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Annual report 2011

Mozambique

 International Federation
of Red Cross and Red Crescent Societies

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**This report covers the
period 01/01/2011 to
31/12/2011**

*CVM ambulances ready to serve the
people in need. Photo: CVM by Jose
Tomas, August 2011*



In brief

Programme outcome

2011 was the first year of the implementation of the new 2011-2015 strategic plan which is based on the Federation's Strategy 2020. The year also saw launch of the Operations Master Plans combining Health and Social Services as well as Disaster Management Master Plans. The five-year integrated HIV and AIDS programme (2011-2014) was also launched as a component under the IFRC Global Alliance on HIV.

In June 2011, Cruz Vermelha de Mocambique (CVM: Mozambique Red Cross) held its partnership meeting, which was the first to be held under the new Secretary General. In this meeting, the two Master Plans were presented; one for Disaster Management and the other for Health and Social Services. The enabling strategy was presented as cross cutting issue to be adopted in any project.

An organogram was prepared for the new structure of the organization including two new directorates; one for Planning and Operations to assist the Secretary General's cabinet and the other for Human Resources and training. This way CVM now has five directorates; Human Resources and Training, Programs, OD, Administration and Finances as well as Planning and Operations (of which PMER falls under).

Programme summary

During the reporting period, the disaster management (DM) programme focused on disaster response for the floods and cholera outbreak, the implementation of the Zambezi River Basin project

and the DRR project as programme components under the National Disaster Management Master Plan (DMMP).

CVM is implementing both the Zambezi River Basin Initiative which was launched by SARO in 2009 as well as the UBUNTU project. Both are regional programmes, ZRBI aims to enhance livelihoods of vulnerable communities living along the Zambezi River basin and UBUNTU project aims to provide assistance to cross border migrants.

Cooperation between the CVM and the Technical University of Mozambique (UDM) is still continuing an initiative that come from the Cape Town University of South Africa. In this partnership, CVM was asked to host and manage the funds from USAID to enable UDM to implement the project.

An increase of migrants into the country was noted. Migrants came from the Great Lakes Region and from the Maghreb into the North of Mozambique. The number of migrant and asylum seekers surpassed 10.000 people which overloaded the refugee center in Nampula. CVM was asked to provide assistance and build shelter. The other migrant movement was registered in Maputo province with thousands of illegal migrants deported from South Africa to Mozambique. CVM provided humanitarian assistance consisting of First aid and help to restore family links.

Under the health and care portfolio, CVM primarily focused on the implementation of traditional and commercial First Aid in which pandemic preparedness is integrated into the CBHFA activities. During the reporting period, CVM hosted the SAPRCS regional Health and Care meeting. This was an opportunity to share experiences and lessons learnt across the region and across sectors. Officers from CBHFA, Watsan, HIVAIDS and Social and Food security sectors all participated in the meeting. This strengthened the integration of programming which the NS is pursuing.

Financial situation

The total 2011 budget is CHF 1,919,882, of which CHF 640,721 (33%) was covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 636,475, corresponding to 33% of the budgeted amount and 99% of the available funding.

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

Number of people we have reached

During the reporting period, the DM programme reached over 15,000 people whilst more than 378,248 families were reached through health and care interventions.

Our partners

Within the Movement, CVM works in partnership with the IFRC, the ICRC and the Belgian-Flanders, Danish, Finnish, German, Icelandic, Italian, Netherland, Norwegian and the Spanish Red Cross Societies. Outside the Movement, partner agencies include 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 the World Vision as well as education institutions such as the Mozambican Technical University. The IFRC and National Society wish to thank all partners for their collaboration and support during the year.

Context

According to the INSIDA Report (June 2010), HIV and AIDS still represents a challenge in Mozambique on a “devastating scale.” There is an estimated 445 new adult HIV infections every day with a prevalence rate among people aged 15 to 49 years of 11.5% (13.1% for women and 9.2% for men) affecting directly 1.7 million people living with HIV/AIDS as well as an estimated 558.000 orphans who are victims of the AIDS pandemic. The pandemic has negatively affected development, exacerbated poverty, caused malnutrition, poor school attendance and worsening of gender inequalities. Despite the availability of Anti-Retroviral Treatment (ARV), which is making a great difference to the lives of PLHIV, accessibility together with low health coverage makes ARV treatment a challenge to access mainly due to the lack of transport.

An estimated 71% of the population suffers from food insecurity and almost half are classified by the UN's Food and Agricultural Organization as undernourished. The chronic malnutrition rate for children under-five is 46%.

Waterborne diseases such as cholera and dysentery are endemic and periodic, as are climatic phenomena such as floods and cyclones. Poor water and sanitation infrastructure coupled with limited access to health facilities and heavy rains increases the risk of water and vector-borne diseases every year. 2011 was no exception. The country experienced heavy rains in the beginning of the year which caused flooding and triggered an outbreak of cholera. 1,254 cholera cases were reported from January to July 2011 which claimed 4 lives.

Malaria is endemic throughout Mozambique and is a leading cause of morbidity and mortality with approximately 6,000,000 cases reported each year. Malaria accounts for approximately 40% of all outpatient visits, increasing to 60% if only pediatric cases are considered. Malaria transmission takes place all year round with a seasonal peak from December to April. More than 18 million people in Mozambique are considered to be at risk of malaria, including an estimated 3.6 million children under-five year olds and 900,000 pregnant women.

Mozambique is also among the Southern African countries worst affected by tuberculosis (TB), which is the third largest cause of hospitalization, following acute respiratory infection and malaria. Moreover,

Climate change has severe and tangible impact on Mozambique, which has resulted in the increased ferocity and intensity of natural hazards such as droughts, floods and cyclones, which have devastated communities and destroyed infrastructure across the country. These recurrent events make Mozambique one of the most vulnerable countries affected by climate change.

Although economic growth has been estimated at annual 8% growth over the past 4 years, poverty levels remain high, particularly in the disaster prone areas.

Progress towards outcomes

Disaster Management

Outcomes

Program 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.

Achievements

In order to strengthen earthquake preparedness capacity, 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 a First Aid refresher training course and a basic disaster management course conducted for 50 volunteers who took part. Two other simulation exercises took place in the last quarter of the year involving 73 volunteers trained on water rescue.

The construction of a regional warehouse in Vilankulos district and a regional office and a warehouse in Caia district was started. Furniture and equipment and preparedness kits for the two regional disaster management centers were also purchased. The regional center of Vilankulos is housing the DRR project coordinator and two district officers.

The Italian Red Cross was able to fundraise €600,000 for a DRR project to be implemented in Govuro district for 5 communities. The project is similar to the Danish Red Cross supported project.

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

As an auxiliary to the local authorities, CVM supported the government by mobilizing at-risk population in flooded areas to move to safer grounds designated for resettlement. The Red Cross volunteers also provided hygiene and health education in order to prevent the spread of waterborne diseases. A DREF was released from the IFRC in support of the floods and its SARO office provided technical support for the relief operation. The DREF was used for the procurement and distribution of non-food items, provision of clean water and sanitation facilities, increasing hygiene promotion activities and preventative health. CVM opened a regional disaster operational center in Caia district to facilitate assessments and coordination of the floods 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 center, with technical support remotely provided from the headquarters programme units.

More than 274 CVM volunteers were deployed to the floods affected districts. Volunteers were involved in social mobilization and erecting tents at the accommodation centres, as well as conducting hygiene promotion and water chlorination.

Through the operational centre in Caia, CVM distributed 200 tents, 791 shelter kits and constructed 2,733 latrines for affected communities. The National Society also conducted community mobilization campaigns and hygiene promotion activities through 523 health sessions that benefitted 5,691 people. A total of 1,636,302 liters of water were treated with chlorine.

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.

Achievements

CVM is implementing 3 DRR projects funded by the Danish, the German and the Italian Red Cross societies including a new DRR project for the Zambezi River Basin supported by the Belgium Red Cross for a period of 2 years.

Two of the DRR projects are being implemented in the North of Inhambane province in Vilanculos and Govuro. The project is in its first phase of implementation and activities include the setting up, training and equipment of local disaster management committees as well as training of volunteers and community members to participate in DRR activities. The projects are funded by the Danish and the Italian Red Cross respectively for 3 years.

The DRR project funded by the German Red Cross in Gaza has recruited all the necessary staff, including a delegate. Activities are expected to start up in January 2012.

Programme component: Zambezi River Basin Initiative
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Outcome 1: The risk and impact of disasters among communities living along the Zambezi River basin is reduced through community preparedness.
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Outcome 2: Access to adequate and nutritious food commodities is increased among communities along the Zambezi River basin.
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Outcome 3: The number of deaths, illnesses and impact from diseases is reduced among communities along the Zambezi River basin.
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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. CVM is targeting four provinces and four districts in the Zambezi valley namely Tete, Sofala, Manica and Zambezia provinces.

At the beginning of the year, the government of Mozambique declared a Red Alert due to heavy rainfall and flooding experienced along the Zambezi River Basins covering the southern and central provinces of Maputo, Gaza, Inhambane, Manica, Sofala and Zambézia which affected more than 30,000 people. Some houses built from local materials such as wooden poles, mud and grass were destroyed and people had to be evacuated to safer areas due to floods and heavy winds.

The Government Contingency Plan had estimated that 191,000 people living in flood prone areas were at risk of floods up until end of March 2011. In response to the disaster, CVM submitted a DREF request in the amount of CHF 345,207 to the IFRC and CHF 92,000 was made available. Support was also provided in kind by the IFRC and PIROI.

- A total of 160 volunteers (40 in Mutarara, 40 in Tambara, 40 in Mopeia and 40 in Caia) were involved in the needs assessment applying VCA tools in January 2011.
- Leadership and Volunteer Management Training was undertaken for 120 volunteers in 3 districts (Caia, Mutarara, Tambara and) in November and was facilitated by the Youth and Volunteer Coordinator
- 8 preparedness kits purchased and distributed to the targeted communities in Tambara, Caia, Mutarara and Mopeia districts.
- CVM intervention reduced the impact of the floods in the Zambezi River Basin as most of the communities had taken necessary preventive measures including constructing main houses in the resettlement areas designated by the government following the devastating floods in 2007 and 2008, where all their belongings are kept and using the lower areas close to the river for farming purposes only.

Constraints or Challenges

The occurrence of floods in the 1st quarter of the year delayed implementation of all other planned activities during this period. Further delays were caused by the late disbursement of funds for the planned 2011 activities.

Health and Care

Outcomes

Programme component 1: Community-based Health and First Aid
Outcome 1: Increase 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, 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 program is being implemented in 11 provinces and 46 districts targeting 627,948 households, the equivalent of about 3,139,740 beneficiaries. This figure represents the targeted working figure for all CVM programs, as CBHFA is the entry point at community level after which other integrated activities follows.

A national master training in CBHFA was held in October for all HQ program coordinators and officers, all national directors and provincial officers totaling 34 people. This training was held as an effort of integrating all programme areas into CBHFA and for the adoption of the CBHFA approach as the CVM working method.

The main 2011 achievements were as follows:

- 1,289 volunteers and 109 supervisors trained
- 7 First Aids posts constructed in Mandimba (2), Mecanhelas (3) and Cuamba (2) in Niassa province;
- 19,315 people received first aid of which 11,138 referred to Hospitals. 5,238 of the people referred to hospitals had malaria;
- 35,509 households received home visits by CVM volunteers;
- 12.821 bed nets distributed;
- 5.053 women referred to health centers for malaria treatment and pre-natal vaccinations;
- More than 400.000 families mobilized for the children's measles vaccination campaign;
- 352 suspected cases of TB referred to health centers. 127 of the cases were confirmed BK+ and are now on treatment and followed through the community (DOTs);
- 6,190 community health sessions conducted reaching an estimated 117.610 people;
- 12.841 households reported to have impregnated bed nets and 2.821 pregnant women and 10.025 under-five year old children slept under the bed net when CVM volunteers visited them.

A significant reduction of cholera and diarrheal cases has been observed in the areas of intervention by CVM. This allows partners and communities to recognize CVM as an important provider of community based primary health care for improving the health situation in the communities.

Constraints or Challenges

It has been challenging to adapt the new CBHFA curriculum into the overall programming of CVM and it has appeared difficult to apply in some contexts taking into the account the capacity of staff and volunteers. Nevertheless, a lot of good progress has been achieved in 2011 and the methodology is becoming more familiar to staff and volunteers alike.

Programme component 2: Emergency Health
Outcome: Communities have access to curative, preventive and promotional health services during emergency and/or disaster situations.

Achievements

1,254 cases of cholera causing 4 deaths were reported during the year in the Zambezi River Basin valley and in the provinces of Nampula and Cabo Delgado. CVM mobilized 331 volunteers to minimize the impact on the affected communities. The volunteers carried out health education

sessions reaching an estimated 15,000 people. The activities undertaken in this context were reported under Community Based First Aid activities above.

Programme component 3: 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.

Achievements

No significant activities were planned for or took place for this outcome during the reporting period.

Programme component 4: Water and sanitation
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Outcome 1: Access to safe water, sanitation facilities and hygiene promotion in increased among identified most vulnerable communities.
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Achievements

Two steering committee meetings were held in Maputo in the 1st and 4th quarters of the year. One of the results of these meetings was the transfer of one project staff from NHQ to Nampula province branch as a project manager to allow for the speed up of project implementation including training of 36 water committees, PHAST training for 39 teachers, as well as the construction of 200 school latrines and the authorisation of a no-cost extension of the project until June 2012.

The project started in mid-2008 with the aim of providing adequate water and sanitation services in 217 communities through the construction of 102 boreholes as well as rehabilitation of 16 other boreholes. So far, the project also trained 5,000 MAICS on the importance of adequate water and sanitation infrastructure and the relevance of community participation. 100 community volunteers were also trained in PHAST methods who continued to conduct hygiene promotion sessions in the community. This resulted in such good adherence of community members that 5,000 traditional latrines were constructed.

The project is contributing to the improvement of sanitation and access to water in such a way that in 2011, the water coverage increased from 17% to 40.7%. This will have significant impact on the communities especially in relation to waterborne diseases, diarrheal diseases and overall health and hygiene of the communities and ultimately increase people's coping mechanisms.

The summary of the main activities and achievements of the Water and Sanitation Project implemented in Nampula Province are shown in the table below.

Activities	Total target for project	Progress by Q4 2011	Progress by Q4 2010	%-of total target Dec 2011
Improved pit latrines built	5000	3125	2400	62.5%
San Plats distributed		3334	2792	66.68%
Sanplats produced		3486	2792	69.72%
School latrines built	200	78	0	39.00%

San Plats distributed		60	0	30.00%
Sanplats produced		78	0	39.00%
Boreholes drilled	123	102	60	82.9%
and fitted with hand pumps		102	60	82.9%
Shallow wells dug	20	20	20	100%
and fitted with hand pumps		20	20	100%
Springs	1	0	0	0.00%
Shallow well rehabs	20*	0	0	0.00%
Borehole rehabs	16*	16	2	100%
Water Committees formed	180	121	80	67.2%
Water Committees trained	180	121	53	67.2%
PHAST volunteers trained	100	100	80	100%
PHAST volunteers re-trained	80	80	80	100%
Community leaders trained	120	89	89	100%**
SanPlat training	20	20	20	100.00%
Supervision of construction training	5	5	5	100.00%
PHAST trainers trained	11	11	11	100.00%
Project cycle mgmt training	8	8	8	100.00%

In addition to this, CBHFA integrate projects in Maputo City, Maputo Province, Inhambane Manica and Tete, reported to have chlorinated and distributed 16.363.02 litres of water to benefit 5.893 habitants and promoted the construction of 425 traditional latrines using the local material, to benefit 7.365 habitants.

P.S: the budget of the construction of the 100 shallow wells was reduced to 20, because it is difficult the find contractors for this activity. Consequently, instead of constructing 100 shallow wells the project will rehabilitate 21 boreholes.

Programme Component 5: HIV/AIDS
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

Outcome 1: HIV infections are prevented among 24.445 people in the project sites by 2011			
Strategies	Goal	Achievements	Comments
1) Promote safer sexual behavior among general population (men, women and youth)	440 youth peer educators trained	168 youth peer educators trained	The goal for 2011 was set too high and

in 22 districts and high risk groups using culturally sensitive IEC material on HIV/AIDS, peer education and mass media approaches.	to reach 74.600 people with prevention messages in YPE 318.331 people reached with IEC materials	and refreshed in Gaza and Tete provinces. 922 sessions held for 27.179 youths conducted	under the present capacity and strategy of the HIV/AIDS department was not achievable. 30% achievement
2) Improve condom promotion, provision and distribution in all project sites	55.000 condoms distributed	32.464 male and 2.500 female condoms	Total no. of condoms distributed was 39.964 (72% achievement)
3) Promote increased uptake of VCT, PPTCT and ART services among the general population, youth and high risk groups using community mobilization and peer-to-peer education approaches.	There was no clear goal for this activity	2.848 people received VCT	These people are also under ART treatment
Outcome 2: Care, treatment and support services are expanded and reached 5.940 PLHIV by 2011.			
1) Provide care, treatment and support through home visits and references to the health services	5.940 PLHIV reached	10.194 home visits conducted during the year	677 people on ART, totaling 3.052 (60% of target)
2) Establish systems to improve food security and nutrition measures for households affected by HIV and AIDS	This has been included in the food security component.		
Outcome 3: Stigma and discrimination associated with HIV and AIDS reduced			
1) Intensify awareness on the rights of PLHIV, OVC and women in the area of HIV and AIDS	One radio campaign conducted in Gaza province and visits to support 187 gender based violence victims.		
2) Incorporate HIV and AIDS concerns with the human resource management policy in the National Society	The Massambo Fund at CVM reflects the current dissemination of the Work Place Policy that resulted in adherence and support to 21 people (18 women and 3 men).		
Outcome 4: Capacity strengthened to enable more effective, expanded, direct outreach to served communities			
1) Strengthen staff and volunteer management systems activities	The PMER training held in October at Chimoio Training Center introduced the concepts of result based management and the implications for all management system.		
2) Strengthen the capacity of staff and volunteers to plan, implement, monitor and evaluate HIV and AIDS activities and programmes	A national PMER workshop was held in Chimoio for 23 participants from NHQ and province branches to strengthen their capacity on PMER. Monitoring plans for integrated CBHFA projects in Manica and Inhambane were designed after the national workshop.		
3) Provide logistical and administrative support to the National Society for effective running of the HIV and AIDS programme	Purchased and distributed the following materials to volunteers: - 20 bicycles - 60 peer education kits - 600 t-shirts for YPEs		

Programme Component 6: Food security
Outcome 1: Increased diversification of agro-production of the 1,860 people targeted by the food security project in Zambézia province.
Outcome 2: Improved nutritional status of 400 families through the diversification of their diet.

Achievements

The food security intervention strategy needs to be reviewed to become more sustainable in the longer term. The idea behind it is that CVM should have demonstration fields or farms where people can go to see and learn from demonstrations. Community members would then share lessons learnt and best practices in cultivating crops, vegetables, cattle rearing and bee keeping. The demonstration farms would keep functioning ever after the end of the project period and thereby making the knowledge transfer component sustainable.

Activities carried out under this component are as following:

Food Security activities benefited a total of 6.638 in all 11 provinces as shown in the table below.

Provinces	Districts	No. of benef.	Type of beneficiaries	Main activities and achievements
Maputo C	Katembe	160	Self-support groups	Raising of chickens and growing diversified vegetables
	Kamavota			
Maputo	Moamba	220	PLHIV	Food distribution with World Food Program(WFP)
		700		
Gaza	B. Macia	738	OVCs	Raising of chickens and growing diversified vegetables
	Xai-Xai	113		
	Chibuto			
	Chokwe	100	Growing and selling of vegetables enabling people to buy school material (60 kits): ¹	
I'bane	Massinga Murrombene ²	191	PLHIV	Setting up of a water committee, rehabilitation of a water-tank breed animals
		220		
Sofala	Nhamatanda ³	180		Raising of chickens and growing diversified vegetables
Manica	Barue e Tambara	40	PLHIV	Raising of chickens (500) and goats (37)
Tete	Chiuta	1220	OVCs	Food distribution with the support from WFP
		40	Mothers	Nutritional training
Zambézia	Mopeia e Murrumbala	1886	OVC's	Distribution of agro-tools and seeds such as maize, beans, sesame seeds; and rice,
		80	volunteers	
Cabo Delgado	Montepuéz e Namuno	700	volunteers	Preparation for the starting of the new project
		70		
Total		6.658		

¹ 600 cadernos, 120 esferográficas, 60 lápis, 60 borrachas, 60 afiadores, 60 caixa de lápis de cor, 60 régua graduadas, 60 estojos e 60 pastas

² Comunidades de Ucitela, Unguana, rio das pedras, Marrucua, Lionzoane, Barrane e Chissire

³ Muda-Estação, Muda-Mufo e Tica

Distribution of tools and seeds

Nº	Description	C Maputo	Gaza	Inhambane	Zambézia	Total
1	Cabbage (Kgs)	1	0.4		6	7.4
2	Littuce (Kgs)		0.4			0.4
3	Carrot (Kgs)	1	0.05		5.7	6.75
4	Beet (Kgs)				6	6
5	Tomatoes (kgs)	1			5.5	6.5
6	Malagueta pepper				1.64	1.64
7	Sesame				2.7	2.7
8	Beans				2.7	2.7
9	<u>Maize (Kgs)</u>		14			14
10	Peanuts(Kgs)		8		2.7	10.7
11	Rice (Kgs)	0	0			0
12	Cashew -tree (units)			150		150
13	Mango-trees (units)	100		30		130
14	Coconut -trees (units)			200		200
15	Avocado (units)	100		245		345
16	Pineapple plants			190		190
17	Orange trees (units)	100		140	1000	1240
18	Lemon-trees (Units)				500	500
19	laying hens; (units)	128				128
20	Chickens (units)			16		16
21	Eggs (units)					0
22	Bovines –cattle (units)			2		2
23	Ovines – sheep (units)			90		90
24	Caprines –goats (units)			71	150	221
25	Hoes (units)	5			820	825
26	Cutlass (units)	2		5	820	827
27	Rakes (units)	2		2	849	603
28	Axes (units)			2	250	252
29	Water Cans (units)				250	250
30	Watering –cans (units)				820	820
31	Hand watering cans (units)				599	599
32	Sickles (units)				820	820
33	Irrigation systems	1			1	2
34	Pump motors				3	3
35	Wheelbarrow	3				3
36	Buckets	3				3
37	Rehabilitation of water tank			9		9
38	Beehives				44	44

Programme component 7: OVC
Outcome 1: To promote equality of opportunity among women and men in all community interventions;
Outcome 2: To strengthen the role of the family in the protection and development of all its members particularly female, children, people with disabilities and the elderly through continuous training, awareness campaigns and education;
Outcome 3: To promote psycho-social support, education and professional training to vulnerable children, orphans and helpless as to guarantee their social integration.

Achievements

The main activities and achievements of the OVC component are:

Nr.	Activities	Quantity	Benf.	Venue	comments
01	Construction of houses for OVC's	30		Manjacaze district	Funds from CVM partners
02	Starting with the construction of new houses for OVC's	20		Mopeia district	Funds from the 3Rd TVM gala
03	Construction of recreational spaces for children in the community - children's Club	4		Meconta, Maganja da Costa, Chiúta e Manjakaze	Nampula, Zambézia, Tete and Gaza Provinces
04	Acquisition of a sewing machine	3		Maganja da Costa, Chiúta e Manjakaze	
05	Integration of children in schools		7.201	All provinces	
06	Acquisition of school material for OVC's	7.201			
07	Purchasing and distribution of bed nets for children.	4343	4343		40 in Gaza, 40 in m Zambézia and 72 in Tete
08	Training of Volunteers		252		
09	Facilitation of registration of 228 children.		228		
10	Lectures to raise awareness on children's rights and HIV/AIDS	457		Mopeia, Maganja da Costa e Murrumbala	
11	Refreshing courses for volunteers – social Basic course	3	71	Chiuta, Chifunde e Changara	They had the first training in 2009
12	Home visits	700 children	1.156	Gondola (100), Sussundenga (100), Bárúe (150) and Tambara (350).	

Enabling Strategy

The enabling strategy to achieve all the planned activities comprise areas such as organizational development which includes resources mobilization, communication and dissemination, telecom, administration and finances as well as volunteer management, youth and branch development, internal audit and PMER.

All activities reported on above are made possible thanks to the performance and the dedication of volunteers. CVM has a total of 5,586 volunteers (3.282 male and 2.302 female) and 2.250 youth members organized into 113 district committees and 11 provincial branches.

CVM has a total of 292 staff members (220 male and 72 female) of which 247 staff have long term contracts and 47 are on project based contracts. Project staff is the only staff that has secure salaries while the majority depends on the availability of funds. This is a big challenge wherefore the NS has made efforts to mobilize resources in the country to finance its core costs.

Resource Mobilization

Social marketing was carried out in the private sector and as result, 6 big companies agreed to contribute a total of USD 17,500 in 2011

Nº	Golden US 2.500	Silver US 1.500	Bronze US 500	Total
1	BCI	Polana Hotel	ABB	4,500
2	BIM		GPZ	3,000
3	HCB			2,500
4	MOZAL			2,500
5	Petromoc			2,500
6	StandardBank			2,500
7	Total			17,500

CVM also fundraises through its Gala event. In 2011, the result of the Gala was 2.470.549.28 the equivalent of USD 91.500 to support OVCs in Zambezia province, where the funds were collected.

These results are encouraging and means that there is definitely room for fundraising in Mozambique and this is something that the NS will explore even further in 2012 to help support its core costs and essential programme activities. Commercial First Aid is another example of fundraising in country with the selling of first aid courses and first aid kits expected to bring a sound income to the NS. The NS has also been equipped with 10 ambulances. Each ambulance will have a crew composed of 100% female staff.

PMER

The PMER unit was established in 2011 and one staff member benefited from a PMER training held in Kenai which was organized by the German Red Cross.

Up to now, the PMER unit has managed to translate the PMER toolkit from English into Portuguese. This material was then used in the training of 47 officers from CVM HQ, provincial branches and districts. Three project monitoring plans have been developed for Manica, Inhambane and Gaza.

The Planning and Operation directorate is working towards the improvement of planning and reporting and have adopted a calendar for planning and reporting for all CVM actors to ensure that quality plans and reports are produced to partners on time.

Constraints or Challenges

The main challenge faced during 2011 was the lack of resources to implement the HR reform. This disturbed the functioning of the entire organization and unfortunately also the implementation of project activities. CVM is working hard to solve and minimize this problem and to this aim, it counts on the support of all its partners to speed up the process towards a sustainable solution.

Working in partnership

CVM worked in partnership with the IFRC, the ICRC as well as the Belgium-Flanders, Danish, Finnish, German, Icelandic, Spanish Red Cross Societies (all of which have either country or regional representatives in Mozambique) as well as the Austrian, Italian and Norwegian Red Cross Societies. Other partners include World Vision – Mozambique, European Commission, Europe Aid and UN agencies (WFP, IOM, UNICEF, UNIFEM and UNAIDS). WFP provides food aid to OVCs in Tete and Maputo Province.

CVM has defined its position as a credible humanitarian organization in Mozambique with the largest number of volunteers. CVM has increased collaboration with government at all levels, including ministries of health, agriculture, home affairs and water as well as government agencies such as the National AIDS Council.

Contributing to longer-term impact

The National Society programmes and operations endeavor to find synergies within national and international strategies on ways to improve the lives of the most vulnerable. With its enhanced capacity in disaster response, CVM has become a reliable partner to the government in reducing the impact of disasters. CVM volunteers and staff are better prepared and have increased capacity in conducting relief work, and have become a key actor at community level during emergency operations. Whilst the H2P programme has made a difference in the lives of vulnerable communities, the programme has a very short time span to have a longer lasting impact. Therefore H2P interventions should also be mainstreamed into CBHFA activities to ensure sustainability.

All project activities including food security, CBHFA, water and sanitation, HIV and OVC activities all together are contributing to the improved well-being of thousands of vulnerable children and people. The impact is seen in the reduction of mortality due to cholera, malaria and disasters in the geographical areas where the CVM is implementing its activities.

Looking ahead

One of CVMs top priorities for 2012 is to improve the quality and timing of the reports from district level to the NHQ. The PMER function will continue to strengthen systems by finding and disseminating simple, practical and useful tools for data collection and support staff to go beyond reporting the activities carried out but also to look for the impact of interventions.

The consolidation of the CBHFA curriculum is also a key priority for CVM in 2012 and to adopt the approach in all community interaction and training of volunteers. This will partly be facilitated by the new 2011-2015 strategic plan and the existing master plans, supported by the enabling strategy.

Strengthening the disaster preparedness of the National Society remains a top priority. CVM efforts under the ZRBI will be directed towards making a difference in the communities living along the Zambezi River by implementing the plan of action. Focus is now on engaging communities to ensure development of structures and systems to mitigate and reduce the impact of disaster.

In terms of organizational development, the priority is to reform the organization and making it much more sustainable. This involves implementing the HR management Plan while at the same time scaling up income generation initiatives.

How we work

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

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

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Saving lives, changing minds.



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

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

Find out more on www.ifrc.org

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