

# 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

30 May 2006

### In Brief

**Appeal No. 05AA012; Appeal target: CHF 1,269,172 (USD 1006, 879 or EUR 803,782); Appeal coverage: 71.9%. [Click here to go directly to the attached Financial Report.](#)**

**Annual Appeal :** <http://www.ifrc.org/docs/appeals/annual05/05AA012.pdf>

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

**Programme Update no. 2 :** <http://www.ifrc.org/docs/appeals/annual05/05AA01202.pdf>

*This Annual Report reflects activities implemented over a one-year period; they form part of, and are 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, please access the Federation's website at <http://www.ifrc.org>*

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### Operational context

Although Mozambique's economic growth is exemplary, with an estimated average annual growth rate of 8% over the last four years, poverty levels remain high, particularly in areas prone to natural disasters and in the peripheral areas of urban centres. Furthermore endemic health problems, such as malaria, HIV and AIDS and tuberculosis continue to plague the country, have reduced life expectancy, and have put all the efforts made for sustainable development at risk. It is estimated that only 40% of the population has access to clean water.

Progress was made in terms of introducing antiretroviral treatment (ART) as seen by the extensive training of health personnel, and the national protocol on ART published in July 2005. The targeted beneficiaries were approximately 12,000 people, which is far below the estimated 200,000 people in need of ART. The Mozambique Red Cross Society HIV and AIDS projects were expanded to 31 districts by end of 2004. In 2005, the programme was implemented through an integrated approach including the water and sanitation, disaster management, organizational development, information and promotion of Humanitarian Values activities.

In January 2005, Manica and Sofala provinces were affected by a cholera epidemic and reported 303 cases and 10 deaths, giving a mortality rate of 2.7%. The Ministry of Health carried out epidemiological surveillance and

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provided information, education and communication (IEC) materials on the control and prevention of cholera. In collaboration with Mozambique Red Cross Society, the government provided treatment at the established cholera treatment centres in the form of oral and intravenous dehydration.

Mozambique is one of the seven countries in southern Africa region currently severely affected by food insecurity. A survey conducted by Mozambique's Technical Secretariat for Food Security and Nutrition (SETSAN) in 128 districts revealed that maize prices had risen by more than 100% in 2005, and that 801,000 people in 62 districts needed food assistance from November 2005 until March 2006. Rising maize prices, limited food supplies, poor harvest in the last season, slow deliveries of emergency supplies and poor coping mechanism further aggravated the food insecurity situation.

Under the *Southern Africa Food Insecurity Emergency Appeal 05EA023* launched on 18 October 2005, Mozambique Red Cross Society provided food assistance, agricultural starter packs, water and sanitation (WatSan) facilities to the affected home-based care (HBC) beneficiaries. Planting of the main season crops was disrupted by erratic and insufficient rains in October and early November 2006. Availability of quality seeds was a challenge, particularly in the southern parts of the country due to logistical problems. Some 50,000 small holder farmers received seeds through the government seed fair programme. The national society processed tenders for the supply of agricultural starter packs and identified a local supplier by end of 2005.

During the WatSan assessment conducted in January 2005, it was learnt that many people walk long distances, unto six hours to and from the unprotected water sources. In response to the increasing need in water supply and adequate sanitation, the national society expanded its water and sanitation activities to cover three more districts in Nampula province.

In 2005, the Federation regional delegation submitted an application to the European Commission –Water Facility Actions in African, Caribbean and Pacific (ACP) countries which succeeded in the first screening among other countries selected under the Global Water Sanitation Initiative (GWIS) activity for southern Africa region. The application is still pending approval. The GWIS has an overall goal of “contributing to the achievement of the Millennium Development Goals (MDGs) by scaling up established capacities”.

In December 2005, heavy rains which caused flooding were experienced in the central and northern regions of Mozambique. In Sofala (central) and Tete province (northern) the agricultural fields supporting the livelihood of approximately 19,000 people were destroyed. The National Water Board reported that 5,805 people in Tete and 13,030 in Sofala provinces had their crop fields "machambas" destroyed. However, much of the fields located in the higher areas were not affected, thus leaving a reasonably potential source of food for the next harvest.

*Disaster Risk Reduction project:* A tripartite agreement was concluded between British government's Department for International Development (DFID), Federation/British Red Cross Society and Mozambique Red Cross Society for the disaster risk reduction and mitigation programme. The national society spent most part of 2005 doing preparatory work for the implementation of the project, through attending various workshops and meetings organised by the Federation regional delegation.

## **Analysis of 2005 programmes**

### **Health and care**

#### **1. Community-based health care.**

**Goal: Sustainable improvement in health and well-being for the vulnerable population in eight districts by 2006.**

**Objective: The incidence and impact of the major health problems on the vulnerable population in eight districts is reduced by 2006.**

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### **Progress/Achievement**

#### **Vulnerable people's knowledge and skills to avoid HIV and sexually transmitted infections (STI) infection is increased.**

IEC materials were produced in collaboration with Ministry of Health and the Federation and distributed by Red Cross volunteers. They were mainly designed with pictures rather than text due to the low literacy level in the country. Prevention activities were carried out in 31 districts for youth in and out-of-school and the general community through public talks, debates, video sessions, music and dance. Specific groups such as soldiers, commercial sex workers and migrant populations have also been targeted and reached with prevention messages.

A total of 1,674 volunteers were trained on STI, HIV and AIDS integrated in community-based health and care activities, in Maputo city, Gaza, Manica, Inhambane, Sofala, Tete, Zambezia, Nampula, Niassa, Cabo Delgado and Maputo provinces. The Red Cross volunteers conducted more than 1,900 health education sessions on STI, HIV and AIDS, reaching approximately 51,000 beneficiaries.

#### **Vulnerable people's knowledge and skills to avoid and control malnutrition in vulnerable under-five children is reduced.**

In 2005, 127 Red Cross volunteers were trained on malnutrition and supplementary feeding in Manica supported by the Belgium Red Cross Society. Tete and Maputo City supported by Federation, Nampula supported by Norwegian Red Cross Society and Maputo province with support of the Icelandic Red Cross Society. In Maputo City, 20 mothers were trained on supplementary feeding, hygiene care and immunization. These efforts were in response to the prevalent malnutrition reported from the targeted provinces.

#### **The incidence and impact of malaria, tuberculosis and hygiene related diseases on vulnerable people is reduced.**

A total of 300 volunteers attended refresher training on community-based health and care in Cabo Delgado, Nampula, Tete, Sofala, Gaza and Maputo provinces. Approximately 980,000 people benefited from first aid and treatment of the most common diseases (26,224 of them were malaria cases).

The Red Cross supported the construction of three First Aid posts, two in Manica and one in Nampula provinces, as well as rehabilitation of three; two in Sofala province and one in Maputo city. A total of 197,400 people were reached through home visits. A total of 1,000 T-shirts and 500 caps were distributed to volunteers in seven provinces supported by the Federation. The Ministry of Health supplied 164 medical kits for 33 First Aid posts out of 58 being run by the national society. In addition, the national society distributed 120 medical kits and 88 First Aid bags to the volunteers. The Canadian Red Cross Society supported the distributions of 400,000 insecticide treated nets (malaria – bed nets) (ITNs) in 22 districts of Manica and Sofala provinces.

#### **The national society's response to major public health problems and health emergencies is more effective.**

The national society conducted refresher training for 172 volunteers on cholera prevention and response in Manica, Sofala and Zambezia provinces. In the same provinces, 424,650 were reached through health education activities, received 85,000 IEC leaflets on control and prevention of cholera, 13,000 chlorine tablets and 8,404 oral dehydration solutions (ORS) sachets.

Mozambique Red Cross Society staff and volunteers were deployed during the cholera outbreak in Manica and Sofala provinces and conducted the following activities in controlling the spread of the epidemic; community mobilisation and sensitisation on health and hygiene activities; house-to-house visits identifying diarrhoeal cases, cholera contacts and monitoring hygienic practices; educating on chlorination and safe keeping of water sources; administration of ORS and referring patients to nearest health facilities for treatment and hospitalization; and provided support to government health workers at cholera treatment centres. The national society continued with these activities for three months as it was anticipated that the cholera would spread to other provinces.

The Red Cross volunteers were mobilized in large numbers to play a vital role during the national immunization campaign against measles and polio. Measles vaccination reached 96,6 % of the targeted group, while the polio vaccination was above 100% of the target. Some 111 Red Cross volunteers attended training of trainers courses

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conducted in Maputo City, Nampula, Cabo Delgado, Tete, Maputo and Gaza provinces on Planning, Implementing, Monitoring and Evaluation System (PIMES) and ARCHI<sup>1</sup> 2010.

**Table 1: Community home-based care activities for 2005**

Activities	Male	Female	Total
Number of HBC clients provided with care and support	411	792	1,203
Number of death among HBC clients	9	16	25
Households trained in community HBC	-	-	1,172
HBC patients referred to health centres	262	193	392
HBC clients with tuberculosis assisted by Red Cross volunteers	122	152	274
HBC clients on ART (information from Ministry of Health)	-	-	721
PLWHA and OVC received food aid (Red Cross - 310 and WFP - 1,898)	-	-	2,208
Number of active volunteers	121	376	497
Total of HBC home visits conducted by Red Cross volunteers	-	-	7,974
Number of HBC kits for volunteers	-	-	32
Number medical kits for donated to health posts	-	-	16
ORS (packets) donated to health posts	-	-	6,000
Medical materials (protective) kits donated to health posts	-	-	6
Gloves donated to health posts	-	-	2,000
Number of blankets distributed	-	-	379
Number of condoms distributed throughout the country	-	-	*15,685,537
Total of PLWHA	-	-	2,208

\* 3,000 were provided by the Ministry of Health

### Impact

Beneficiaries have indicated that the knowledge they have gained from health and hygiene training empowered and improved the quality of their lives. (Interviews conducted in four communities during the evaluation of community-based health and care programme funded by the Finnish Red Cross Society through the Federation).

The number of cholera cases decreased during 2005 as compared to 2004 from (21,959 cases in 2004 to 2,207 in 2005). The Ministry of Health and Mozambique Red Cross Society reported that the drastic drop could be directly attributed to the work of the Red Cross volunteers, who are and have been very active in mobilizing and sensitizing the peri-urban communities of Beira and Maputo on cholera prevention.

### Constraints

The health sector experienced work overload due to the emergencies arising in the country namely; response to disease outbreaks, relief distributions in two provinces, vaccination campaign in 11 provinces, and support to bilateral projects. As a means to overcome these challenges the national society has planned to develop the new Health Policy and a plan of action for the next five years from 2006 - 2010. The health programme requires support to improve the reporting, monitoring and evaluation system. Due to the delayed disbursements of funds the activities could not be implemented as planned.

## 2. HIV and AIDS

**Goal: Sustainable improvement in health and well-being of targeted vulnerable populations.**

**Objective: The quality of life for 5,000 people living with HIV and AIDS (PLWHA) and 1,000 orphans and other children made vulnerable by HIV and AIDS (OVC) is improved and 500,000 youths are reached with prevention activities.**

<sup>1</sup> ARCHI – African Red Cross/Red Crescent Society Health Initiatives 2010 builds on its strength: a Red Cross and Red Crescent presence in each of 53 countries in Africa and, in all, more than two million volunteers. The overall goal of ARCHI 2010 is to make a major difference in the health of vulnerable people in Africa. Refer <http://www.ifrc.org/what/health/archi/>

**Progress/Achievements**

**The home-based care (HBC) project is expanded to reach 5,000 PLWHA.**

The national society continued implementing community HBC projects in Maputo city, Gaza, Inhambane, Sofala, Manica, Zambezia, Nampula, Tete and Maputo provinces. A total of 497 Red Cross volunteers were trained in providing community HBC who managed to reach 2,208 PLWHA due to shortages in human resources required to cover a wider area.

**1,000 OVC have received educational, material, psychological and social support.**

From a total of 3,364 OVC supported in 2005, some 1,080 received educational support in terms of uniforms, pencils, writing books, leaflets, posters and blankets. The national society registered 59 OVC during the last quarter of 2005 only.

**1,000 PLWHA and 2,000 OVC have improved access to food and quality of diet.**

Mozambique Red Cross Society established ten support groups for PLWHA and provided support for the development of income generating activities such as vegetable gardening, poultry, piggery, and small livestock (goats). Throughout the provinces, 500 HBC clients benefited from support groups through sharing experiences and learning life coping skills. Food baskets (oil, beans maize-meal) were distributed to a total of 2,208 PLWHA and OVC from all project areas.

**Table 2: Support groups – Income generating activities**

<b>Maputo city</b>	<b>Number of support groups</b>	<b>Type of income generating activities</b>
Maputo City	2	Vegetable gardening, poultry piggery, breeding and selling goats
Maputo Province	2	Vegetable gardening, selling oil for domestic use
Gaza	1	Vegetable gardening
Manica	2	Breeding and selling goats, buying and selling second hand clothes
Tete	2	Vegetable gardening, buying and selling second hand clothes
Nampula	1	Breeding and selling goats

**Stigma and discrimination decreased through advocacy concerning the rights of PLWHA and OVC.**

The national society increased the involvement of community leaders in anti-stigma and discrimination campaigns. The Red Cross trained 648 community leaders on HIV and AIDS anti-stigma related issues throughout the country. Community leaders assisted with translation into local languages and adapting HIV and AIDS information to be culturally acceptable. The Red Cross volunteers closely working with community leaders, conducted anti-stigma and discrimination training for 124 beneficiaries. Advocacy campaigns for the rights of PLWHA and OVC were conducted through drama performances conducted by Red Cross volunteers, reaching over 3,500 people in all the HIV and AIDS programme areas. Communities were also addressed on gender mainstreaming issues with more women attending. Sensitisation sessions for commercial sex workers, drivers, traditional healers groups were conducted in Portuguese and local languages using more pictures than text.

**Youth peer education reaches 500,000 young people.**

Peer education for in and out-of-school youths was carried out through drama, theatre and distribution of IEC material such as posters and pamphlets on HIV and AIDS, STIs, tuberculosis and prevention of mother-to child transmission (PMTCT). A total of 1,000 Red Cross volunteers were involved in peer education activities with 510 volunteers working with in and out-of-school youths.

**Impact**

The number of people using condoms has significantly increased, evidenced by the reduction of STI treated at health centres in the HIV and AIDS project areas. More people in the community can talk freely about HIV and AIDS and it is becoming culturally acceptable to use condoms.

The number of people searching for voluntary counselling and testing at health centres in provinces where prevention activities were carried out increased, according to the Ministry of Health reports.

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The number of PLWHA joining networks and associations for PLWHA is increasing, indicating a reduction in stigma and discrimination in the targeted areas. The support groups have assisted people living positively with HIV and AIDS to disclose their status and are now openly accessing treatment, care and support facilities.

**Table 3: STI, HIV and AIDS prevention activities conducted in 2005.**

Prevention	Number of sessions	Number of Males reached	Number of Females reached	Total number reached
<b>In school youth</b>				
STIs, HIV and AIDS awareness sessions conducted for groups	35	1,659	974	2,633
Group discussions on prevention of STIs, HIV and AIDS facilitated by Red Cross care givers	24	522	682	1,204
Drama performance on prevention of STIs, HIV and AIDS by Red Cross peer educators	12	372	587	959
<b>Out of School youth</b>				
STIs, HIV and AIDS awareness sessions conducted for groups	44	2,118	1,870	3,988
Group discussions on prevention of STIs, HIV and AIDS facilitated by Red Cross care givers	49	1,377	1,537	2,914
Drama performance on prevention of STIs, HIV and AIDS by Red Cross peer educators	14	1,627	1,880	3,507
Anti-stigma and discrimination advocacy sessions	11	55	69	124
Gender mainstreaming education session for community members	1	4	87	91
Video show session for the communities in HIV and AIDS project areas	14	82	62	144

### Constraints

The major constraints during the implementation of the community HBC activities are related to the large numbers of clients supported by very few trained volunteers in all the project areas. On average, each volunteer should take on responsibility for five families and in practice they ended up with ten or more families under direct care.

The national society requested the Federation regional delegation to train volunteers on psychological support and income generating activities. The Federation has since contacted REPSSI to support training on psychological support for OVC.

Cultural beliefs in sexual morals contributed to the spread of HIV as the use of condoms is partially cultural acceptable, so is talking about sex publicly and to youth. Culture also promotes wife inheritance by brothers of the dead husband and this practice contributes to the spread of the HIV virus, if either party is infected. During circumcision, community leaders continue using the same traditional sharp instrument on a number of boys, despite efforts by the Red Cross and other agencies to advocate for use of sterilised instruments.

The level of literacy is very low especially among women, which makes it difficult for Red Cross volunteers to use IEC material during prevention, PMTCT, hygiene and health education. However, IEC material distributed by the Red Cross has more pictures than text to make them more reader friendly.

The HIV and AIDS coordinator and prevention officer left at the end of 2005 and department is in need of three more vehicles for Tete, Manica and Nampula province mainly for use by volunteers.

## Water and Sanitation

**Goal: Sustainable improvement in health and well being 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

**A total of 40 viable, fully functioning and adequate community managed water supplies in low income villages by 2006.**



*A water point in Maputo Province*

In 2005, a total of 38 water sources, that is 18 boreholes and 20 shallow holes (hand dug wells) were rehabilitated in Nampula province. The water and sanitation officer trained 40 volunteers in Participatory Hygiene and Sanitation Transformation (PHAST) methodology. During the year, 607 community education sessions were conducted by Red Cross volunteers covering hygiene, use of latrines, conservation of safe water at home, health education i.e. prevention of water-borne diseases, targeting mainly women. The education sessions were carried out through group training and house-to-house visits.

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

A total of 38 water committees were established and trained to operate, manage and maintain the water sources. The training focused on repair and maintenance of hand-pumps and among other issues discussed the roles of each member of the committee, collection of contributions from beneficiaries, management of the funds, continuity of the committee and reporting.

The WatSan officer conducted three monitoring visits to Nampula province and provided technical support to the branch. The regional

water and sanitation delegation conducted four monitoring and evaluation visits to Mozambique Red Cross Society water supply and sanitation projects in 2005.

**Distribution of 600 sanitary platforms (SanPlats) to households who build adequate traditional latrines by 2006.**

The construction of 600 family latrines was contracted to a local company which produced the SanPlats for the communities in Malema and Ribaue of Nampula province. The beneficiaries participated in producing the SanPlats through building the walls and providing materials to roof the latrines. The Red Cross volunteers provided training session on how to clean latrines in order to maintain good hygiene practices.

**Hygiene promotion/ sanitation promotion targeting a population of 20,000 by year 2006.**

Using the PHAST tools, the Red Cross volunteers sensitised communities on health, hygiene and prevention of water and sanitation related diseases. Communities were also sensitised on safe disposal of garbage, trained to dig waste pits away from water sources, maintaining the water points clean and protecting traditional wells from contamination. The volunteers also conducted home visits to inspect, teach communities on safe keeping of water and provided chlorine tablets. Hygiene promotion was also conducted at the vegetable markets, targeting vendors who were taught on how to preserve and keep their merchandise from contamination. The national society also donated ten boxes of ORS to the provincial health department

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### **Impact**

The distance for fetching water for domestic use has been reduced, wherefore women have time for other household chores and girls can attend school in the Nampula project areas. The incidences of water-borne diseases have been reduced at health centres in the project areas, indicating that the communities are adapting the good hygiene practices.

Hygiene conditions have improved through the use of protected water sources and latrines, surroundings of villages have been observed to be clean and there is general improvement on cleanliness among children attending school.

### **Constraints**

The areas with difficulties in accessing water are drought prone, which makes it complicated and expensive to drill boreholes. In Nampula, there is need for more funding for drilling new boreholes to cover a wider population. In 2005, funds could not allow for drilling as they were limited to rehabilitation. Other arising emergencies such as the cholera outbreak and the food security operation, commitments and unplanned field visits have derailed the implementation of planned activities.

## **Disaster management**

**Goal: The vulnerability of the populations living in disaster-prone areas is reduced.**

**Objective: The vulnerability of the communities in disaster-prone areas in all provinces is reduced and their capacity to respond to disasters strengthened.**

### **Progress/Achievements**

**Capacity of Mozambique Red Cross Society staff and volunteers in disaster management increased through tailor-made training.**

British Red Cross Society supported training on community-based disaster management for 25 volunteers in each of the seven provinces prone to natural disasters. The Red Cross volunteers were provided with incentives and materials, including five bicycles for each province. In Inhambane and Zambezia, the Danish Red Cross Society supported training of 135 volunteers also in community-based disaster management, distributed 27 preparedness kits (tents composed of blankets, mosquito nets, kitchen sets, jerry cans, sleeping mats, soap, buckets, chlorine, plastic sheeting, tarpaulin and clothing) in 18 communities.

The headquarters facilitated exchange visits between provincial disaster management officers to share experiences in disaster management. A total of 800 wide-up radios provided by FEWSNET were distributed throughout the country for communicating early warning messages.

In Sofala province, the national society conducted a simulation exercise named 'water rescue', to strengthen communities' capacity in responding to disasters caused by floods. The national society has put ten boats on standby with a carrying capacity of ten people per boat in Sofala, Manica and Zambezia provinces.

**Vulnerability Capacity Assessment (VCA) conducted in seven disaster prone districts in order to design and prioritise community-based disaster preparedness activities in seven communities.**

The headquarters disaster management staff conducted monitoring visits to all provinces except for Niassa which is not prone to natural disasters. The trained provincial branch officer also conducted monitoring visits, twice per month in the districts and communities. Participatory Rural Appraisals (PRAs) were conducted in eight provinces and VCAs are planned for 2006 with support from the DFID funding.

In July 2005, the disaster management officer attended a workshop on climate change held in the Netherlands and used the opportunity to mobilise resources for the programme in Mozambique. Another workshop on climate change was held in Germany and attended by the disaster management officer and the programme coordinator. The national society sent three officers including a provincial secretary from Gaza province to train the Regional Disaster Response Team (RDRT) held in Namibia, October 2005 and facilitated by the Federation regional delegation.

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### **Mozambique Red Cross Society effective disaster response capacity strengthened through consolidation of local structures for prompt and effective response to disasters.**

The Federation regional delegation provided the national society with USD 600 to conduct an assessment on the damage caused by flooding in Sofala province in early 2005. In December 2005, flooding was experienced in Nampula due to strong winds, Sofala and parts of Zambezia due to heavy rains, which destroyed crops and some houses. Red Cross volunteers assisted with moving affected people to safer areas mainly in Sofala province.

The disaster management department prepared a food security operation in Gaza and Inhambane in collaboration with WFP. The disaster management officer participated at coordination meetings with WFP, United Nation agencies, Federation and government departments on the food situation in the country. It also attended Vulnerability Assessment Committee (VAC) debriefing meetings organised by the government where issues on food security, emergencies such as floods, storms were discussed. The National Institute for Disaster organised weekly meetings and in collaboration with the Red Cross, jointly produced IEC material on disaster preparedness.

The Federation regional disaster management coordinator visited Mozambique Red Cross Society to support drafting of the plan of action for the DFID project. The two disaster management officers attended a DFID funded projects planning meeting held on 14-15 June 2005 in South Africa. The purpose of the meeting was to share frameworks and design of the operational plans and budgets.

### **Impact**

Because the Red Cross volunteer system is well-established at community level, other humanitarian organizations are working closely with the national society in disaster response activities at the grass roots level. The Red Cross volunteers trained in community-based disaster management are instrumental in gathering information and promptly providing relief assistance.

Relief supplies are pre-positioned and some of the humanitarian organizations in the country approached the national society for assistance from the emergency stocks. At national level, local journalists, embassies, media from South Africa and other humanitarian organizations frequently contact the Mozambique Red Cross Society in search of information on disasters, which indicates that the national society has increased its credibility in the country and in the region.

### **Constraints**

The disaster management staff at headquarters is over-loaded with work and had limited time to measure the impact of the implemented activities. This has compromised the quality of work produced particularly in financial, narrative reporting and internal evaluation of the projects. Maputo City, Inhambane and Maputo provinces are the only project areas with disaster management officers, whereas the disaster prone areas such as Sofala, Tete and Inhambane are without. The staff normally diverts time to respond to emergencies occurring in the country. There is need for further capacity building for disaster management staff at provincial levels to conduct monitoring and evaluation in order to improve on planning and setting priorities for their provinces.

The funding situation has improved with DFID funding. However, fund disbursement from the regional office is slow caused by late submission of returns, which derailed the implementation of the planned activities. With availability of funds, the national society will be better positioned to prepare communities for disasters.

The disaster management department produces reports in Portuguese and due to constraints in translation, the national society fails to submit information to the Federation regional delegation and other donors on time.

## **Humanitarian Values**

### **Increased understanding of the Fundamental Principles, Humanitarian Values and Mozambique Red Cross Society mission amongst staff, volunteers, various targets groups and the general public.**

Following the approval of the Emblem Law by the government in 2004, Mozambique Red Cross Society was mainly focusing on dissemination of the Law. The national society has a national radio programme twice a week where they address issues on the Emblem Law, Red Cross activities and also Promotion of Fundamental Principles and Humanitarian Values.

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As part of promoting Red Cross' work, the national society has a website which is updated every two months. The national society also produces a quarterly newsletter which is circulated through e-mail to all stakeholders. The newsletter covers Red Cross activities, the work of the volunteers, and partner national societies, Emblem Law issues, Fundamental Principles and Humanitarian Values.

The ICRC supported the production of a booklet on Humanitarian Values titled '*Red Cross in my country*', and a manual on youth education and Humanitarian Values. A total of 2,000 copies of the '*Red Cross in my country*' were produced and are still being distributed to youth in school. The information department is partly funded by the ICRC and activities carried out include dissemination of Fundamental Principles and Humanitarian Values, field visits, production of publicity materials such as calendars and festive cards.

### **Create and maintain good relations with the Media, corporate sector and the public to improve visibility of the Movement.**

During the launch of the Tsunami response campaigns, Mozambique Red Cross Society held press conferences aimed at mobilising resources. Activities covered by the media include: the assessment visit by American Red Cross Society delegates for the measles vaccination campaign; Annual General Assembly (AGM) announcing the new governance board in June; the certification by the Strategic Business Solution (SGS) Auditing firm highlighting the accredited issues and finally during the launch of the food security operation in November 2005.

The information, dissemination and marketing department developed a national communication policy for the national society, i.e. internal communication within the Movement, with the media and with other organizations. The policy aims to harmonise the use of the national society's emblem, throughout the programmes and provinces.

As part of marketing the programmes of the national society, 'The Friend of Red Cross' campaign was launched, targeted at local corporate organizations. A total of seven companies established partnerships with the national society in 2005 namely Mozambique Air line, Banco Internacional de Mocambique (BIM), MOZAL, Casino Hotel Polana, Hotel Polana and DBB Ténel. The national society came up with three categories of members namely Gold, Silver and Bronze each with a stipulated fee. The companies have taken the Red Cross as their social responsibility partner.

Cable News Network's journalist visited Mozambique to cover the drought and HIV and AIDS situation in the country. The national society supported the journalist with a field visit to the Red Cross projects.

### **Easy access and flow of information to local and international stakeholders and the general public is created, especially during time of disasters.**

The information department produced regular updates on the country's political, socio economic situation distributed through ICRC and Federation regional delegation. News stories were posted on the Federation website during disaster situations such as the drought, floods and cholera outbreak. The department is working on establishing a picture library to be referenced by all partners.

Mozambique Red Cross Society is a strong member of Southern Africa Regional Communication Forum (SARCOF) for all ten national societies in the region. In an effort to strengthen the capacity of the information department, the information officer conducted exchange visit with Uganda Red Cross Society on information and resource mobilization. The information officer attended a fundraising workshop held in the Netherlands organized by the Federation and attended by other 78 national societies in the world.

Locally, the information officer attended a workshop facilitated by DFID, HR Wallingford and University of Mozambique on national guides on disaster risk reduction, to mitigate the impact of the floods. On behalf of the national society, the information officer also presented a book on suitability strategies focusing on mitigating the impact of floods. The information officers participated at LINK, which is a non-governmental organizations' forum for sharing information and coordinating efforts in humanitarian initiatives.

### **Promotion of the Fundamental Principles, Humanitarian Values and the Mozambique Red Cross Society.**

Dissemination of the Fundamental Principles and Humanitarian Values was carried out for different target groups especially in and out-of-school youth, teachers at training centres as well as students at universities. Dissemination sessions were also conducted among volunteers and communities through group discussions before implementing a new programme. In 2005, the national society reached 30,000 and distributed approximately 32,000 leaflets on the

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Fundamental Principles. The government's parliament accepted to become an institutional member of the Red Cross and planned to conduct dissemination during the opening session in 2006.

### **Impact**

There is general improvement on the understanding of the role of the Red Cross in the country, which has created a good humanitarian space for the national society. This is indicated by the financial and technical support the national society receives from the corporate sector, the public and the government. Although the Tsunami fund-raising campaign took a lot of time off work plans, the results were favourable as over USD 100,000 from government, USD 19,000 from public and many other goods in kind were raised for the response.

The image and visibility of the national society has increased with many local companies willing to partner with the Red Cross in social responsibility activities. As a way of demonstrating integration the information department is currently facilitating the production of publicity material for all programmes and giving advice on the use of the Red Cross Emblem.

From participating at SARCOF, the information officer has increased contact and communication with the Federation and other regional national societies. Stories are produced with confidence and more frequently. The national society has become a credible source of information for the government and other humanitarian organization, especially in emergency situation.

### **Constraints**

It was difficult for the national information officer to cover all activities due to the geographical expanse of the country. Funding is the major constraint since most of the field missions on emerging disasters were not budgeted for. The department managed to achieve 50% of the planned activities due to limited funding. Funds to conduct the dissemination of the Emblem Law were also limited, and the activities were postponed to 2006.

Sharing of information with Federation regional delegation and other international partners is affected by the lead time taken and by lack of targeted funds for translations. The capacity in writing reports and their publicity is also limited and for the past few years, the national society has been failing to commercially publish the annual report.

The national society website has only been updated three times instead of the planned six times due to lack of funding and human resources capacity. The information officer requires training to strengthen the capacity on web design and updating.

## **Organizational development**

**Goal: The lives of vulnerable people in Mozambique are improved and their vulnerability to disasters reduced.**

**Objective: The national society's structure, systems and human resource skills has been strengthened at all levels in order to increase its capacity for quality service provision in a sustainable manner.**

### **Progress/Achievement**

#### **Governance and branch development.**

The Annual General Meeting (AGM) and central committee meeting were held in May, and a new governing board, central committee and National Executive Council (NEC) elected. At the AGM, district, provincial levels and youth leaders were well represented. The headquarters facilitated four provincial workshops on branch development in Maputo, Cabo Delgado, Niassa and Sofala for the 40 newly elected members of the district committees, supported by British and Norwegian Red Cross Societies.

The national society drafted a branch development policy, which focuses on strengthening the orientation process of volunteers, capacity of the districts and also clarifying the areas that needs development. It was planned to construct three district committee offices, but only managed to rehabilitate two offices in Tete province with the support of the Canadian Red Cross Society. A governance workshop was held for all presidents of the provincial councils in December 2005 facilitated by a consultant.

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### **Volunteer management development**

A total of 5,022 volunteers, (1,633 female and 2,018 male) were involved in all Red Cross projects in 2005. Maputo city, Sofala and Manica provinces reported that 71 volunteers dropped out and a total of 44 died in 2005. The headquarters facilitated six sessions on dissemination of the volunteer management plan in Cabo Delgado, Niassa, Sofala, Maputo provinces. The volunteer database monitoring systems have been installed in some provinces. The national society printed 7,000 identification cards for volunteers and distribution will be completed in 2006.

### **Youth development**

Mozambique Red Cross Society conducted six provincial youth camps and a national camp was held in July 2005 in Cabo Delgado province where 72 youth from all provinces participated. Some of the results from the youth camp are that, the youth proposed the composition of the national youth council, and a logo identified with their projects. The proposals are going to be presented at the next AGM for adoption. There are 76 youth groups with almost 3,000 members throughout the provinces.

With the support of the Spanish Red Cross Society, a programme named '*Escuelas puentes del amistad*' is in place which consists of Red Cross youth member in Spain collecting educational material for the disadvantaged children in Mozambique. A total of 3,440 kits were distributed in 21 school of Beira and Sofala province. The kits consist of writing books, drawing and colouring pencils.

### **Programme management development**

The national society invited a consultant (KPMG) to conduct a management workshop in December attended by all coordinator and the new governing board member.

### **Finance resource development**

The proposed minimum Red Cross membership fees were approved at the AGM. The national society finalized the procedures for becoming and maintaining membership, which were disseminated to all provinces. The objectives were to accommodate a wider coverage of target groups including individuals and companies, develop a good system of collecting contributions, creating and maintaining volunteer database at headquarters and at provincial levels.

In 2005, the information, dissemination and marketing coordinator attended a Fund Raising workshop in the Netherlands facilitated by the Federation in collaboration with the Netherlands Red Cross Society. Consequently, a delegate working with the national society developed a resource mobilisation plan presented to partners in 2005. Resources will be mobilised from sustainable income generating projects such as rents and rates on offices and warehouses, commercial first aid, hiring out trucks and proceeds from Red Cross Chimoio training centre in Manica province. The plan also covers areas on how to minimise the running cost of the national society. With support from the British Red Cross Society, the national society conducted a feasibility study for new project on a training centre in Quelimani in Zambezia province.

### **Impact**

Mozambique Red Cross Society has the widest network of volunteers countrywide and is the furthest reaching community-based organization in Mozambique. Through the branch development workshops, participants received the basic management tools for use during the day-to-day work.

It was the first time in Maputo province that the members of the district committee went through the orientation process and they appreciated the fact that they understand their roles, responsibilities, planning process and have improved on communication system. A long-term relationship between the district committees was established and improvement on the functionality of the branches ascertained, which will contribute to the tenets of a well-functioning national society. The civil society involvement in the Red Cross voluntary work, without expecting financial benefits has increased and more vulnerable people were reached.

The operationalization of the volunteer policy will contribute towards mobilising more youth and provides a good base for peer education, branch development and sustainability of community-based projects.

Integration of programmes was also introduced through attending sector training. Department such as HIV and AIDS are now including youth development in their planning and for in and out-of-school youth programmes.

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Some provinces do not have full time staff for volunteer management and the role of maintaining the database is contracted to volunteers. There are limited computers for use among technicians and volunteers, which delays the production of reports.

### Constraints

The commercial printing of the branch development manual in Portuguese was postponed to 2006 pending input from senior management.

Lack of funding through the Federation annual appeal for the organizational development programme prevented the implementation of the training on volunteer management for all provincial secretaries. The training was aimed at harmonising the volunteer management system among the provinces and at the same time establishing a reporting system.

The national society experienced some difficulties in integration in terms of planning and implementation of programmes. This resulted in organizational development programmes such as youth programmes being under funded, although youth are involved in implementation of various projects at community level. Volunteers and youth management are cross cutting activities and hence require support in terms of budgetary allocation to their development.

Lack of resource at branch and provincial levels also affected the efficiency on reports in volunteer and youth management projects.

**Table 4: Partners and donors who provided financial and technical support to Mozambique Red Cross Society for all programmes in 2005.**

<b>Partner National Society</b>	<b>Projects</b>
Federation	HIV and AIDS, community-based health, water and sanitation, disaster management
ICRC	Information and promotion of Humanitarian Values
American Red Cross Society	Community-based health
Belgian Red Cross Society	HIV and AIDS, community-based health,
British Red Cross Society	HIV and AIDS, Water and sanitation, disaster management, organizational development
Canadian Red Cross Society	HIV and AIDS, community-based health, organizational development
Danish Red Cross Society	HIV and AIDS, disaster management
Finnish Red Cross Society	Community-based health, water and sanitation
Germany Red Cross Society	HIV and AIDS
Icelandic Red Cross Society	HIV and AIDS, community-based health,
Netherlands Red Cross Society	Disaster management (climate change), organizational development
Norwegian Red Cross Society	HIV and AIDS, community-based health, organizational development
Spanish Red Cross Society	HIV and AIDS, organizational development,
<b>Other Organization</b>	
Consortium (Royal Netherlands Embassy (RNE), Swedish International Development Agency (SIDA)/Swedish Red Cross Society and Development Cooperation Ireland (DCI) through the Federation	HIV and AIDS
Government departments	HIV and AIDS, community-based health, water and sanitation, disaster management
National AIDS Council (CNCS)	Coordination in HIV and AIDS
MONASO – Mozambique Network and Association for AIDS Organisation	Coordination in HIV and AIDS projects
Kindlimuka – National Association for PLWHA	Coordination and training in HIV and AIDS

-Table continues the next page-

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Kwya Kana – Association for Women Living Positively with HIV and AIDS	Gender main streaming, training, prevention and IEC material
British government’s Department for International Development (DFID)	Disaster Risk Reduction Phase II project
World Food Programme	Food distribution
UNICEF	Food and nutrition
Medecins Sans Frontieres (MSF)	Anti retroviral therapy (ART)
OXFAM	Coordination in at provincial level community-based care in Manica province
FEWSNET	Disaster management
Mozambique Air line, Banco Internacional de Mocambique (BIM), MOZAL, Casino Hotel Polana, Hotel Polana and DBB Técnel	Social responsibility partners

*[Final financial report below; click here to return to title page and contact information.](#)*

Selected Parameters	
Year/Period	2005/1-2005/9998
Appeal	M05AA012
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**I. Consolidated Response to Appeal**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget	847'222	180'648		241'302		1'269'172
B. Opening Balance	21'274	11		17'804		39'089
Income						
Cash contributions						
British Red Cross	157'095	103'277				260'372
Finnish Red Cross	347'584					347'584
C1. Cash contributions	504'679	103'277				607'955
Outstanding pledges (Revalued)						
British Red Cross		0				0
Finnish Red Cross	28'733					28'733
C2. Outstanding pledges (Revalued)	28'733	0				28'733
Reallocations (within appeal or from/to another appeal)						
Irish Government	26'304					26'304
Netherlands Government	165'417					165'417
Swedish Red Cross	78'622					78'622
C3. Reallocations (within appeal)	270'343					270'343
C. Total Income = SUM(C1..C6)	803'755	103'277		0		907'031
D. Total Funding = B + C	825'029	103'288		17'804		946'120

**II. Balance of Funds**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	21'274	11		17'804		39'089
C. Income	803'755	103'277		0		907'031
E. Expenditure	-751'670	-35'585		-15'457		-802'711
F. Closing Balance = (B + C + E)	73'359	67'703		2'347		143'409

Selected Parameters	
Year/Period	2005/1-2005/9998
Appeal	M05AA012
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance A - B
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A		B					A - B	
<b>BUDGET (C)</b>		847'222	180'648		241'302		1'269'172	
<b>Supplies</b>								
Construction	28'200							28'200
Clothing & textiles	10'791	9'864				9'864		927
Food		4'745				4'745		-4'745
Water & Sanitation	93'388	886				886		92'502
Medical & First Aid	35'880	25'956				25'956		9'925
Teaching Materials	21'871	7'864				7'864		14'007
Other Supplies & Services	16'864	13'203				13'203		3'661
<b>Total Supplies</b>	<b>206'994</b>	<b>62'518</b>				<b>62'518</b>		<b>144'477</b>
<b>Land, vehicles &amp; equipment</b>								
Vehicles	64'515	4'399				4'399		60'116
Computers & Telecom	2'678	6'315				6'315		-3'637
<b>Total Land, vehicles &amp; equipment</b>	<b>67'193</b>	<b>10'714</b>				<b>10'714</b>		<b>56'479</b>
<b>Transport &amp; Storage</b>								
Storage	7'752	2'208				2'208		5'544
Transport & Vehicle Costs	65'161	8'780				8'780		56'381
<b>Total Transport &amp; Storage</b>	<b>72'913</b>	<b>10'987</b>				<b>10'987</b>		<b>61'926</b>
<b>Personnel Expenditures</b>								
Regionally Deployed Staff	9'564							9'564
National Staff	413'046							413'046
National Society Staff		94'312				94'312		-94'312
Consultants	3'372	17'256				17'256		-13'884
<b>Total Personnel Expenditures</b>	<b>425'982</b>	<b>111'568</b>				<b>111'568</b>		<b>314'414</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	178'730	16'470	1'838			18'308		160'421
<b>Total Workshops &amp; Training</b>	<b>178'730</b>	<b>16'470</b>	<b>1'838</b>			<b>18'308</b>		<b>160'421</b>
<b>General Expenditure</b>								
Travel	79'261							79'261
Information & Public Relation	25'134	26'521				26'521		-1'387
Office Costs	44'053	5'239				5'239		38'814
Communications	9'567	6'034				6'034		3'533
Professional Fees	18'786							18'786
Financial Charges	2'207	7'328				7'328		-5'121
Other General Expenses	55'857	12'373			2	12'375		43'482
<b>Total General Expenditure</b>	<b>234'865</b>	<b>57'495</b>			<b>2</b>	<b>57'497</b>		<b>177'368</b>
<b>Federation Contributions &amp; Transfers</b>								
Cash Transfers National Societies		426'221	31'434		14'450		472'104	-472'104
<b>Total Federation Contributions &amp; Transfers</b>		<b>426'221</b>	<b>31'434</b>		<b>14'450</b>		<b>472'104</b>	<b>-472'104</b>
<b>Program Support</b>								
Program Support	82'496	48'859	2'313		1'005		52'176	30'320
<b>Total Program Support</b>	<b>82'496</b>	<b>48'859</b>	<b>2'313</b>		<b>1'005</b>		<b>52'176</b>	<b>30'320</b>
<b>Operational Provisions</b>								
Operational Provisions		6'839					6'839	-6'839
<b>Total Operational Provisions</b>		<b>6'839</b>					<b>6'839</b>	<b>-6'839</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>1'269'172</b>	<b>751'670</b>	<b>35'585</b>		<b>15'457</b>		<b>802'711</b>	<b>466'461</b>
<b>VARIANCE (C - D)</b>		<b>95'552</b>	<b>145'063</b>		<b>225'845</b>		<b>466'461</b>	