozambique and in the past eight years, flooding in the basin has resulted in mass displacements, caused outbreaks of water-borne and vector-borne diseases, and has devastated crops and livestock, as well as damaging the environment. This represents a humanitarian challenge amongst southern Africa National Societies, who have also a common vision of maximising the impact of Red Cross interventions in an integrated and holistic way. Whilst Red Cross flood operations had managed to avert loss of life and livestock and to prevent disease outbreaks, it was argued that the challenges faced by affected communities were beyond the scope of emergency relief. Sequential to this review, the ZRBI project was developed aimed at reducing vulnerability and building community

resilience against hazards and threats. The ZRBI project was endorsed by the seven affected countries (Angola, Botswana, Malawi, Mozambique, Namibia, Zambia and Zimbabwe)⁴ in June 2009. The initiative is in line with the IFRC's *Framework for Community Safety and Resilience*, which provides a foundation upon which Red Cross Red Crescent integrated community-level risk reduction can be planned and implemented.



CVM erected health post for the people displaced by the floods (2008/2009); including the HBC clients.

Health and Care Priorities

In 2010, CVM will be in its final year of implementing the five-year integrated HIV and AIDS programme (MAA63003MZ)⁵, which is part of the southern Africa Regional HIV and AIDS programme (MAA63003) and a component of the IFRC Global Alliance on HIV. The ambition to scale-up has not necessarily translated into capacity for increased resource mobilization and implementation. It is unlikely in the current economic context that CVM will be able to raise additional funding foreseen to scale-up HIV interventions by the end of 2010. Most of the funding from the IFRC and PNS existing agreements are coming to an end in 2010. In addition, the annual income either through the IFRC or direct to National Societies is expected to decrease (perhaps by 30 percent if not more), primarily due to the financial crisis that has engulfed all sectors (government, private sector, foundations and Movement partners).

⁴ For more information on ZRBI refer to: http://www.ifrc.org/Docs/pubs/disasters/160400-Zambezi_River_Project_LR3.pdf

⁵ For more information please refer to the Southern African Regional HIV and AIDS Appeal (MAA63003) and country plan (MAA63003MZ) or follow the link <http://www.ifrc.org/appeals/annual06/MAA63003MZ.pdf>. The original budget figures are adjusted annually based on NS implementation rate and result of the resource mobilisation efforts.

CVM leadership progressively discussed the future of the HIV programme at the Southern Africa Partnership of Red Cross Societies (SAPRCS) meeting held in June 2009. The leaders agreed on the urgent need to integrate HIV and AIDS activities with other community-based health and care activities, while ensuring alignment with government priorities. SAPRCS also commissioned a rapid assessment to determine the implications of doing so; develop a detailed plan and budget that will take into consideration the transition of the programme management and activities. Therefore, in 2010, the HIV and AIDS programme will continue supporting the current level of beneficiaries with more integrated and holistic activities in prevention and care for OVC, while ensuring positive living and ART adherence support for PLHIV. The programme plan for 2011 will be reviewed based on the results of the rapid assessment, no later than December 31, 2009.

The integrated community-based health and care programme will continue focusing on malaria prevention, social mobilisation, referral for treatment, First Aid, tuberculosis prevention and adherence to treatment, nutrition, supplementary feeding schemes, promoting the routine vaccination with emphasis on measles and polio, management of diarrhoeal diseases including administering oral rehydration solutions (ORS) and cholera prevention, pandemic preparedness and response. These are being implemented in the Maputo Ciudad, Maputo Province, Inhambane, Sofala, Manica, Zambézia, Niassa with funding from Austrian, American, Finnish, Belgian - Flanders, Icelandic and Norwegian Red Cross.

Since 2006, CVM has been implementing Keep-Up Malaria programme activities in two provinces (Manica and Sofala provinces), with funding from the Norwegian Red Cross and American Red Cross. The main objective is integrating the Expanded Programme on Immunization (EPI) and Roll Back Malaria (RBM) activities. These activities are aimed at maintaining high community coverage for immunization and mosquito nets using integrated EPI and RBM strategies in order to maintain high community coverage rates for immunization and bed net use.

CVM will continue putting more emphasis on scaling-up and improving commercial First Aid activities with solid support from the Belgian Red Cross-Flanders. The water and sanitation activities will also continue being implemented in Nampula province with funding support from the European Union, Finnish and Norwegian Red Cross.

Organisational Development/Capacity Building Priorities

CVM is one of the National Societies in the region with good corporate governance and management systems. Upon joining the initiative of New Partnership of African Red Cross and Red Crescent Societies (NEPARC), CVM submitted itself to regular evaluations and endeavours to implement their recommendations, with a view to attain higher standards of functioning, particularly with regards to the principles of good governance. Through NEPARC initiative, CVM ensures:

- To create a synergetic capacity building process leading to an efficient delivery on the commitments contained in the Algiers Plan of Action and thus the Millennium Development Goals;
- To increase sustainability and decrease dependency;
- To improve coordination among the Partner National Societies (PNS), operational in Mozambique.
- To demonstrate learning within the Movement by putting identified lessons into practice.

To achieve these objectives and the basic requirements of the characteristics of a well-functioning National Society, the organisational development and capacity building programme is focused on developing the skills and capacities of staff. All these facets are intended to ensure efficiency and effectiveness in programming, so as to realise its goals and aspirations in serving the most vulnerable communities. In preparing to scale up, the General Assembly has been planned for 2010, where the new Strategic Plan (2010–2015) with a revived vision and mission will be endorsed.

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

While the promotion of P&V is a core area in its own right, their integration into all activities of disaster management and health and care in the community is also seen as an essential part of what makes a well-designed Red Cross Red Crescent (RC/RC) intervention. Promoting and respecting the P&V is indispensable if the National Society is to be perceived as an impartial, neutral and independent actor, and furthermore to facilitate the RC/RC to carry out its mandate. CVM operational programming based on, and in conformity with, the P&V is key to demonstrating the comparative advantage of the National Society versus other humanitarian actors. The dissemination programme has been supported by the ICRC, local media at regional and national levels. However, the programme is in the process of repackaging the activities on the operationalization of the P&V, through close consultation with the ICRC. In addition, the ICRC supports the tracing activities in three areas with refugee programmes.

Secretariat supported programmes in 2010-2011

Disaster Management

a) The purpose and components of the programme

Programme purpose
Reduce the number of deaths, injuries and impact from disasters.

The Disaster Management programme budget for 2010-2011 is CHF 1.8m (EUR 1.2m or USD 1.7m)

Programme component: Disaster Preparedness	
Outcome 1	Human, financial and material resources and disaster management systems are enhanced through the implementation of a Disaster Management Master Plan (DMMP).
Outcome 2	CVM has efficient disaster management mechanism and improved capacity to ensure optimal disaster preparedness.
Programme component: Disaster Response	
Outcome 1	Disaster response mechanisms are improved to ensure timely response to minimise the impact of emergencies and disasters on affected populations.
Outcome 2	CVM capacity for the provision of assistance and restoration of sustainable livelihoods is improved.
Programme component: Disaster Risk Reduction (DRR)	
Outcome 1	Community knowledge and awareness of the hazards and risks is enhanced; and local risk reduction strategies built on traditional coping mechanisms.
Programme component: Zambezi River Basin	
Outcome 1	The risk and impact of disasters among communities living along the Zambezi River basin is reduced through community preparedness.
Outcome 2	Access to adequate and nutritious food commodities is increased among communities along the Zambezi River basin.
Outcome 3	The number of deaths, illnesses and impact from diseases is reduced among communities along the Zambezi River basin.
Outcome 4	CVM capacity to implement disaster preparedness, response and recovery operations is increased.

b) Potential risks and challenges

The core costs have a potential risk of being unfunded, thus jeopardising the operations of the National Society. The current global financial crisis is another limiting factor to achieving targets in fundraising for disaster preparedness and response initiatives. However, measures will be put in place to ensure effective stakeholder management and resource mobilization, as well as community involvement in all programmes. Local partnership with all the relevant stakeholders will be strengthened to ensure continuity and sustainability.

Health and Care

a) The purpose and components of the programme

Programme purpose
Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

The Health and Care budget for 2010 – 2011 CHF 1.6m (EUR 1.1m or USD 1.5m) is for the WatSan programme since other components are already fully covered by existing partners

Programme component: Community-based Health	
Outcome 1	Communities' capacity to reduce their own vulnerability to health hazards and injuries through knowledge of community-based health and first aid (CBH&FA).
Outcome 2	Women, men and children are protected from malaria through adequate surveillance, preparedness, prevention and response measures.
Outcome 3	Women, men and children are protected from tuberculosis (TB) through adequate surveillance, preparedness and response measures.
Outcome 4	Mother and child health is improved through immunisation services targeting children and mothers in areas in which CVM is operating.
Programme component: Emergency Health	
Outcome 1	Communities have access to curative, preventive and promotional health services during emergency and/or disaster situations.
Programme component: Human Pandemic Preparedness (H2P)	
Outcome 1	Human pandemic preparedness plan developed in collaboration with Government and other stakeholders.
Outcome 2	Linkages with other partners developed for information sharing at district and national levels.
Programme component: Water and sanitation⁶	
Outcome 1	Access to safe water, sanitation facilities and hygiene promotion is increased among identified most vulnerable communities.
Programme component: HIV and AIDS (Refer to Link http://www.ifrc.org/appeals/annual06/logframes/Africa/MAA63003MZ.pdf)	
Outcome 1	Prevent further HIV infections through targeted community-based peer education and information, education, and communication (IEC) activities, and promote uptake of services including voluntary counselling and testing (VCT) and parent to child transmission prevention services (PPTCT).
Outcome 2	Scale-up community home-based care and support for vulnerable children with holistic support to address education, food and nutrition, psychosocial support, social inclusion, and economic support.
Outcome 3	Address stigma and discrimination with targeted communication and advocacy activities.
Outcome 4	Build the National Society capacity to plan, implement, and manage the programme.

⁶ Global WatSan Programme supported by EU under the Federation ACP-EU Water Facility Initiative

b) Potential risks and challenges

CVM is a well respected development agent with an excellent reputation and track record in providing basic preventative and promoting health and care, and related services for vulnerable communities in rural districts in all of the 11 provinces. The leadership continues to place emphasis on improved and more effective programme management and service delivery. However it is important that health and care programme be strengthened, especially in the areas of communication between the headquarters, provinces and districts, and reporting on programme activities.

Since H2P project has never been implemented before in Mozambique, communities at large may not actually appreciate and understand the magnitude of the problem since it has never happened before. CVM may not also get all the necessary technical support on H2P from the government and other partners due to its limited capacity in terms of staff.

Organisational Development/Capacity Building

a) The purpose and components of the programme

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

The Organisational Development/Capacity Building programme budget for 2010-2011 is CHF 0.6m (EUR 0.4m or USD 0.5m)

Programme component: Leadership and Management Development	
Outcome 1	CVM leadership (governance and management) capacity has increased in developing and implementing policies and strategies for optimal organisation performance and accountability.
Programme Component: Well-functioning organisation	
Outcome 1	CVM has well defined statutes, policies, systems and procedures in place for the effective management of the National Society.
Outcome 2	CVM performance is optimal through a stable staff establishment and a dedicated and competent management and staff officer corps.
Outcome 3	Effective financial management systems, procedures and tools are in place and systematically used.
Outcome 4	CVM capacity in performance tracking and reporting meets standards stipulated in the Federation's "Performance and Accountability Framework".
Outcome 5	CVM has a well functioning internal and external communication system, supported by a reliable information technology infrastructure.
Programme Component: Branch Development and Volunteer Management	
Outcome 1	CVM branches are viable, and vibrant with sound volunteer and local youth network management systems.
Programme Component: Resource Development	
Outcome 1	CVM capacity to mobilise resources for sustainability is enhanced through the implementation of well designed income generating programmes.

b) Potential risks and challenges

The main challenge is implementing capacity building programme at all levels due the vastness of the country, thus projects are far apart from each other. It is therefore costly to conduct support visits to all provinces as well as to conduct national training workshops. More resources are hence required to support the capacity building initiatives.

Principles and Values

a) The purpose and components of the programme

Programme purpose

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

Since all Principles and Values activities are integrated in the Disaster Management, Health and Organisational Development programmes, there is no budget attached to this plan.

Programme component: Promotion of Fundamental Principles and Humanitarian Values

Outcome 1 Knowledge, understanding and application of the Fundamental Principles and Humanitarian Values are enhanced at all levels of the organisation (including non-discrimination, non-violence, tolerance and respect for diversity and gender).

Outcome 2 Fundamental Principles and Humanitarian Values are internalised and practised at all levels of the organisation (leadership, management, staff, volunteers and communities served).

Programme component: Operationalization of Fundamental Principles and Humanitarian Values

Outcome 1 The dissemination of Fundamental Principles is incorporated into all NS programmes and activities.

Programme component: Sexual and Gender Based Violence

Outcome 1 CVM mainstreams gender issues in all its programmes.

b) Potential risks and challenges

Not many donors are interested in allocating funding support on this initiative, except for the technical and funding support from the ICRC. In order to meet its expected results, activities on promotion and operationalization of the Fundamental Principles and Humanitarian Values should be incorporated into the other programme components such as community-based health and care, disaster management, branch development and volunteer management.

Role of the Secretariat

The Secretariat's budget for its support role in 2010-2011 is integrated in OD budget.

a) Technical programme support

The IFRC's mandate is to provide technical support and co-ordination to CVM and the tasks are geared towards strengthening branches, increasing membership, restructuring and developing various policies, procedures and guidelines. Other supports include those for logistics, information, and planning, reporting and human resource management. Technical support is provided by the programme departments and support service units at IFRC Sub-Zone Office through guidance from the country representative in Mozambique, whose presence will continue in 2010, but revised in 2011 based on the National Society needs.

b) Partnership development and co-ordination

The Movement partners supporting CVM are the IFRC, ICRC, Austrian, American, Belgian-Flanders, Danish, Finnish, German, Icelandic, Norwegian, Netherlands, and Spanish Red Cross. Other partners include the local Embassies (German, Swedish, Canadian, EU in cooperation with Finnish, Spanish, and German Red Cross Societies). Partners outside the Red Cross Movement include the National Aids Council (CNCS), National Institute of Disaster Management, Mozambican Technical University/Cape Town University, SA; International OXFAM, Terre des Homens/German chapter, World Food Programme (WFP), United Nations Development Programme (UNDP), Save the Children Fund - UK, Adopt-a-Minefield and ARCI-Svillupo).

The office of the Federation Representative advises and coaches the Secretary General and other senior members of the National Society on strategic directions and coordinate effective response to their local partners. CVM will seek to formalise relationships with the local partners through the signing of the Memorandum of Understanding which specifies roles and responsibilities. A partnership forum will be created for all the stakeholders to come together and explore ways of collaborating and coordinating.

c) Representation and Advocacy

The leadership supported by the IFRC will ensure the National Society is well represented at all strategic national fora on humanitarian issues and social development. In that regard, the IFRC provides guidance in media and public relations.

Promoting Gender Equity and Diversity

Gender sensitivity, anti-stigma and discrimination elements are incorporated in programme planning and implementation. CVM ensures that the vulnerable people it serves live in dignity and its activities are compliant to the Sphere minimum standards, at the same time contributing to the Millennium Development Goals.

The Red Cross activities will enlist the participation of women and children as they are key actors in family health, and more specifically, water and hygiene-related issues. WatSan interventions have decreased the amount of time spent by women and girls collecting water from distant water points. This has improved their quality of life and they have more time for school activities and income generating projects.

Quality, Accountability and Learning

Accountability within programme implementation areas is enforced at various levels. The management will ensure that well trained staff and volunteers are in place at all levels of the National Society. The impact and improved quality of life for beneficiaries will be monitored through a performance and accountability unit. An annual donor consultative meeting will be held to create a platform for programme review and planning by all stakeholders.

How we work

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

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

Contact information

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

- **In Mozambique:** Fernanda Teixeira, Secretary General, Maputo, Email fernanda.teixeira@redcross.org.mz; Phone: Tel: +258.21.497.721; +258.1.490.943; Fax +258.1.497.725
- **In Mozambique:** Martin Acosta; IFRC Country Representative, Maputo Email: martin.acosta@ifrc.org; Phone: Tel: +258.21.497.721. ext 117; Fax: +258.1.497.725
- **In Southern Africa Sub-Zone:** Françoise Le Goff, Head of Sub-Zone Office, Johannesburg; Email francoise.legoff@ifrc.org; Phone: Tel: +27.11.303.9700; +27.11.303.9711; Fax: +27.11.884.3809; +27.11.884.0230

For pledges towards the programmes:

- In IFRC Southern Africa Sub-Zone: Laurean Rugambwa; Resource Mobilisation Coordinator, Johannesburg; Email: zonerm.southafrica@ifrc.org; Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230

For Performance and Accountability (Planning, Monitoring, Evaluation and Reporting) enquiries:

- In IFRC Southern Africa Sub-Zone: Theresa Takavarasha; PMER Manager, Johannesburg; Email: terrie.takavarasha@ifrc.org; Phone: Tel: +27.11.303.9700; Mobile: +27.83.413.3061; Fax: +27.11.884.3809; +27.11.884.0230

For media enquiries:

- In IFRC Southern Africa Sub-Zone: Matthew Cochrane; Communication Coordinator, Johannesburg; Email: matthew.cochrane@ifrc.org; Phone: Tel: +27.11.303.9700; Mobile: +27.83.395.5266; Fax: +27.11.884.3809; +27.11.884.0230

MAAMZ002 - Mozambique

Budget 2010 - 2011

Budget 2010

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Care	Capacity Building	Principles and Values	Coordination	Total
Supplies	428,517					428,517
Land, vehicles & equipment			12,500			12,500
Transport & Storage	51,189		12,290			63,479
Personnel	77,000	34,128	195,744			306,872
Workshops & Training	149,500		31,600			181,100
General Expenditure	99,177	3,034	114,210			216,421
Depreciation						
Contributions & Transfers		851,555				851,555
Programme Support	55,989	61,782	25,468			143,239
Services						
Contingency						
Total Budget 2010	861,371	950,499	391,812			2,203,682

Budget 2011

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Care	Capacity Building	Principles and Values	Coordination	Total
Supplies	448,517					448,517
Land, vehicles & equipment						
Transport & Storage	51,194					51,194
Personnel	96,000	34,128	27,200			157,328
Workshops & Training	151,500		31,600			183,100
General Expenditure	101,914	3,034	96,066			201,014
Depreciation						
Contributions & Transfers		581,631				581,631
Programme Support	59,030	43,018	10,766			112,814
Services						
Contingency						
Total Budget 2011	908,155	661,811	165,632			1,735,597