

ANNUAL REPORT



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

MOZAMBIQUE

4 March 2004

In Brief

Appeal No.: 01.18/2003 ([Click here to access the 2003 Appeal](#))

Appeal target: CHF 806,034 (USD 552,375 or EUR 547,916)

Appeal coverage: 138.3% ([Click here to access the Final Financial Report](#))

Appeal 2004: Mozambique no. 01.15/2004 ([Click here to access the 2004 Appeal](#))

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Overall analysis of the programme

Mozambique, like many other African countries, suffers from high prevalence of poverty related diseases such as HIV/AIDS, tuberculosis, malaria, cholera and high rates of malnutrition among children. The access to health facilities is poor and the health programme endeavours to mitigate the impact of these conditions by providing health and care programmes that not only focus on the narrow health prevention and treatment aspects but integrate all aspects related to the health such as access to clean water, hygiene education, malaria prevention, HIV/AIDS prevention and care. On average, the rate of acute malnutrition in children aged between 6-59 months is 6.4%, the highest being in Maputo and Tete. In 15 of the most food insecure districts the health interventions are coupled with short-term (six to nine months) supplementary feeding programmes and regular nutritional monitoring.

The current Southern Africa food insecurity crisis is also affecting Mozambique in the southern and central provinces. An estimated 659,000 people are in need of food assistance as identified by the most recent vulnerability assessment capacity (VAC) until the coming harvest in March and April 2004. The prospects for the harvest are furthermore an area of concern as the country has received only 75% of a normal rainfall in these areas. According to the government the situation needs constant monitoring, but

the current food assistance programmes provided by WFP can mitigate the impact. Mozambique Red Cross focuses the interventions within food security on supplementary feeding programmes for children under five and pregnant and lactating mothers, on promotion of community gardens and other small scale income generating activities.

Operational developments

During the reporting year, the [Mozambique Red Cross Society](#) with support from the Federation, focused on scaling up of HIV/AIDS, organizational development, consolidation of disaster management capacity and integration of activities in health, water and sanitation, HIV/AIDS and disaster response. The national society implementation structure integrated the water and sanitation, health and social welfare units under one coordinator, while the HIV/AIDS and the disaster management units remained as independent units. Disaster management and HIV/AIDS have been identified as priority areas by the national society; both areas have a wide scope of activities. The national society intensified the HIV/AIDS activities, which include home-based care and prevention, as well as establishing the links between food security and HIV/AIDS. in an effort to exploring new ways of addressing it without being involved in food distribution but through sustainable intervention such as nutrition gardens.

Pilot experiences with the introduction of community gardens in connection with HBC programmes have received positive results, and will be expanded to more districts. There is an increasing awareness of the need to take vulnerability stemming from HIV/AIDS into the analysis of vulnerabilities and capacities when planning disaster preparedness programmes and response.

Despite a strong financial management capacity within Mozambique Red Cross, the national society is developing means of raising its income as it incurred a deficit to cover core positions in 2003. As of 2004 the Federation finance development delegate will concentrate on supporting Mozambique Red Cross in developing the income generation capacity.

The Federation delegation in Mozambique was closed down with an aim to empowering the national society in implementing its own activities. There is however a Federation representative and finance development delegate supporting the national society. The role of the Federation is furthermore to ensure close coordination amongst all Red Cross partner national societies operating in Mozambique.

Health and care

Goal: A sustainable improvement in the general health of the targeted vulnerable communities through the provision of community-based health and care interventions in line with [ARCHI 2010](#).

Objective: The Federation Secretariat supports the Mozambique Red Cross capacity to implement community-based health care programmes, including water and sanitation and organisational development, thereby improving the general health situation in targeted communities and increasing the communities' coping capacity in disaster situations.

Community-Based Health Care

Expected result

The capacity of the Mozambique Red Cross to design and implement community-based health care projects in one Province will be strengthened

60 volunteers will be trained on ARCHI health activities and tools thereby improving the ability of the provincial branch to implement its health related activities.

Approximately 811,337 of people in Mozambique benefit from Mozambique Red Cross basic health care services, including improved conditions for delivery, supply with essential drugs for the most common diseases, provided by the trained volunteers, and access to health education sessions. Of these 136,074 benefited from first aid and treatment of the most common diseases, 458,411 benefited from health

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education, 216,852 benefited from home visits and water chlorination and 36,687 of malaria cases were treated by the volunteers.

With funds received from Finnish and the Swedish Red Cross through the Federation, it was possible to implement the health activities in Gaza, Sofala, Tete and partly in Maputo provinces) this sentence can be said in many other ways. In six districts, 80 volunteers were trained on ARCHI health activities. In the whole country 11 health technicians and 1,686 volunteers were retrained on HIV/AIDS and STDs, whose activities were integrated in community based health care (CBHC) and community based first aid (CBFA) in 27 districts of the six provinces. The provincial health technicians and field officers made 106 supervision visits from branch to the districts and communities and the headquarters supervised the branches through 36 visits. A total of 52 first aid posts are functioning and 3,100 active volunteers are trained in CBHC and CBFA, supplementary feeding, cholera response and prevention.

The very high level of dedication and motivation of the volunteers was the key to the success of the CBHC programme. The high activity level during 2003 showed that very rapid implementation of community development activities in Inhambane, Manica and Maputo provinces projects is possible if an organizational infrastructure is in place and all actors are sufficiently prepared for their tasks.

Mozambique is endemic to cholera and the drought situation prevailing in the central and southern regions have increased the chances of cholera outbreaks, due to lack of clean water. 15,262 cholera cases were reported in 2003 (MoH-December 2003). The cholera mortality rate was kept down at 0.9% which achieved through proper cholera intervention.¹ The Mozambique Red Cross supported the MoH with information, education and communication (IEC) activities 230 national society volunteers were involved in the cholera prevention and response activities through door-to-door visits to provide water treatment, hygiene promotion in places such as markets and public kitchens food stands and oral dehydration salt/solution (ORS) administration in nine provinces. Clean drinking water was provided in urban areas which previously didn't have access to safe water; through chlorination. Approximately 567,500 people benefited from water chlorination while 20,000 chlorine tablets were distributed. Other activities carried out in the campaign are: distribution and administration of 13,962 sachets of ORS, distribution of 140,000 pamphlets on cholera, distribution of 11 cholera kits for volunteers and health professionals to prevent and treat cholera, construction of 785 improved latrines and 200 waste disposals.

The health awareness among the population of the target province is increased through health promotion, disease prevention and first aid activities in line with ARCHI 2010.

In Sofala, Tete, Gaza and Maputo provinces, 388,230 people benefited from health promotion on priority topics such as malaria, cholera, malnutrition and tuberculosis and another 24,855 people benefited from first aid and curative activities, in line with ARCHI 2010. In the whole country a total of 458,411 benefited from the national society's health education activities. The volunteers used 174 health promotion theatre sessions and 37 public debates. At least 17,968 condoms were distributed in first aid posts and during home visits and 550 sick people received care from volunteers.

IEC materials will be produced and disseminated on priority topics such as malaria, cholera, tuberculosis and malnutrition, contributing to the ability of the population to warding of these diseases.

A total of 140,000 pamphlets covering health topics such as cholera, malnutrition, malaria and use of mosquito nets were distributed; they contributed to the improvement of public awareness of health issues. Use of bed nets in the mitigation of malaria has proven useful. Approximately 4,470 mosquito nets were purchased and distributed to 1,490 families through the health programme.

¹ Refer to guidelines for epidemics: Cholera by Benson Hausmann MSF Medial Department Amsterdam March 1994 (hq@amsterdam.msf.org)

Two participatory rural appraisal (PRA) training sessions will be conducted together with the linking of two health technicians

No participatory rural appraisal was done because the supplementary feeding activities in 12 districts overstretched the health staff. The performance of the volunteers and health technicians was, however, improved by the introduction of the planning, implementation, and evaluation system to monitor and measure impact. Three health technicians were replaced and new ones recruited for Sofala, Tete and Gaza provinces.

40 medical kits, 60 first aid bags and 20 balances for children will be purchased and distributed to improve the provincial Red Cross branches ability to provide immediate first aid.

A total of 128 first aid kits were purchased and distributed countrywide while 45 medical kits, 60 first aid bags and 20 scales were purchased and distributed in four provinces. The scales were purchased by UNICEF for the supplementary feeding programme in Tete and Sofala.

Monitoring of the nutritional status in children less than five years at first aid posts will be conducted.

The Mozambique Red Cross implemented supplementary feeding activities in 12 districts in five provinces in the third quarter of the reporting period. The operation benefited a total of 76,550 people being children below five years, pregnant and lactating women. Monitoring of the nutritional status in children under five was done through the arm circumference measure. 703 children were referred to the government health centre for treatment and an impact evaluation will be carried out in March by the ministry of health, but the latest data and statistics shows that the level of malnutrition has been reduced.

A total of 449 volunteers and 7,774 mothers were trained in supplementary feeding. Approximately 1,474 malnutrition cases were detected and referred to a health centre and 76,000 people (inclusive of children under-five, pregnant and lactating women) benefited from supplementary feeding. One nutritional survey was done in three districts of Gaza province. It was later revised to accommodate the SPHERE standards. The system of monitoring of volunteers was improved after the refresher training of health technicians.

Impact

The interventions are based on the community-based approach in which the communities themselves define the need for the Mozambique Red Cross' assistance in health. In this way, the communities themselves become the primary promoters of health and acquire ownership of the programmes. The results produced in districts such as Hindane in Maputo province and Mocoduene in Inhambane province are now being used as models for future interventions. A further integration of the HIV/AIDS aspects is being pursued in all health interventions.

The school health programme (first aid, health education) was successfully revitalised in 2003 through the HIV/AIDS school initiative and thus another link between Mozambique Red Cross and the provincial health system is established.

The activities carried out by volunteers during home visits and the health education sessions were positively received by communities. The impact in the form of changed awareness and behaviour is beginning to be visible. Improvements with regard to a more systematic approach are necessary in order to evaluate performance and planning needs.

Constraints

Due to the transition from the Federation working advance system to the cash transfer system, clearing out of old accounts was time consuming, which in turn created delays in transfer of funds to the national society. Therefore it was not always possible to complete the planned activities on time. The transition to the cash transfer system does, however, constitute an enormous advantage and will in the future mean a much more smooth and expedite handling of transfers.

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The response of the health programme staff and volunteers to emergencies, particularly in supplementary feeding activities in 12 districts has produced a work overload and monitoring activities continue to be a challenge. Volunteer activities during home visits and health education sessions need to be reinforced through; the provision of health education materials, development of an agenda for each volunteer to monitor frequency of visits and type of health education sessions as well as recording of observations using standardised supervisory checklists

Assistance for development of health education materials, teaching aids and technical working tools has not advanced at the desired pace. Furthermore, teachers in collaboration with local committees need to make sure that sufficient and adequate teaching aids are available and provide suitable materials for health education for teachers. There should be an increased emphasis on management and leadership training of local and district committees, and finally, communication channels should be improved between the local committees, the branch office, the field officers and volunteers. All the traditional birth attendants in the project areas have to be retrained on midwifery.

Coordination

Through the Federation, the Finnish Red Cross supported CBHC activities in the provinces of Sofala, Gaza and Tete, and partly in Maputo province. Other bilateral donors contributing towards the health programme are: Belgian Red Cross, Netherlands Red Cross, Danish Red Cross, Icelandic Red Cross and Spanish Red Cross. Furthermore, UNICEF, Belgian Red Cross and German Red Cross funded the supplementary feeding programme in 12 districts in Sofala, Manica, Tete, Maputo and Gaza provinces.

HIV/AIDS

Objective: Prevent the spread of HIV/AIDS and improve the quality of life of persons living with and affected by the epidemic

According to the ministry of health report of November 2003, the prevalence rate of HIV/AIDS in the country is 13.6%. Sofala province has the highest rate of people living with HIV/AIDS (PLWHA) who are the most vulnerable together with their dependants. Generally, high infection rates have coincided with the most food insecure areas following the rain failure which led to poor harvests.

The main priority for the Mozambique Red Cross HIV/AIDS programme in 2003 was to scale up the activity level in order to keep abreast with the gradual increase in the rate of infection. As part of the process, the national society recruited three provincial coordinators for Cabo Delgado, Sofala and Zambézia Provinces; and four district coordinators for Zambézia and Sofala provinces. Presently, there are ten provincial officers, covering all provinces except Niassa, and 22 HIV/AIDS staff in the districts.

Expected result

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

To improve knowledge, attitudes, skills, practices and behaviour of youth (10-24 years of age) on HIV prevention

Prevention activities were expanded to new areas. 14,350 in and out of school prevention activities were carried out reaching a total of 266,406 young people. The operation included activities such as; distribution of condoms; 230,639 male condoms and 500 female condoms were distributed, circulation of Information, Education and Communication (IEC) materials, distribution of other educative material such as 200 manuals of "Acção com Jovens" (youth action) and "Saúde Sexual" (reproductive health), 300 HBC manuals, 47 video cassettes, 9,280 leaflets, 3,003 posters, 329 album of posters, 2,350 youth magazines and 320 wooden penis models. Allocation of 282 bicycles, two vehicles, seven motorbikes,

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two computers, a photocopy machine, two TV-video set and an overhead projector, to aid in the programme implementation and distribution of 1,320 t-shirts, 1,048 caps and 200 training certificates.

A total of 956 community volunteers and 112 active influential members of the community (AIMC) have been trained in eight provinces and 50 received refresher training. Five provincial HIV/AIDS technicians received a training-of-trainers course on CHBC provided by the ministry of health.

To improve social, economic and physical well being of persons living with and affected by HIV/AIDS through increased social and legal status (i.e. advocacy for PLWHA)

On World Red Cross Red Crescent Day (8 May 2003) and World AIDS Day (1 December 2003), awareness activities such as marches, cultural and sporting activities were organized in several provinces under the anti-stigma campaign related to HIV/AIDS. In Ressano Garcia in Maputo province, a branch office was inaugurated on the first of December, which will be used for office, meetings, training of volunteers and as an information centre on HIV/AIDS. Through the implementation of the two activities the national society was recognised by the other stakeholders who were invited to the event as an active player in the fight against HIV/AIDS and reduction of stigma against PLWHA and OVC. Many influential leaders such as the provincial and district officials were engaged in the celebrations and increased the level of collaboration with the Red Cross.

To improve the capacity of the national society in management of the programme as well as the provincial and district levels programme formulation, design, implementation and monitoring

During the reporting period, in Gaza province, the HIV/AIDS in connection with the CHBC programme trained more than 100 families on growing vegetable gardens using biological and drought resistant method. 2,314 clients were registered and the same number of beneficiaries was assisted with food and emotional support. 25,772 home visits were carried out resulting to 10,788 counselling sessions; 2,116 referred to voluntary counselling and testing (VCT) and health units. Furthermore, 690 orphans were identified and registered and 277 orphans and vulnerable children (OVC) supported. Materials for distributed for CBHC included; 39 PS1 kits and 17 PS2 kits; 68 bags; 221 HBC kits (for patients); 436 overalls for volunteers

Impact

In the areas where the scaling up activities is being carried out there is an active involvement of the AIMC and also of the volunteers, particularly of women and girls, contributing for a positive action and empowerment of women. In some areas the programme activities are combined with the production of vegetable gardens as well as with income generation activities.

In November Danish International Development Agency (DANIDA) made an evaluation of the pilot project they funded on women, AIDS and poverty: the evaluation consultant visited two areas where the project had been implemented and considered the level of programme implementation positive.

The anti-stigma and discrimination activities are contributing to a better acceptance of PLWHA in the communities and there is a greater involvement and willingness of the community in identification of local solutions for the OVC. Furthermore, there is a greater acceptance to do VCT where available.

Constraints

Reports on the activities are incomplete and inaccurate, for instance; they are not clear on the number of activities conducted, as well as the exact number of beneficiaries broken down by gender. There are difficulties in communication with some provinces and a slow response from several provinces in terms of sending narrative and financial reports to the headquarters. This is due to communication systems such as lack of email and fax. There is an inadequate transport facility in the provinces for regular visits to the districts where the scaling up activities are being implemented and also for the transport of patients to the local health centres.

Coordination

Coordination meetings have been carried out at provincial, district and central levels with partner national societies (PNS), local structures of the ministry of health, national AIDS council, relevant NGOs and other institutions as KINDLIMUKA (PLWHA association), RENSIDA (Network of associations of PLWHAs), MONASO, WFP, Save the Children, PSI, UNAIDS, Netherlands Embassy, DANIDA. The Mozambique Red Cross participates as member of the steering committee of the working group for the development of the communication strategy for HIV/AIDS and also in the strategy validation workshop

Water and Sanitation (WatSan)

Expected result

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

In 2003 the regional water and sanitation programme focused more on rehabilitation of water sources, construction of new boreholes and latrines, and finally campaigns of hygiene promotion. The programme was implemented by the regional WatSan technician assisted by the health technician in Cabo Delgado and Mozambique Red Cross volunteers, and benefited a total of 20,850 people in Montepuez district (Cabo Delgado), Muecate, Morrupula, Meconta (Nampula) and Muhua district.

Beneficiaries trained in planning and implementation of water and sanitation activities with linkages to health and HIV/AIDS programme

In Mozambique, 40 volunteers and 26 water committee members have been trained in promotion of behavioural change in the communities, maintenance and sustainability of water sources. This resulted in hygiene promotion which has now been fully accepted in the communities; they also understand the need for behaviour change. Furthermore, there are 26 new well-functioning water sources. The trained volunteers and water committee members are assisting with the implementation of water and sanitation activities

Red Cross branches become catalyst for water and sanitation activities in the national society

Ten training sessions on community management were carried out in Nampula and Cabo Delgado. In Morrupula, Muecate in Nampula province and in Montepuez in Cabo Delgado provinces, water committees have been created and volunteers trained in hygiene and health. All new volunteers have been fully briefed on the operations and their roles. The community management training is expected to result in communities being able to maintain their water points in a functioning condition and this will only be known if an evaluation is done in the future.

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

Activities accomplished during 2003 for the Mozambique Red Cross staff in order to increase the national society's capacity include; the community education officer attended the PHAST review in Uganda, two WatSan technicians attended an English courses in South Africa and the national WatSan coordinator participated in a management and development training in Swaziland.

Sustainable and appropriate water and sanitation infrastructure and systems in accordance with SPHERE and country standards

34 water sources were rehabilitated in Cabo Delgado and Nampula provinces, 240 latrines were constructed by the families and three boreholes drilled in Niassa and Cabo Delgado. This resulted in the improvement of water supply for 17,000 people and improvement of sanitation conditions for 240 families. At least 1,500 people have gained access to clean water.

Increased ability of the national society to implement emergency water and sanitation interventions

The provincial WatSan technician received was trained on in-country emergency response. This encompasses training in water testing bacteriologic analysis, water plant operation, submersible pump operation, SPHERE standard and PHAST methodology.

Impact

During the implementation of WatSan activities the beneficiaries acknowledged the importance of the programme in improving their living conditions by contributing to behavioural changes in the communities. There is noticeable decline in water-borne diseases such as cholera and diarrhoea in locations where boreholes have been drilled. There are behavioural changes related to personal hygiene, hand washing, transport, storage, use of water. Many people acquired the habit of using latrines and adopting the dunghill and girl child attendance at schools has because the time and the distance to water sources were reduced.

Lessons Learnt

With the PHAST methodology, we learnt that it is not necessary to know the local community language to be able to teach good hygiene practices and behaviour to the communities but more in understanding and respecting the local culture in the community is imperative to achieve one's goal; for instance with regard to the use of separate latrines for different sexes in Nampula. It takes time to change people's behaviour and perceptions, even for trainers who share the same cultural background as the beneficiaries

Constraints

Not all planned activities have been completed on time, mainly because of the delay in the transfer of funds due to the transition from a working advance system to the cash transfer system. We experienced difficulty in reconciling figures in regional WatSan and national society finance departments and the revision of the programme budget in the middle of the year also caused delays in implementation.

Coordination

Coordination with different NGOs, UN agencies and the government increased in 2003, more specifically with the ministry of public works and housing, national directorate of water, UNICEF, Oxfam, Helvetas, Austrian cooperation, Spanish cooperation and World Vision. The Mozambique Red Cross also received support in WatSan from the bilateral partners of Spanish Red Cross, Austria Red Cross, Norwegian Red Cross, American Red Cross and Belgium Red Cross.

Disaster management (DM)

Mozambique is highly susceptible to natural disasters, particularly cyclones, flooding, drought, epidemics, pest infestations, as well as lower risk emergencies such as bush fires, storms, landslides and earth tremors. Since 1980, over a million people have died in Mozambique due to the effects of war and natural disasters; various types of disasters have affected a further six million people. Although the Southern and Central parts of Mozambique have been affected by floods since 2000, they have also been characterized by irregular and insufficient rainfall, creating drought conditions in those parts of the country. Cyclones have been a constant threat from November through to March on almost yearly basis.

Goal: Implementation of characteristics of a well-prepared national society has improved the Mozambique Red Cross in the three key areas: know-how, capacity and performance.

Objective: Increased capacity of Mozambique Red Cross in disaster management through the strengthening of the National Society's logistics capacity to allow for well-coordinated responses to disasters.

Expected result

The capacity of the Mozambique Red Cross in disaster management is enhanced through capacity building and community empowerment.

Staff and volunteers trained in appropriate disaster management by the end of 2003.

The Mozambique Red Cross has disaster preparedness and response policy and guidelines which defines the overarching objectives for programming in this sector. In 2003, the national society completed its community-based disaster preparedness (CBDP) strategy, guidelines and curriculum, which were followed by the training of volunteers in target communities in the provinces of Inhambane, Zambézia and Sofala. The training also involved disaster preparedness and response officers who participated in a training-of-trainers workshop in the new curriculum. This has helped dissemination of information on approaching tropical storms and cyclones to Mozambique Red Cross volunteers.

A total of 20 provincial disaster preparedness, health and social welfare officers and 107 volunteers have new knowledge on the new early warning systems (EWS) and disseminate it during meetings held with volunteers and communities in CBDP intervention areas. A simulation exercise was carried out in Sofala, Buzi district for 25 volunteers and disaster management technicians. Participatory rural appraisals were carried out to identify vulnerabilities and capacities in the disaster prone areas. Furthermore, the Mozambique Red Cross participated in a wide range of meetings and conferences on cyclone early warning, climate change, and multi- Achievements sectoral vulnerability vulnerability, assessment and committee (VAC).

Improved disaster preparedness and response capacity nationwide

In January 2003 tropical storm Delfina hit the provinces of Nampula, Zambézia and Cabo Delgado affecting 300,000 people. A total of 40 volunteers in Nampula, 59 in Zambézia and Cabo Delgado were involved in the operation, supported with funds from the Federation. Cyclone Japhet swept the provinces of Inhambane, Gaza, Sofala and Manica leaving 74,000 people in need of assistance. Forty (40) volunteers in Inhambane and twenty two (22) in Sofala were actively involved in the disaster response operation.

Inter-sectoral and inter-institutional coordination and collaboration in the emergency operations coupled with the Mozambique Red Cross volunteer network is an essential success factor in disaster management. The following activities were conducted during the emergency operations:

- Health education and provision of first aid
- Referral of patients to the nearest health posts
- Support in water chlorination and treatment of the most common diseases in coordination with the health department
- Water chlorination and reconstruction of houses
- Participation in the distribution of relief supplies
- Reinforcement of government teams and other NGOs operating in the field
- Attendance of meetings with the national disaster management institute and district administration offices and other stakeholders for coordination of activities
 - Participation in the maintenance of good hygiene conditions in temporary accommodation camps.

Appropriate basic emergency stocks pre -positioned in risk areas

Five district commission offices, which will also be used for training and as warehouses for disaster preparedness material and stocks were constructed in Inhambane and Zambezia, with funding from Danish Red Cross. Furthermore, the Danish Red Cross provided support for the re-stocking of disaster preparedness supplies in Inhambane province that were depleted during the cyclone response operation in March 2003.

Impact

The communities who had been trained in disaster preparedness were better prepared to manage in flood situation caused by cyclone Delfina and Japhet in the first quarter of 2003. The Mozambique Red Cross volunteers assisted in disaster response mostly in provinces where training has not been conducted. The Zambezia provincial disaster management department was able to provide assistance to neighbouring Nampula province, where the disaster preparedness and response activities have not been initiated yet.

Communities in Inhambane, Zambézia and Sofala are now able to interpret messages on the approximation of cyclones and “listening systems” and the alert system was strengthened between November and April. CBDP target communities of the above mentioned provinces have risk maps and local disaster management committees. In Sofala province, Búzi district, nine communities have selected safe areas where alert flags have been put up for the alert system and where communities gather in the event of maximum alert. Compared to 2000 and 2001, it is concluded that local people are more aware of the alert systems.

Constraints

There was not sufficient capacity and funding to develop the programme in provinces of Cabo Delgado, Niassa, Nampula, Manica, Tete, Gaza, Maputo city without bilateral funding, notably. Although the bilaterals paid funds these were not sufficient to cover all the provinces as there was no other funding through the annual appeal. Lack of specific disaster preparedness officers in the provinces of Cabo Delgado, Nampula, Manica and Gaza contributed negatively in the development of the programme, despite the fact that disaster preparedness and response activities are conducted in an integrated manner in other Mozambique Red Cross programmes.

The backlog in the response to the food insecurity and drought internal appeal has also brought about some difficulties in the development of drought related activities in the affected provinces. Poor definition of indicators in the activity plan for 2003 makes it difficult to measure the results achieved in the programme in general.

Even though the national society has had considerable success in the relief interventions, reporting system are still not standardized except the Zambezia province. Reporting in terms of registration of activities carried out in intervention actions helps in assessing the impact of the activities undertaken and illustrating what has been done with the resources used during the operation

Coordination

The Danish Red Cross funded community-based disaster preparedness programme being undertaken in the provinces of Inhambane and Zambezia was expanded to Moamba district in Maputo province, and includes the component of drought and food security preparedness covering three communities. A district profile has been conducted in Moamba district, in Maputo province.

A community based disaster risk management manual project has been developed with funding from GTZ/Proder, following the disaster risk management experience in Buzi district in Sofala province. The Danish Red Cross provided support for the intervention in Inhambane province through re-stocking of disaster preparedness supplies that were depleted during the operation, as well as provision of funds for the lessons learned workshop held in Vilanculos district in the post-operation phase.

Through a memorandum of understanding with the Mozambique Red Cross, the British Red Cross pledged to fund for the development of CBDP related activities in the provinces of Maputo City, Gaza, Manica, Tete, Nampula, Cabo Delgado, and Niassa. The funds were paid in November 2003, and way forward is to continue implementation of those activities throughout 2004. This will entail hiring and payment of salaries of disaster preparedness officers to be assigned in those provinces.

Organizational Development

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

Objective: The Mozambique Red Cross' institutional capacity and its progress towards operating as a well-functioning national society is enhanced through Secretariat support.

Expected result

The Mozambique Red Cross's structures at all levels strengthened in order to increase its capacity for quality service provision in a sustainable manner.

Mozambique Red Cross has in place a strong institutional foundation and improved governance

Internal local governance elections started but were not completed. By the end of the year district assemblies and elections had been held in 79 districts. Provincial assemblies and elections were held in Cabo Delgado, Zambézia, Sofala and Gaza. District committees were created in the provincial capitals of Inhambane, Sofala and Gaza. Preparations to set up similar structures in Manica, Niassa and Maputo province are being made. Brochures of revised statutes were printed and 5,000 copies were distributed.

To improve volunteer management, databases have been introduced and up-dated for staff and volunteers trained, in Nampula, Manica, Gaza, Inhambane, Maputo provinces and Maputo City. The total number of volunteers has increased to 4,818. An action plan was drawn up after the Lusaka regional volunteer management workshop and the national society will design a national volunteer management plan in 2004.

A national youth camp was held in 2003 and 70 volunteers participated in all provinces. The topics discussed include the role of youth in the national society membership campaign, HIV/AIDS, disaster preparedness and response, membership campaign to get the participation of youth for the CVM membership campaign launched in July 2003 and characteristics of a well functioning branch. The youth manual was revised and will be reprinted in January 2004. About 3,008 youth members are integrated in youth nuclei all over the country and 8,504 youth benefited from education sessions conducted by Red Cross volunteers.

In branch development, two national meetings were held at the beginning of the year calling the participation of provincial presidents, secretaries, administrators and national coordinators. The meetings sought to discuss such issues as; planning, finance management, Mozambique Red Cross sustainability, volunteer management, human resources, district branch development, norms and procedures and information on the Movement were discussed. Board and secretariat members of the three central provinces met to discuss the characteristics of a well functioning branch and conduct a SWOT analysis of the national society and later produced concrete proposals to improve its self-sustainability. Only two training-of-trainers workshops on branch development, volunteer management, information and dissemination were carried out, one for the seven southern and central provinces and the other for the four Northern provinces where nine provincial programme officers and 14 volunteers participated. Niassa province held a workshop for district committee members.

The regional branch development manual produced with the support of the regional delegation was translated and adapted for the Mozambique Red Cross. Some parts still need approval from the National Executive Council (NEC) and the general assembly, although the draft text is already being used in training. A membership campaign was launched in all provinces and member registration books have been produced and distributed to the districts. The membership database is being updated and electronic membership databases have been set up in Gaza and Maputo City branch.

The 'standard design' district offices have been constructed with three in the Northern provinces (Montepuez, Cuamba and Murrupula), two in Zambezia province (Maganja da Costa, Namacurra) and

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three in Inhambane province (Govuro, Vilanculos and Inharrime). A small national society office was built in Ressano Garcia, a locality of Moamba district in Maputo province, where a HIV/AIDS programme is running. The building process was initiated in Mutarara district in Tete province but was interrupted by lack of funding. About 27 districts in three central provinces received minimum equipment and materials and 200 national society flags were distributed.

The Mozambique Red Cross has in place effective leadership and managerial capacity

The human resources (HR) review was finalized in January 2003 and recommendation made to instate a medical assistance policy for staff in order to compensate for a rather modest salary level at Mozambique Red Cross. The proposed medical assistance policy was finalized and approved by the NEC and its implementation starts in January 2004. A market study was carried out among various health centres, in order to establish a contract for health services for Mozambique Red Cross staff and their dependents in Maputo and contract has been signed with Polana Caniço health centre.

Another recommendation was to improve the existing job descriptions according to a new format which resulted from the human resource review, for all staff which is currently being done. Other improvements in human resource development included; introduction of time control sheets, drawing up of procedures for support in cases of death of staff members, their dependents and volunteers; preparation of ID-cards for staff, updating of staff information, regulating secondment of staff by the government ministries to ensure their pensions, revision of all salaries at provincial level according to existing scale, drawing up procedures for recruitment and contracting of staff.

An IT committee has been created to guide and supervise its development in Mozambique Red Cross, and an IT year plan has been drawn up. A detailed inventory including maintenance of IT equipment has been completed at headquarters and three branches. The use of networks at headquarters and e-mail by provinces is improving steadily, even though electronic archiving is still weak. There is still a need for support in computer training.

Mozambique Red Cross has increased its financial resource base in both value and diversity

Sustainability and income generation has become a key issue for the national society as it aims at increasing income in order to be able to cover the core costs of the organization. The deficit accumulated in 2003 was minimized at the end of 2003, providing a better starting point for the national society in 2004. The senior management team is currently in the process of addressing the issue at three fronts:

- An evaluation of the organizational structure and staffing, including their funding in order to present an overview to the NEC
- A plan for maximizing the existing resources and cost recovery from programmes
- An income generation plan for the coming three to five years

A finance resource development strategy was based on income generation budgets prepared by all provincial branches and their proposals on how to cover the gap between income and the basic costs of the branch. Three central provinces have come up with concrete proposals for income generation hoping that the investment funds are reimbursed for further investment for income generation.

The Federation finance development delegate, whose contract was ending, has been extended for six months to assist the national society in the area of income generation. With the support of Belgian Red Cross, the Mozambique Red Cross is now planning the promotion of commercial first aid as a source of income. The legal requirements are being explored and it will require minor investment in equipment and repair of a building. Mozambique Red Cross is awaiting the outcome of the application for exclusive rights to teach commercial first aid in Mozambique.

On financial management substantial progress has been made, for instance the finance development delegate facilitated the shift from the Federation working advance system to the cash transfer system, which leads to a swifter and smoother cash flow. Clearing up of old accounts, which were necessary for

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the transition took considerable time, and eventually caused delays in some cash transfers. The finance department is well organized and job descriptions are clearly defined and department continues with field support visits to strengthen the linkage between the headquarters and the provincial branches in order to increase the provincial administrators' basic book keeping skills.

With regard to maximization of existing resources the recovery of membership fees was identified as potential for increasing income and a membership campaign has been initiated. Furthermore, the national society is putting effort into recruiting commercial firms as members. During the launch of the report of the 100 biggest companies in Mozambique, by International - Mozambique SARL, Peat Marwick auditors (member firm of KPMG International). The company promoted the concept "*A company - a friend of Mozambique Red Cross*", and the campaign will start in 2004.

Some assets that can be exploited financially is the buildings and office space not currently being used by the national society, for instance the former Federation delegation. The ministry of public works and housing has in principle agreed to give Mozambique Red Cross free use of six office buildings that are currently being rented from the government. The national society has also made an application to the government for tax exemption and it is in process. Similarly, business plan by the national society's training centre in Chimoio is under development.

Other events to promote Mozambique Red Cross with regards to income generation are the active promotion of a positive image of Mozambique Red Cross. A new TV company (STV) offered the proceeds of a big musical show on the occasion of its first anniversary to the national society in support of the OVCs. An information, dissemination and marketing unit has been formed in Mozambique Red Cross, and will be working on a multi-thronged strategy to promote the Red Cross and humanitarian values, with a view of marketing the organization. The Federation regional delegation will provide on-the-job training for this unit's staff in the beginning of 2004.

Impact

The volume of programmes and projects implemented by the Mozambique Red Cross is growing, giving the national society a positive image in the country. There is increased awareness on the importance of efficient and standardized volunteer management and the need of all to promote income generation for the national society's future sustainability.

The role of the Federation finance development delegate, particularly in improving finance management and developing the finance management manual, and also in advising on finance resource development has been essential, and the indication of the impact of these efforts is a well-functioning finance and administration department, where every individual staff is hard-working, dedicated, knows his or her role and speaks English. Project accountants have adopted the use of the financial supervision guidelines which has strengthened the financial control mechanism in the provincial branches.

Constraints

Some of the difficulties in implementation and reporting are due to unclear reporting lines between provincial branches and the headquarters. This issue is being addressed in the human resource review, and structural changes are foreseen. The implementation of the human resources review has been hindered by understaffing in the human resources department due to financial constraint. All HR review recommendations needed the input of senior management which is already under a lot of work pressure and hence this slows down the process as the HR unit is also under staffed. There is the need for training and enforcing standard formats. Another limiting fact on HR management is the labour protection law imposing huge indemnities of staffing changes such that the national society is not at liberty to do necessary staff changes.

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As reported under other programmes, there was a hiccup in funds as a result of the new funds transfer through the Federation. The accounts have, however, been practically cleared and the prospects of a smooth running of Federation funded programmes look promising.

Coordination

During the reporting period, the finance teams from the Mozambique Red Cross, Angola Red Cross and Lesotho Red Cross acquainted themselves with their financial systems. Lesotho Red Cross's finance director and the finance development delegate came for an exchange visit to Mozambique and the Angola HIV/AIDS team had meetings with the finance staff sharing financial management information. A material such as the draft finance management manual was also shared with Cabo Verde and Swaziland Red Cross. Support was also given to the Russia and Senegal delegations in form of financial awareness training materials.

An IT specialist sponsored by the Australian Volunteers International was engaged for one year in supporting the IT development, maintenance and training at the national society, in addition to an attaché IT student in forth year. On-the-job IT training is provided by the IT volunteer and the IT officer to individuals and to small groups within the national society.

The Federation delegation was closed down early in 2003. During the first two quarters of 2003 the finance development delegate represented the Federation in Mozambique and kept continuous contact with the regional delegation in Harare and the Secretariat. The Federation representative entered into office on 18 August 2003 and has established an office at Mozambique Red Cross. The objective of having a Federation representative is to support Mozambique Red Cross senior management mainly on organizational development and to ensure coordination within and outside the Movement.

There are regular coordination meetings between the bilateral national societies, the secretary general of Mozambique Red Cross and the Federation representative. The aim of the meetings is to ensure continuous information sharing, a high level of coordination and exchange of security related information. The Federation has played an active role in ensuring that bilateral operations are coordinated with UN agencies such as WFP, UNICEF, UNDP and OCHA, which is aimed at avoiding duplication of Red Cross efforts with other NGOs, for instance in food security operations. The Federation representative also has the role of providing continuous information about developments in Mozambique to the Regional Delegation in Harare and the Secretariat in Geneva.

The Mozambique Red Cross is an integral part of the Mozambique technical council for disaster management, who has the mandate of the council of ministers to coordinate disaster response, when disasters occur. The national society has good partnership with the national disaster management institute which is in charge of national coordination on the ground. It is the long-term strategy to ensure that the national society is integrated in other coordination fora such as the multi-sectoral food security and nutrition network (SETSAN) working group on HIV/AIDS and the vulnerability assessment group. The Mozambique Red Cross has close coordination with the national AIDS council and line ministries within the relevant sectors. Within the field of HIV/AIDS other partnerships such as the establishment of an HIV/AIDS knowledge centre in a joint venture between the Mozambique Red Cross, the Danish Red Cross, the Federation, ministry of health, the Eduardo Mondlane University and University of Copenhagen is being pursued.

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