

# PROGRAMME UPDATE



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

18 January 2006

### FOCUS ON WATER AND SANITATION

*The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 183 countries. For more information: [www.ifrc.org](http://www.ifrc.org)*

#### In Brief

**Appeal No. 05AA012; Programme Update no. 2, Period covered: July to December 2005; Appeal coverage: 71.9%; Outstanding needs: CHF 356,997 (USD 272,101 or EUR 229,359).** [Click here to go directly to the contributions list on the website.](#)

**For Programme Update no. 1 please visit-** <http://www.ifrc.org/docs/appeals/annual05/05AA01201.pdf>

**Appeal target: CHF 1,269,172 (USD 1,008,100 or EUR 817,500).**

**Related Emergency Appeals: Southern Africa: Food Insecurity; Appeal no. 05EA023. Please refer to:** [http://www.ifrc.org/cgi/pdf\\_appeals.pl?05/05EA023.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?05/05EA023.pdf)

**Programme Summary:** The water and sanitation (WatSan) programme of the Mozambique Red Cross Society<sup>1</sup> is being implemented in the Nampula province, where a total of 35 water-points have been rehabilitated, 400 latrines constructed, 40 hygiene promoters trained and water-point community-based management committees established. With the European Commission– ACP-EU Water Facility support, the five-year WatSan project will focus on integrated water supply, sanitation and hygiene promotion.

A tripartite agreement was concluded between the British government's Department for International Development (DFID), the Federation, the British Red Cross Society and the Mozambique Red Cross Society for the disaster risk reduction and mitigation (DRR) programme. The main objective of the DRR project is to build community resilience to disasters and enhance development, mainly in rain-deficit and high-risk areas of the country.

The Mozambique Red Cross Society is implementing an integrated HIV/AIDS programme in all the provinces, in response to a background of an increasing negative impact of HIV/AIDS. The integrated HIV/AIDS programme is funded by a Consortium of donors including the Royal Netherlands Embassy (RNE), Swedish International Development Agency (SIDA)/Swedish Red Cross Society (SRCS) and Development Cooperation Ireland (DCI), through the Federation regional delegation. A detailed plan and budget for the next five years has been drafted and will be finalized in early 2006,

Mozambique is one of the seven countries in the region severely affected by food insecurity. In response to the food crisis, the Federation launched the Southern Africa Food Insecurity Emergency Appeal 05EA023 on 18 October 2005 for Lesotho, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe. Through a coordinated approach with the Mozambique Red Cross Society as the implementing partner, the operation will provide food assistance, agricultural inputs, safe water and adequate sanitation to affected home-based care (HBC) beneficiaries.

<sup>1</sup> Mozambique Red Cross Society- <http://www.ifrc.org/where/country/check.asp?countryid=120>

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*This Programme Update reflects activities to be implemented over a one-year period. This forms part of, and is based on, longer-term, multi-year planning. All International Federation assistance seeks to adhere to the Code of Conduct and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response in delivering assistance to the most vulnerable.*

*For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>*

## **Operational developments**

Mozambique remains one of the poorest countries in the world. According to the UNDP Human Development Report 2005, 78.4% of the country's population lives below the poverty datum line of USD 2 per day. There is wide regional disparity in the incidence of poverty in the country. This ranges from 47% in Maputo city to 87.9% in Sofala while the rates for rural and urban areas are 71.3% and 62% respectively. The main causes of deaths in the country are malaria, communicable diseases, epidemics, child birth, malnutrition and diarrhoeal diseases. A study on demographic impact of HIV/AIDS in Mozambique<sup>2</sup> estimated that between 2002 and 2003, 1.36 million people would be living with HIV/AIDS (43% men and 56% women). The projection was 1.6 million for 2004-2005, and 1.71 million for 2006-2007.

The food security situation in the southern and central parts of the country is serious, following three to four years of crop failures due to floods and drought. In response to the food crisis, the Federation launched the Southern Africa: Food Insecurity Emergency Appeal no. 05EA023, in October, to assist 1.5 million affected people in seven countries- including Mozambique. The nine-month operation supports the vulnerable population with targeted food distribution and building their capacities to enhance livelihood through community-based activities conducted by Red Cross national societies. The operation also reflects the Federation's commitment to move from relief assistance into longer-term sustainable programming. Donor response to the Emergency Appeal had been slow which is limiting the initial phase of the operation, despite the need to scale up the assistance to the affected people.

Poor sanitation and hygiene in the most drought affected provinces has increased the number of cases of diarrhoea and has aggravated the already high rate of malnutrition that existed prior to the drought. The Federation regional delegation submitted an application to the European Commission – ACP-EU Water Facility Actions in ACP countries and succeeded in the first screening. Mozambique, Malawi, Zambia and Zimbabwe are the countries from the southern Africa region that have been selected under the Global Water Sanitation Initiative (GWIS) activity. The GWIS has an overall goal of “contributing to the achievement of the Millennium Development Goal (MDGs) by scaling up established capacities”. The primary objective is to “increase sustainable water and sanitation (WatSan) coverage among the vulnerable people while encouraging greater hygiene awareness”. The Federation and national societies are contributing to the water and sanitation MDGs, ARCHI 2010 and Algiers Plan of Action. The GWIS is designed to promote a common approach among national societies.

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<sup>2</sup> Prepared by the National Institute of Statistic, Ministry of Health, Ministry of Planning and Finance, Centre for Population Studies, National AIDS Council, Medical Faculty-Eduardo Mondlane University and Ministry of Education (2002: pp 31,32,33)

## Health and care- Water supply, sanitation and hygiene promotion

**Goal: Sustainable improvement in health and wellbeing for vulnerable population (20,000) in Nampula Province by 2006.**

**Objective: Establishment of sound, sustainable environmental services for vulnerable population (20,000) in one district in Nampula Province by 2006 in water supply, sanitation and hygiene promotion.**

### Progress/Achievements (activities implemented within this objective)

*Hygiene promotion/ sanitation promotion volunteers effectively cover target population of 22,400 by year 2006.*

- The Mozambique Red Cross Society trained 40 hygiene promoters in Nampula Province (project area), to reach the targeted population by end of 2006. During this reporting period, the hygiene promoters reached approximately 16,000 people through hygiene promotion campaigns and house-to-house visits.

*Distribution of 400 Sanitary Platform (SanPlats) to households who build adequate traditional latrines by 2006.*

- A total of 200 SanPlats were fabricated and distributed between January and June 2005, and another 200 during this reporting period. Consequently, 400 family latrines have been constructed using the SanPlats in Nampula province and the objective has been fully reached.

*A total of 40 viable, fully functioning and adequate community managed water supplies in low-income villages by 2005.*

- The WatSan team rehabilitated a total of 35 water points in Nampula province; 29 of them during this reporting period.

*A total of 40 community-based operations, maintenance and cost recovery system established and functioning by 2006.*

- Mozambique Red Cross Society established 37 community-based operations, maintenance and cost recovery systems (teams) between June and November 2005 in the project area, in addition to the 13 formed during the first half of the year.

*Water supply, sanitation and hygiene promotion project efficiently and effectively implemented using demand responsive community managed approach by 2006.*

- Activities such as project selection, identification and implementation, selection of water point committee members, training in community-based management as well as identification and training of hygiene promoters were carried out using demand responsive community based approaches.
- With the support of the Federation regional delegation, Mozambique Red Cross Society's WatSan capacity has been improved and structures have been established in Malema and Ribaué district where the project is being implemented.

*Increased resources for water/sanitation and hygiene promotion projects, and contribution to sector policies, best practices, coordination and cooperation by 2006.*

- The WatSan technician in Nampula province participated at all planning and coordination meetings held in Malema and Ribaué districts, and coordinated by the local government. The technician also attended meetings coordinated by that Provincial Directorate of Public Works and Housing at the Provincial Head-office in Nampula. At the national level, the WatSan coordinator attended coordination meetings held in collaboration with the government and agencies from other sectors.
- The Federation regional delegation submitted the European Commission – ACP-EU Water Facility Actions in ACP countries proposal on 15 September 2005 for a total of EUR 2,296,996. If successful, Mozambique Red Cross Society- with support from Federation regional delegation- will work with the British and Finnish Red Cross Societies in the planned three-year WatSan project. The proposed action, supported by the Federation regional delegation, passed the first screening and if finally approved, will build upon the

Millennium Development Goals by improving access to primary level of water, sanitation facilities and household food security, targeting the most vulnerable and under-served rural communities. This will reduce incidences of water-borne diseases and the number of people suffering from hunger. For a successful and sustainable water and sanitation project, community participation and ownership is crucial and recruiting volunteers amongst the beneficiaries will ensure community involvement.

*Capacity to respond, (and respond if necessary) to disasters requiring water, sanitation and hygiene promotion response.*

- There was no disaster requiring WatSan and hygiene promotion response during this reporting time. However, the national society has a regional disaster response (RDRT)- trained WatSan technician who is available in the event of a disaster.

## **Impact**

*Community expectations and gender relations*

- Community expectations are being realized and the perceived quality of life, subjective well being, self esteem and self-image will be assessed with other factors as the project progresses. Community cohesion is improving as people are participating and integrating during water and sanitation activities. The community is involved during planning, implementation, monitoring thus building a sense of ownership.

*Water supply*

- With the availability of water, health problems associated with inadequate water supply as well as those that are caused by poor hygiene due to lack of water, lack of knowledge on good hygienic practices and consumption of water that is contaminated at some stage- either at the source, during fetching or storage- will be minimized. The project is addressing these issues by increasing access to water and ensuring that water from the sources is safe, equitable (close to dwellings, women and men are involved and youths are taught through the process) and sufficient for their needs. The beneficiaries (14,500 people) can now draw water within 500 metres from their households, thus saving on time and energy and enhancing livelihood opportunities, especially for women and girls. The estimated round trip to the water points from the households is 30 minutes.
- The community is sensitized to make sure that they have adequate facilities to collect, store and use sufficient quantity of water for drinking, cooking, personal hygiene and ensure that drinking water remains safe until it is consumed. The quality of water is addressed through palatability and ensuring that it is within the country and WHO standards so as to reduce risk to health due to water borne diseases or effect due to chemicals. As a result, the cost of hospital charges and medicines will be reduced due to minimized occurrence of water borne and water washed diseases.
- In developing the water collection points, the safety of women and girls is also put under consideration. Many women/girls are sexually molested or raped when they go and fetch water or collect firewood in unsafe areas (streams, rivers or wells) which are secluded from the community. The safety of women and girls has been assured as the water points are now closer to the households. Before rehabilitation, the beneficiaries were drawing water from rivers and ponds or other water points, which were far from their homes (1 - 3 km).

*Sanitation*

- Access to sanitation facilities is emphasized, considering cultural needs. Each family contributes in construction of its own latrine and ensures proper use of the same. The latrines are designed according to the local traditional pit latrine improved by providing SanPlats, which adds the hygiene and safety parts that lack in the traditional pit latrine.
- The absence of decent latrines had been a problem for the clients and OVC families, particularly where a client is bedridden. The availability of such facilities has reduced the burden of the family members who care for the clients, especially women and children who confessed that they dug pits and covered them as soon as the patients used them.

- The integration of HBC project with WatSan ensured that health and hygiene standards of the client and household members are not compromised.
- The training of caregivers as health and hygiene promoters ensured that there was a combined approach to the service provision.
- The dignity of the clients was retained through the provision of toilets and health education.

*Hygiene promotion*

- Although it is difficult to measure the hygiene promotion impact in a short time, focus is given on important practices (hygiene messages during critical times) that can rapidly influence people's behaviours and avoid risky unhygienic practices. The field visit conducted by the water and sanitation team in October 2005 indicated that household surroundings are clean, beneficiaries are using washing slabs near rehabilitated water points to wash their clothes, and generally people are wearing cleaner clothes.

**Constraints**

- Lack of updated information on population figures and the beneficiaries' income has been a constraint in planning and training on operational and maintenance requirements for the water points.
- Delays in the procurement of equipment and the disruption of the production of SanPlats by a lack of cement in Nampula province hindered implementation. The Mozambique Red Cross Society is looking into ways of improving these processes.

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