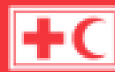
Mid-Year report



Mozambique

Appeal No. MAAMZ00210

31 October, 2011

This report covers the period 01/01/2011 to 30/06/2011.

Shelter construction using shelter kit materials Limpopo valley in Gaza province 2011. Photo CVM

In brief

Programme outcome: During the period under review, the Mozambique Red Cross (CVM) started the implementation of a new five year strategic plan (2011- 2015). This also coincided with the beginning of a new five-year Health programme (2011-2015), in which HIV and AIDS are an integrated part. The CVM seven year Disaster Management Master Plan (DMMP) developed in 2008 is now being adjusted to a five-year plan for the remaining period 2011-2014. CVM is also finalizing the development of an integrated Health and Social Services Master plan where health activities with community-based health and first aid approach (CBHFA), social activities such as support for orphans and other vulnerable children (OVCs), water and sanitation and home visits would be combined into one package to be delivered by volunteers at community level.

Programmes summary: During this reporting period, the Disaster Management (DM) programme focused on responding to floods and cholera outbreaks, the implementation of the Zambezi River Basin Initiative (ZRBI) and Disaster Risk Reduction (DRR) activities as part of the programme components under the national DMMP, supported by partners and IFRC Southern Africa Regional office (SARO). CVM is a member of the ZRBI. The initiative was launched by SARO in 2009, which aims at helping and enhancing livelihoods of vulnerable communities living along the Zambezi River basin. Cooperation between the CVM and the Technical University of Mozambique (UDM) is still continuing through the implementation of the *'Peri-peri'* (spice) project that is being run in conjunction with the University of Cape Town in South Africa.

During the period under review, Mozambique registered a rapid influx of migrants from the Great Lakes Region and the Maghreb into the northern part of the country. The number of migrants and asylum seekers exceeded 10 000 people and this resulted in overcrowding at the Marratane Refugee Centre in Nampula. CVM was requested by the National Disasters Management Institute (INGC) to provide assistance and build shelters to alleviate the situation. Maputo province further registered an influx of thousands of returnees who were deported from South Africa. CVM provided them with humanitarian assistance including First Aid and food aid.

Under the Health and Care portfolio, CVM primarily focused on the implementation of traditional and commercial First Aid, under which human pandemic preparedness (H2P) is integrated into health activities of the CBHFA approach. During the period under review, CVM hosted the annual regional Health and Care Coordinators' meeting. This was the first opportunity for the national programme coordinators and officers from the Health sub-sectors of Watsan and HIV/AIDS as well as social and food security sectors to participate in such a forum.

The country experienced heavy rains at the beginning of the year. This caused flooding and triggered an outbreak of cholera. 1 254 cholera cases were reported between January and July 2011, and four lives were lost. The CVM received an allocation of CHF 345 207 from the Disaster Relief Emergency Fund (DREF) to support in the delivery of immediate assistance to 20 000 people (4 000 households) affected by floods in Maputo, Gaza, Zambézia, Tete, Manica and Sofala Provinces, see MDRMZ006.

In June 2011, CVM held its annual partnership meeting in Maputo under the leadership of the new Secretary General.

The total 2011 budget is CHF 2 331 762, of which CHF 241 838 (10 percent) was covered during the reporting period (including opening balance). Overall expenditure (and programme implementation) amounted to CHF 196 675 during the reporting period, corresponding to 81 percent of available funds, and 8 percent of the budget.

Click here to go directly to the financial report

Number of people we have reached: The DM programme reached over 15 000 people, while over 378 248 families were reached through the Health and Care interventions.

Our partners: Within the Movement, CVM worked in partnership with IFRC and ICRC, as well as with the Belgian-Flanders, Danish, Finnish, German, Netherlands, Icelandic, Norwegian, Italian and Spanish Red Cross societies. Outside the Movement, partner agencies included the European Commission, Europe Aid, UN agencies (UNAIDS, UNICEF, UNIFEM, WFP), IOM, government agencies (ministries of Health, Agriculture, Home Affairs and Water); non-governmental organizations (NGOs) such as World Vision and educational institutions such as the Mozambican Technical University. CVM and IFRC thank partners and contributors for their response to this appeal.

Context

According to the National Survey on Prevalence, Behavioural Risks, and Information about HIV and AIDS in Mozambique (INSIDA) Report (June 2010), HIV and AIDS still represent a challenge to Mozambique on a “devastating scale.” The report estimates that there are 445 new adult HIV infections every day, with a 15 percent sero-prevalence rate among people between 15 to 49 years of age (13.1 percent for women and 9.2 percent for men) affecting directly 1.7 million people living with HIV and AIDS and 558 000 OVCs. The pandemic negatively affects development, exacerbates poverty, malnutrition, poor school attendance and worsens gender inequalities. The national data show that the country has three separate patterns of the HIV epidemic, which are explained by the diversity of cultural behaviour, geographical location and the socio-economic conditions of the population. The lowest prevalence was observed in the north, while the central region exhibited a pattern of high levels of prevalence, with a trend to a slight decline over the last four years, and high levels of prevalence, with evidence of a still growing trend in the south. In the south 60 percent of households are women-headed due to the migration of men. The availability of antiretroviral treatment (ARVT) is also making significant positive impact to the lives of the beneficiaries in terms of increasing their longevity and boosting their ability to be more economically productive. Accessibility and low health coverage have continued to be a challenge mainly as a result of lack of means transport. The national HIV/AIDS Strategic Plan (PEN III) provides greater priority to prevention of new HIV infections.

The main causes of mortality in Mozambique are malaria, HIV and AIDS, tuberculosis, diarrheal diseases, and cholera epidemics. Approximately 71 percent of the population suffers from food insecurity and almost half is classified by the FAO as undernourished. The chronic malnutrition rate for children under five years is 46 percent, while 60 percent of the agricultural labour force consists of women. Poor water supply and sanitation infrastructure, limited access to health facilities, plus the heavy rains experienced early in the year, increased the risk of water and vector-borne diseases. By the end of November 2010, a total of 1 254 cases of cholera and three deaths had been reported in Maputo, Gaza, Inhambane, Sofala, Manica, Tete, Zambezia, Nampula, Cabo Delgado and Niassa provinces. This showed a decline of cases compared to the corresponding period in 2010.

Malaria is endemic throughout Mozambique and is a leading cause of morbidity and mortality, with approximately six million cases reported each year. Malaria accounts for approximately 40 percent of all outpatient visits. This could potentially increase to 60 percent if paediatric cases were considered. Malaria transmission takes place all the year round with a seasonal peak extending from December to April. More than 18 million adults, 900 000 pregnant women and about 3.6 million children under the age of five are considered

to be at risk annually. Among the southern African countries, Mozambique is worst affected by tuberculosis (TB), which is the third largest cause of hospitalization, followed by acute respiratory infection and malaria. Water borne diseases such as cholera and dysentery are endemic and periodic and are linked to climatic phenomena such as floods and cyclones.

The impact of climate change in Mozambique has been severe. The intensity and frequency of natural disasters such as droughts, floods and cyclones, which have devastated communities and destroyed infrastructure across the country are on the rise. Parts of Mozambique experienced heavy rainfall since January 2011, mainly in the southern and central region of the country, putting approximately 191 000 people at risk.

Although economic growth is progressing in Mozambique, with an estimated average annual growth of 8 percent over the last four years, poverty levels remain high, particularly in disaster prone areas. The total population of Mozambique is 20.5 million (census 2007). Life expectancy is 42.8 years (HDR 2007/2008). Gross domestic product (DGP) per capita in 2005 was USD 335 (HDR 2007/2008). Mozambique ranks 172 out of 182 on the Human Development Index (HDR 2007/2008). It is estimated that only 42 percent of the population has access to safe drinking water (RWSSI for 2004). The National Health Service only covers about 40 percent of the population.

CVM priority areas include Health and Care; Water and Sanitation, HIV and AIDS; Food Security, DRR and institutional capacity building as a cross-cutting issue. The latter programme is designed to improve the living conditions of the most vulnerable by reducing or eliminating risks through community participation and volunteer mobilization to help communities prepare for the natural disasters that strike Mozambique every year.

Progress towards outcomes

Many recent activities are excluded in this report due to the delay of the provincial reports. Mostly, the activities reported on cover the first quarter of the year. A more detailed update will be presented in the year-end report.

Disaster Management

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 mechanisms and improved capacity to ensure optimal disaster preparedness.

Achievements

In order to strengthen capacity for preparedness to respond to earthquakes, CVM staff and volunteers participated in an earthquake simulation exercise conducted by the National Disaster Management Institute (INGC), in which CVM played an active role in simulating First Aid services. The exercise was preceded by First Aid refresher training and a basic disaster management course conducted for 50 volunteers who took part in the earthquake simulation exercises. CVM realised need to procure and equip volunteers with protective clothing for use in rescue operations after disasters such as earthquake. Another two simulations which took place in the last quarter of the year in Limpopo River Basin[1] (for floods) involving 73 volunteers and Zambezi River Valley, were in the Caia district and involved flood rescue. Ten CVM volunteers participated in these simulations.

With technical support from the Danish Red Cross, CVM developed a DRR project proposal which was submitted to ECHO. The National Society also conducted a field visit to Inhambane Province jointly with the Danish Red Cross staff to collect case studies and best practices to be used for fundraising. A Euro 600 000 project proposal was approved. Activities commenced during the first quarter of 2011 and financial support was received from the Italian Red Cross.

In this context, the process for the construction of one regional warehouse in Violoncellos district, as well as one regional office and a warehouse in Caia district started. Furniture and equipment and preparedness kits for the two regional disaster management centres were also purchased.

[1] Xai-Xai district – 16 volunteers, Chokwe district – 20 volunteers, Guija district 20 volunteers and Chibuto district 20 volunteers

CVM strengthened partnerships through various coordination meetings with other stakeholders working in the area of DM, such as INGC, Meteorological Institute (INAM – Technical Council for Disaster Management), Humanitarian Country Team (HCT), UN HABITAT, Ministry for Coordination of Environmental Affairs (MICOA), Technical University of Mozambique (UDM), and Intermonth Oxfam. In addition, a shelter advisor was assigned to CVM in the framework of the partnership between CVM and UN HABITAT.

Programme component: Disaster Response

Outcome 1

Disaster response mechanisms are improved to ensure timely response to minimize 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.

Achievements

The CVM, as auxiliary to the local authorities, supported the government by mobilizing the population in the areas at risk of flooding to move to safer areas in the designated relocation camps. The Red Cross volunteers also provided hygiene and health education in order to prevent the spread of water borne diseases. SARO facilitated the application of the DREF, and provided technical support for the CVM relief operation. The DREF was used for the procurement and distribution of non-food items, provision of clean water and sanitation facilities, carrying out hygiene promotion and preventive health activities. CVM opened a regional disaster operation centre in Caia District to facilitate assessments and coordination of flood relief activities. Caia District is strategically located for easy access to all affected districts. The National Society also appointed a national staff member to manage the regional disaster operation centre, with technical support remotely provided from the headquarters' programme units.

More than 274 CVM volunteers were deployed to the flood affected districts and six of the volunteers facilitated the transportation of people and goods, while another 12 were involved in setting up accommodation centres in Buzi and Nhamatanda districts. The rest were involved in social mobilization, erecting tents at the accommodation centres, hygiene promotion and water chlorination.

Through the operations centre in Caia, CVM distributed 200 tents and 791 shelter kits, and constructed 2 733 latrines for affected communities. The National Society also conducted community mobilization campaigns and hygiene promotional activities through 523 health sessions that benefitted 5 691 people. 1636 302 litres of water were treated with chlorine.

Programme component: Disaster Risk Reduction (DRR)

Outcome 1

Community knowledge and awareness of the hazards and risks enhanced; and local risk reduction strategies built on traditional coping mechanisms.

Achievements

During the reporting period CVM was implementing three DRR projects funded by the Danish Red Cross, German Red Cross and the Italian Red Cross. The staff involved in the implementation of the DRR project in Pebane district, Zambezia provinces, prepared for the implementation of the two DRR projects at Vilanculos and Govuro north of Inhambane province. One regional project manager was recruited for Vilanculos, and two field officers for Govuro. The DRR project funded by the German Red Cross for Gaza province was also in its initial stage of implementation and no major activities had been implemented.

Programme component: Zambezi River Basin

Outcome 1

The risk and impact of disasters among communities living along the Zambezi River basin are 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.

Achievements

The ZRBI seeks to reduce the impact of disasters and other challenges on communities living along the Zambezi River basin, aiming to improve the quality of their lives and livelihoods through comprehensive, sustainable and integrated capacity enhancement in disaster management, branch development and primary health and care programmes.

During the first quarter of 2011, the government of Mozambique declared a flood red alert due to heavy rainfall along the Maputo, Incomati, Limpopo, Save, Buzi, Pungué and Zambezi River Basins covering the southern and central provinces of Maputo, Gaza, Inhambane, Manica, Sofala and Zambézia, and affecting more than 30 000 people. Some people experienced damage to their houses built from local materials such as wooden poles, mud and grass. Some communities were evacuated and moved to safer ground.

The Government Contingency Plan had estimated that 191 000 people living in flood prone areas were at risk of floods in the country. In response to the emergency, CVM launched a DREF of CHF 345 207 in addition to the CHF 92 000 that had been made available by the IFRC earlier for capacity development linked to operational planning by all provincial staff. Support was also provided by the IFRC and PIROI (the Indian Ocean Platform for Disaster Response Intervention).

In January 2011, 160 volunteers from Mutarara, Tambara, Mopeia and Caia (40 volunteers per location) were involved in the needs assessment exercise, using vulnerability capacity assessment (VCA) tools. Leadership and volunteer management training was conducted for 120 volunteers in Caia, Mutarara and Tambara districts facilitated by the Youth and Volunteer Coordinator. Eight preparedness kits were purchased and allocated to the target communities in Tambara, Caia, Mutarara and Mopeia. CVM's intervention resulted in reduced vulnerability to the 2011 floods in the Zambezi River Basin, as most of the communities had taken necessary preventive measures. Such measures included the construction of houses in the resettlement areas provided by the government after the 2007 and 2008 floods.

Constraints or challenges

The severity of flooding during the first quarter of the year disrupted the implementation of all activities for this period.

Programme component: Integrated Food Security Project (IFSP)

<u>Outcome 1</u>

Diversify and improve and agricultural production for 1 860 households through the IFSP.

<u>Outcome 2</u>

Improve nutritional status for beneficiaries through high value crop dietary diversification for 400 vulnerable households

<u>Outcome 3</u>

Strengthen the capacity of community based food security volunteers

Achievements

The WFP provided food aid to OVCs in Tete and Maputo Province. Finnish Red Cross continued to run an integrated food security programme (EUR 155 744) in twelve resettlement centres in the districts of Mopeia and Morrumbala, in Zambezia province, close to the Zambezi Valley, that experience perennial floods.

The project addressed food security through soil and water conservation, integrated farming; promotion of inter-crop production, irrigation schemes, extension services, food processing and preservation, honey production and related capacity building activities. The programme targets vulnerable beneficiaries including child and women headed households, the elderly, disabled, chronically ill people, and extremely poor households. As at June 2011, the project had benefitted 986 households.

Table below shows the distribution of agricultural implements in the different communities in the Zambezia province.

Distribution of agricultural implements

No.	Community	Agricultural implements				
		Hoes	Machets	Water can	Sickles	Racks
1	Gera	38	38	38	38	38
2	Mponha	40	40	40	40	40
3	Mdambuenda	38	38	38	38	38

4	Suzi	38	38	38	38	38
5	Chipanga	38	38	38	38	38
6	Micaula	38	38	38	38	38
7	Voluntários	20	20	20	20	20
Total		**250**	**250**	**250**	**250**	**250**

Challenges

A delay in the disbursement of funds was experienced and this affected some activities which, as a result had to be shifted to the next quarter. Some of the affected activities were fish farming, beekeeping and fruit trees seedling distribution. Field reports also delayed due to poor response late data submissions from the provinces. CVM has embarked on more active communication with provincial staff, as well as encouraging reporting that is linked to the quarterly plans and improved coordination of activities.

Health and Care

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 (CBHFA).

Outcome 2

Women, men and children are protected from malaria through adequate surveillance, preparedness and 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 immunization services targeting children and mothers in areas in which CVM is operating.

Achievements

The programme is being implemented in 11 provinces and 46 districts, targeting 627 948 households, equivalent to about 3 139 740 beneficiaries. This figure represents the target working figure for all CVM programmes as health activities with the CBHFA approach are the entry point at community level followed by other integrated activities.

CVM trained 1 289 volunteers and 109 supervisors. This was against the planned target of 2 939 volunteers and 520 supervisors. Six out of seven first aid posts were constructed. Two of these were located in Mandimba, while three were in Mecanhelas and one in Cuamba. 5 554 people received First Aid and 1 332 people with malaria were treated in the first aid posts. 18 119[2] households out of the targeted 2 021 653 households were visited by CVM. Only 495 bed nets were distributed against a target of 10 000. 1 781 women were referred to health centres for intermittent malaria treatment and pre-natal vaccinations against the planned 80 000 target for 2011. More than 400 000 families were mobilized for the children measles vaccination campaign. 222 suspected cases of TB were referred to health centres. 81 of the cases were confirmed positive and were receiving treatment after having followed through community Direct Observation Treatment (DOTs). 11 241 people were reached through health education sessions conducted by volunteers.
8 677 households were reported to have treated bed nets and 1 257 pregnant women and 4 158 children under the age of five years were reported to be using the distributed bed nets when CVM volunteers visited them.

Impact

According to the Ministry of Health records, a significant reduction in cholera and diarrheal diseases was registered in the CVM intervention areas. The Finnish and Norwegian Red Cross are co-funders of the integrated health programme together with the EU, and the IFRC is CVM's implementing partner. They all recognised the importance of community based primary health care as an effective strategy for improving the health conditions of the community.

Challenges

Not all CVM health officers at both at provincial and Head Quarters levels had mastered the new CBHFA

[2] There was under reporting due to data collection constraints

curriculum. A master training course to address this problem is being planned for September 2011. The training would target all national headquarters programme coordinators and the newly recruited provincial health officers.

Programme component: Emergency Health
Outcome 1
Communities have access to curative, preventive and promotional health services during emergency and/or disaster situations.

Achievements

1 254 cases of cholera were reported and four deaths occurred between January to June 2011. CVM mobilised 331 volunteers to assist through the emergency. This group of volunteers carried out health education sessions that directly reached 15 000 people. The activities undertaken are reported as part of the CB activities.

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 level.

Achievements

Although there was under reporting of activities, volunteers and staff were trained to conduct community awareness activities about H2P. No significant activities were reported in the first semester of the year as there were delays in submission of data from the provinces.

Programme component: Water and sanitation
Outcome 1
Access to safe water, sanitation facilities and better hygiene promoted among communities identified to be most vulnerable.

Achievements

A steering committee meeting was held in Maputo during the first quarter of the year. The steering committee meets every six months to review and evaluate performance. An outcome of this meeting was the implementation of one of the recommendation of the mid-term evaluation report. As a follow up to the meeting, one project staff member from the CVM head office was transferred to Nampula provincial branch to work as project officer. The steering committee also recommended that more people be deployed to the filed as opposed to the head quarters. This was expected to speed up the implementation of the activities, such as the training of 36 members of the water committee for the new boreholes constructed in both districts during the past year. This activity is still underway, however, nearing completion. Training sessions on the Child Hygiene and Sanitation Transformation (CHAST) methodology were held in Malema and Ribawe by 39 teachers. Further efforts were on-going to implement this activity in schools that would be identified for the planned construction of 200 school latrines. Implementation of community Watson activities in the CVM has resulted in improved access to safe water and improved household latrines.

A summary of the main activities and achievements in the main water and sanitation project implemented in Nampula Province, in the districts of Malema and Ribawe are presented below.

Activities and achievements of the WatSan project in Nampula Province

Outcomes	Project target	Planned until end 2011	Progress June 2011	% of total target	% of total target by end 2011
Infrastructure implementation				**22**	**74**
Improved pit latrines built	5000	5000	1156	38	77
San Plats Distributed		5000	2174	54	56
San plats produced		5000	2470	62	50
School latrines	200	80	0	0	40
Boreholes drilled	102*	123	101	120.1	-20
and fitted with hand pumps					

Shallow wells dug	100*	40	20	20	60
and fitted with hand pumps					
Springs	5	1	0	0.0	40
Shallow well rehabs	10	20	0	0	100
Community software				**26**	**84**
Water Committees formed	217*	140	144	37.9	64
Water Committees trained	217*	64	144	5	55
PHAST volunteers trained	20	20	20	37	100
PHAST volunteers re-trained	80	80	80	48	100
Community leaders trained	120	120	40	18	100
Training support					**100**
San Plat training	20	20	20	100	100
Supervision of construction training	5	5	5	100	100
PHAST trainers trained	11	11	11	100	100
Project cycle mgmt training	8	8	8	100	100

In addition to the above, integrated health programmes implemented through the CBHFA approach in Maputo City, Maputo Province, Inhambane, Manica and Tete, chlorinated and distributed 16 363 litres of water to 5 893 inhabitants. The project also promoted the construction of 425 traditional latrines for 7 365 inhabitants using local materials.

The budget of the construction of 100 shallow wells was reduced to 20 due to lack of their acceptance by the local communities as they tended to dry up during the drier months of the year. There was also poor response to the tender for construction due to the unavailability of reputable companies. Only one spring was developed in Malema district as the development costs were prohibitive. A decision was taken to convert in stead to 21 boreholes. 100 volunteers were trained on Participatory Hygiene and Sanitation Transformation (PHAST) training in Malema and Ribawe districts.

HIV/AIDS Component

Outcome 1
HIV infections are prevented among 24 445 people in the project sites by 2011.
Outcome 2
Care, treatment and support services are expanded and reached 5 940 PLHIV by 2011.
Outcome 3
Stigma and discrimination associated with HIV and AIDS reduced.
Outcome 4
Capacity strengthened to enable more effective, expanded, direct outreach to served communities.

Achievements

18 new youth peer educators were trained. An estimated 26 850 people were reached through prevention messages by youth peer educators who also distributed and IEC materials. 9 500 condoms were distributed, and 2 500 were distributed to women. A planning, monitoring, evaluation and reporting (PMER) workshop was held in Chimoio for 23 participants from the CVM headquarters and provincial branches in May. A monitoring plan for the integrated CBHFA approach in Manica and Inhambane was designed after this workshop.

There was no significant implementation of activities related to the promotion and uptake of VCT, PPTCT and ART services among the general population, youth and high risk groups using community mobilisation and peer-to-peer education were reported. Data on care, treatment and support through home visits and references to the health services was not available.

Constraints or Challenges

One of the challenges is the high number of health projects, each with its own reporting requirements for various partners, which the National Society is struggling to meet due to limited capacity. CVM has proposed the establishment of a health operational alliance, which would mean that there would be only one plan and one reporting requirement for all stakeholders supporting health and care. There were challenges in the collection of regular and more timely and reliable data from provinces.

Working in partnership

CVM worked in partnership with the IFRC, ICRC and PNS: Belgium-Flanders, Danish, Finnish, German, Icelandic, Spanish, Italian, Norwegian and Austrian Red Cross Societies. Other partners include European Commission, Europe Aid and UN agencies (WFP, IOM, UNICEF, UNIFEM and UNAIDS). CVM has an established position as a credible humanitarian organization in Mozambique, with the largest number of volunteers. It has also increased collaboration with the government at all levels, including Mozambican government ministries (health, agriculture, home affairs and water) and government agencies (e.g. National AIDS Council).

Contributing to longer-term impact

The National Society programmes endeavour to find synergies within national and international strategies on improving the quality of the lives of vulnerable members of the community. CVM has become a reliable partner to the government in reducing the impact of disasters. CVM volunteers and staff are better prepared and skilful in conducting relief work, and have become established as a core function at community level during emergency operations.

Looking ahead

CVM's high priority for this year will be the improvement of the quality and the timing of reports from the district to the HQ. The PMER office will facilitate the development and dissemination of simple, practical and useful tools, as well as the agreed schedule for reporting to be followed by all CVM departments.

Another priority is the continued integration of health programmes including HIV/AIDS, and H2P and water and sanitation to one integrated health programme implemented by using the CBHFA approach. The CVM is planning to consolidate the CBHFA curriculum. This will be partly facilitated by the seventh General Assembly of CVM by the approval of a new strategic plan for 2011 to 2015 which has two pillars - the Health and Social Service Master Plan and the Disaster Management Master Plan supported by an operational plan.

Strengthening disaster preparedness within the framework of the ZRBI remains the top priority of the CVM with focus on engaging the communities to ensure the development of implementation structures and systems to mitigate and reduce the impact of disaster.

The priority for organizational development is on information dissemination for public awareness and visibility campaigns.

All Federation assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-governmental Organizations (NGOs) in Disaster Relief and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to:	The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:
Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.	1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises. 2. Enable healthy and safe living. 3. Promote social inclusion and a culture of non-violence and peace.

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International Federation of Red Cross and Red Crescent Societies

MAAMZ002 - Mozambique

Mid-year Report 2011

Selected Parameters	
Reporting Timeframe	2011/1-2011/6
Budget Timeframe	2011/1-2011/12
Appeal	MAAMZ002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	**908,155**	**1,257,975**	**165,632**	**0**	**0**	**2,331,762**
B. Opening Balance	**0**	**20,671**	**107**	**0**	**0**	**20,779**
Income						
Cash contributions						
European Commission - Europe Aid		*1,499*				*1,499*
Swedish Red Cross		*67,697*				*67,697*
United States Government - USAID	*103,464*	*38,636*				*142,099*
C1. Cash contributions	***103,464***	***107,832***				***211,295***
Other Income						
Balance Reallocation		*9,764*				*9,764*
C4. Other Income		***9,764***				***9,764***
C. Total Income = SUM(C1..C4)	**103,464**	**117,596**	**0**	**0**	**0**	**221,059**
D. Total Funding = B +C	**103,464**	**138,267**	**107**	**0**	**0**	**241,838**
Appeal Coverage	**11%**	**11%**	**0%**	**#DIV/0**	**#DIV/0**	**10%**

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0	20,671	107	0	0	**20,779**
C. Income	103,464	117,596	0	0	0	**221,059**
E. Expenditure	-103,464	-93,211				**-196,675**
F. Closing Balance = (B + C + E)	0	45,055	107	0	0	**45,163**

Selected Parameters	
Reporting Timeframe	2011/1-2011/6
Budget Timeframe	2011/1-2011/12
Appeal	MAAMZ002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure						Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	
	A						B	A - B
BUDGET (C)		**908,155**	**1,257,975**	**165,632**	**0**	**0**	**2,331,762**	
Relief items, Construction, Supplies								
Shelter - Relief	16,875							**16,875**
Construction Materials	25,000							**25,000**
Clothing & textiles	37,125		6,887				**6,887**	**30,238**
Food			328				**328**	**-328**
Seeds & Plants	175,000							**175,000**
Water, Sanitation & Hygiene	65,000		1,134				**1,134**	**63,866**
Medical & First Aid	12,295							**12,295**
Teaching Materials	55,000		3,988				**3,988**	**51,012**
Utensils & Tools	38,610							**38,610**
Other Supplies & Services	23,612		1,308				**1,308**	**22,303**
Total Relief items, Construction, Su	**448,517**		**13,646**				**13,646**	**434,871**
Land, vehicles & equipment								
Office & Household Equipment			67				**67**	**-67**
Total Land, vehicles & equipment			**67**				**67**	**-67**
Logistics, Transport & Storage								
Storage	7,020							**7,020**
Distribution & Monitoring	6,000							**6,000**
Transport & Vehicle Costs	38,174		1,400				**1,400**	**36,774**
Total Logistics, Transport & Storage	**51,194**		**1,400**				**1,400**	**49,794**
Personnel								
International Staff			2,243				**2,243**	**-2,243**
National Staff	74,128		-3,248				**-3,248**	**77,376**
National Society Staff	83,200		-3,473				**-3,473**	**86,673**
Volunteers			1,150				**1,150**	**-1,150**
Total Personnel	**157,328**		**-3,328**				**-3,328**	**160,656**
Consultants & Professional Fees								
Professional Fees	17,000							**17,000**
Total Consultants & Professional Fe	**17,000**							**17,000**
Workshops & Training								
Workshops & Training	183,100		10,269				**10,269**	**172,831**
Total Workshops & Training	**183,100**		**10,269**				**10,269**	**172,831**
General Expenditure								
Travel	54,154		5,518				**5,518**	**48,636**
Information & Public Relation	6,580							**6,580**
Office Costs	1,500		1,260				**1,260**	**240**
Communications	3,000		925				**925**	**2,075**
Financial Charges	13,500		-3,154				**-3,154**	**16,654**
Other General Expenses	564,755		-980				**-980**	**565,735**
Total General Expenditure	**643,489**		**3,569**				**3,569**	**639,920**
Contributions & Transfers								
Cash Transfers National Societies	581,631	96,245	55,285				**151,530**	**430,101**
Total Contributions & Transfers	**581,631**	**96,245**	**55,285**				**151,530**	**430,101**
Operational Provisions								
Operational Provisions			6,641				**6,641**	**-6,641**
Total Operational Provisions			**6,641**				**6,641**	**-6,641**
Indirect Costs								
Programme & Service Support	142,680	6,256	5,742				**11,998**	**130,682**
Total Indirect Costs	**142,680**	**6,256**	**5,742**				**11,998**	**130,682**
Pledge Specific Costs								

International Federation of Red Cross and Red Crescent Societies

MAAMZ002 - Mozambique

Mid-year Report 2011

Selected Parameters	
Reporting Timeframe	2011/1-2011/6
Budget Timeframe	2011/1-2011/12
Appeal	MAAMZ002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure						Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	
	A						B	A - B
BUDGET (C)		**908,155**	**1,257,975**	**165,632**	**0**	**0**	**2,331,762**	
Earmarking Fee		962	536				**1,498**	**-1,498**
Reporting Fees			-614				**-614**	**614**
Total Pledge Specific Costs		**962**	**-78**				**885**	**-885**
Operational Forecasting								
Operational forecasting	106,824							**106,824**
Total Operational Forecasting	**106,824**							**106,824**
TOTAL EXPENDITURE (D)	**2,331,762**	**103,464**	**93,211**				**196,675**	**2,135,087**
VARIANCE (C - D)		**804,691**	**1,164,764**	**165,632**			**2,135,087**	