

Annual report



International Federation
of Red Cross and Red Crescent Societies

Country: Mozambique

Appeal No. MAAMZ002

31/05/2011

This report covers the period
01/01/2010 to 31/12/2010.



September 1, CVM volunteers providing assistance in Maputo City

In brief

Programme outcome:

Based on the strategic aims of IFRC's Strategy 2020¹, the Mozambique Red Cross Society (CVM)² plans to achieve the following outcomes: saving lives of vulnerable people, enabling safer and healthy living, strengthening capacities of communities to respond to disasters, reducing the impact of natural and manmade disasters, enhancing the capacity of staff to deliver quality services to vulnerable communities, developing community resilience, enhancing community livelihoods and promoting social inclusion, peace and harmony.

Programme summary: The CVM programme is based on programmes in disaster management (DM), health and care (H&C), national society development (NSD) and the promotion of humanitarian principles and values.

Under the health and care portfolio, CVM primarily focused on the implementation of traditional and commercial First Aid, human pandemic preparedness (H2P) and community-based health and First Aid (CBHFA) activities. A lot of work was done in H2P to minimize excess preventable mortality and morbidity during a human flu pandemic by developing the capacity of CVM branches and volunteers on preparedness. CVM created a group of first responders, which cooperates with other humanitarian agencies and the government on planning a response to the flu pandemic. The total number of beneficiaries of this programme is about 567,349 families in all provinces.

CVM finalized the five-year integrated HIV and AIDS programme (2006-2010) (MAA63003MZ—see link below), a component of the IFRC Global Alliance on HIV. Due to the recent cut in home-based care (HBC) funding, CVM has integrated prevention activities into orphan and vulnerable children

¹ Strategic aim 1: Save lives, protect livelihoods, and strengthen recovery from disasters and crises; Strategic aim 2: Enable healthy and safe living; Strategic aim 3: Promote social inclusion and a culture of non-violence and peace.

² CVM is an abbreviation for Mozambican Red Cross in Portuguese.

(OVC) projects - a new approach aimed at effectively utilizing the funding support from the IFRC.

During the reporting period, the disaster management (DM) programme focused on strengthening the programme components by developing and implementing a National Disaster Management Master Plan (DMMP), supported by partners and the IFRC Southern Africa Regional Representation Office (SARRO). The primary objective is to strengthen the institutional capacity on DM in order to mitigate the risk and impact of disasters on the already vulnerable communities. The programme prioritized three projects on risk reduction from the impact of cyclones, tsunamis and floods in the disaster prone provinces and four districts in the Zambezi valley.

CVM is a member of the Zambezi River Basin Initiative (ZRBI) launched by SARRO in 2009 as a regional programme to help enhance the livelihoods of vulnerable communities living along the Zambezi River basin.

The country experienced heavy rains at the beginning of the year, which caused heavy flooding and triggered an outbreak of cholera claiming 61 lives up to the end of the year. Most of the activities in DM in the first half of the year thus focused on responding to the impact of the floods and cholera outbreaks.

In September 2010 Maputo City; Matola and Beira were marked by urban riots that claimed the lives of ten people and injured 443. CVM responded by attending to the rescue, First Aid assistance and transportation of the injured people to the hospital. From this intervention it became clear that civil society accepts and respects Red Cross. In many cases, people gave way to CVM vehicles to allow them to assist those in need.

CVM and the Technical University of Mozambique (UDM) are partnering in the implementation of the Peri-Peri project. The initiatives come from the University of Cape Town in South Africa that approached CVM, asking it to host the funds from USAID to enable UDM to implement the project. 2010 was the second year of the project and 2011 will be the last. The aim of the project is to introduce a disaster management component in the university curriculum and to conduct DM short courses for people interested in DM. So far, two courses have been organized during the year and CVM was asked to give lectures.

See also

[MDRMZ006](#) – IFRC's DREF allocation of CHF 282,067 to support CVM) in delivering immediate assistance to 10,000 beneficiaries affected by floods in the central region of Mozambique covering the Zambézia, Tete, Manica and Sofala provinces.

[MDRMZ007](#) – IFRC DREF allocation of CHF 121,525 to support CVM in delivering immediate assistance to 15,000 people (3,000 families) affected by a cholera outbreak which claimed 61 lives.

[MAA63003](#) – Southern Africa Regional HIV and AIDS programme

Financial situation:

The original 2010 budget was CHF 2,203,682, of which CHF 608,387 (28 per cent) was covered during the reporting period (including the opening balance). Overall expenditure during 2010 was CHF 587,609 (97 per cent of the available funds and 27 per cent of the original budget).

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

Number of people reached: The DM programme reached over 20,800 people while an estimated 567,349 families were reached through the Health and Care interventions.

Our partners: Within the Movement, CVM worked in partnership with IFRC, ICRC and the Austrian, Belgian-Flanders, Danish, Finnish, German, Icelandic, Norwegian, and Spanish Red Cross Societies. Outside the Movement, partner agencies included the European Commission, Europe Aid, UN agencies (UNAIDS, UNICEF, UNIFEM, WFP, IOM), government agencies (Ministries of Health, Agriculture, Home Affairs and Water), non-governmental organizations (NGOs) such as the National Aids Council (NAC) and education institutions such as the Mozambican Technical University.

CVM and IFRC wish to thank partners for their support to this appeal and for their collaboration during the reporting period.

Context

According to a December 2007 UNDP report, HIV and AIDS represent a challenge to Mozambique on a “devastating scale.” There are an estimated 500 new adult HIV infections every day and life expectancy is expected to drop from 42 years to 36 years by 2010 as a result of the disease. The pandemic negatively affects development, exacerbates poverty, malnutrition, and poor school attendance, and worsens gender inequalities. The HIV infection rate is 13.6 per cent and 1.2 million people are living with HIV with the number of children orphaned due to AIDS estimated at 400,000 (2008).

The main causes of mortality are malaria, HIV and AIDS, tuberculosis and diarrheal diseases, including cholera epidemics. Approximately 71 per cent of the population suffers from food insecurity and almost half are classified by the FAO as undernourished. The chronic malnutrition rate for children under five years is 46 percent, whilst 60 per cent of the agricultural labour force consists of women. Since the beginning of 2010, cholera has claimed 61 lives in Mozambique. The poor water supply and sanitation infrastructure, limited access to health facilities plus the heavy rains experienced early in the year increased the risk of water and vector-borne diseases. By the end of June 2010, a total of 4,482 cases of cholera had been reported in five provinces, namely Zambezia, Sofala, Nampula, Cabo Delgado and Niassa.

Malaria is endemic throughout Mozambique and is a leading cause of morbidity and mortality with approximately six million cases reported each year. Malaria accounts for approximately 40 per cent of all outpatient visits, increasing to 60 per cent if only paediatric cases are considered. Malaria transmission takes place all year round with a seasonal peak extending from December to April. More than 18 million people in Mozambique are considered to be at risk of malaria, including an estimated 3.6 million children under five years old and 900,000 pregnant women. Mozambique is also among the Southern African countries worst affected by tuberculosis (TB), which is the third largest cause of hospitalization, following acute respiratory infection and malaria. Moreover, waterborne diseases such as cholera and dysentery are endemic and periodic, as are climatic phenomena such as floods and cyclones.

Climate change has a severe and tangible impact on Mozambique, producing an increase in the ferocity and intensity of natural hazards such as droughts, floods and cyclones, which have devastated communities and destroyed infrastructure across the country. These recurrent events contribute to Mozambique being the most vulnerable country affected by climate change. Parts of Mozambique experienced heavy rainfall since mid-February 2010, mainly in the central region covering the Zambézia, Tete, Manica and Sofala provinces. The persistent rains saturated the soil causing floods in the valleys of Buzi, Zambézia, Licungo, Save and other rivers affecting approximately 17,000 people.

Although economic growth is progressing in Mozambique, with an estimated average annual growth of eight per cent over the last four years, poverty levels remain high, particularly in disaster prone areas. The total population of Mozambique is 20.5 million (census 2007). Life expectancy is 42.8 years (HDR 2007/2008). Gross domestic product (GDP) per capita in 2005 was USD 335 (HDR 2007/8). Mozambique ranks 172 out of 177 on the Human Development Index (HDR 2007/2008). It is estimated that only 42 per cent of the population has access to safe drinking water (RWSSI for 2004). The National Health Service only covers about 40 per cent of the population.

The CVM priority projects include: food security, health and care, HIV and AIDS, and institutional capacity building as a cross-cutting issue. Essentially, institutional capacity building should be sustainable by 2010 when most bilateral partner agreements will be coming to an end. The overall program is designed to improve the living conditions of the most vulnerable by reducing or eliminating risks through community participation and volunteer mobilization. This is evidenced by

addressing the impact of HIV and AIDS and other public health problems, and responding to and helping communities prepare for the natural disasters that strike Mozambique every year.

Progress towards outcomes

Disaster Management

Program component: Disaster Preparedness

Outcome 1: Human, financial and material resources and disaster management systems are enhanced through the implementation of a Disaster Management Master Plan (DMMP).

Outcome 2: CVM has efficient disaster management mechanisms and improved capacity to ensure optimal disaster preparedness.

Achievements

In order to strengthen capacity on preparedness to respond to earthquakes, CVM staff and volunteers participated in an earthquake simulation exercise conducted by the National Disaster Management Institute (INGC) in which CVM played an active role in simulating First Aid services. The exercise was preceded by a First Aid refresher-training course and a basic disaster management course conducted for 50 volunteers who took part in the earthquake simulation exercises. For this participation, CVM realized that some protective materials for volunteers were needed in order to equip them for working in rescue operations after an earthquake. Another two simulations took place in the last quarter of the year in the Limpopo River Basin³ (for floods) involving 73 volunteers and the Zambezi River Vale, namely the Caia district for water rescue in which 10 CVM volunteers participated.

With the technical support from the Danish Red Cross, CVM developed a DRR project proposal, which was submitted to DIPECHO. The National Society also conducted a field visit to Inhambane Province jointly with Danish Red Cross staff to collect stories and best practices used for fundraising. A total of €600,000 was raised and a project proposal was approved. Activities started late in the 4th quarter of the year with financial support from the Italian Red Cross.

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

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

Programme component: Disaster Response

Outcome 1: Disaster response mechanisms are improved to ensure timely response to minimize the impact of emergencies and disasters on affected populations.

Outcome 2: CVM capacity for the provision of assistance and restoration of sustainable livelihoods is improved.

Achievements

The CVM, as an auxiliary of the local authorities, supported the government by mobilizing populations at risk of flooding areas to move to safer areas in the designated relocation camps. The Red Cross volunteers also provided hygiene and health education in order to prevent the spread of waterborne diseases. SARRO facilitated DREF provision as well as DM technical support for the CVM relief operation. The DREF was used for the procurement and distribution of non-food items,

³ Xai-Xai district – 16 volunteers, Chokwe district – 20 volunteers, Guija district 20 volunteers and Chibuto district 20 volunteers

provision of clean water and sanitation facilities, increasing hygiene promotion activities and preventative health. CVM opened a regional disaster operational centre in Caia District to facilitate assessments and coordination of flood relief activities. Caia District is strategically located for easy access to all affected districts. The National Society also appointed a national staff member to manage the regional disaster operation centre, with technical support provided remotely from the headquarters' programme units.

More than 250 CVM volunteers were deployed to the flood-affected districts and six of the volunteers facilitated the transportation of people and goods, whilst another 12 were involved in setting up accommodation centres in the Buzi and Nhamatanda districts. The remaining volunteers were involved in social mobilization, erecting tents at the accommodation centres, hygiene promotion and water chlorination.

Through the operational centre in Caia, CVM distributed 480 shelter kits and constructed 1,267 latrines for affected communities. The National Society also conducted community mobilization campaigns and hygiene promotion activities that benefited 8,930 people. A total of 140,400 litres of water were treated with chlorine and about 1,300 latrines were built exceeding the target for the operation as a result of partnerships created between CVM, government and other NGOs. CVM partnered with UNICEF in conducting hygiene promotion activities at the community level, which benefited about 9,000 people. Community members were also trained in the proper use of household water treatment chemicals (chlorine). CVM developed health promotion IEC materials in local languages distributed by the volunteers.

In April, in Xai-Xai Town, a total of 251 households were affected by heavy rains and a windstorm. As a result, a temporary camp was established and 430 households were accommodated at the centre. CVM, in its capacity as one of the main stakeholders in emergency response, mobilized volunteers and staff and provided relief assistance to 441 beneficiaries in the form of 374 tarpaulins, 274 shelter kits, 115 mosquito nets, 16 jerry cans and 16 water buckets. In response to the cholera outbreak, CVM mobilized 30 volunteers who conducted health education and hygiene promotion and provided water purification chemicals to the affected communities.

Programme component: Disaster Risk Reduction (DRR)

Outcome: 1 Community knowledge and awareness of the hazards and risks is enhanced; and local risk reduction strategies built on traditional coping mechanisms.

Achievements

The findings of the evaluation conducted jointly with the Finnish Red Cross on the food security projects in Mozambique were shared at the regional disaster management planning meeting held in March. The meeting presented an opportunity for the National Societies to share experiences in food security programming as well as review and map the way forward on the regional initiative on food security.

In an effort to enhance community resilience to the risk of disasters, CVM conducted 40 dissemination sessions on early warning systems that reached more than 10,000 people and trained 10 communities in the construction of cyclone resistant houses. One hundred women from four clubs in Niassa, Cabo Delgado, Manica and Tete provinces were trained in nutrition. Four vegetable gardens were established in the four provinces.

The DRR project that was being implemented in the Pebane district and Zambezia province ended in the 3rd quarter 2011. The project was implemented in 3 communities, namely Alto Magonha, Tomé and Quixanga. A lesson learning workshop took place at the close of the project. The results were that there was a massive cooperation of the people in the project, which managed to create and equip 3 local disaster management committees and equip them with the respective materials / preparedness kits. The project also taught people how to construct cyclone-resistant houses. The population was interested in knowing if it was possible to construct flood-resistant houses, as the area is prone to floods.

Two DRR projects have started implementation in Vilankulos and Govuro districts in the North of Inhambane province branch. One of the projects is funded by the Italian Red Cross and the second,

which is a complement of the first, focuses more on Gender and DRR and is funded by the Danish Red Cross. Two officers, one senior and one junior, have been recruited to facilitate the management of the project. The senior officer will be the coordinator of the project and based in the Vilankulos office while the second officer will be based in the Govuro district. This structure will enable the staff to be close to the areas where the project is being implemented. A third officer will be recruited late in 2011 and will be based in the Govuro district. This is how the regional operational centre for the southern part of the country is staffed. There are no meaningful results to show as yet, as the project started late in 2010.

Programme component: Zambezi River Basin

Outcome 1: The risk and impact of disasters among communities living along the Zambezi River basin is reduced through community preparedness.

Outcome 2: Access to adequate and nutritious food commodities is increased among communities along the Zambezi River basin.

Outcome 3: The number of deaths, illnesses and impact from diseases is reduced among communities along the Zambezi River basin.

Outcome 4: CVM capacity to implement disaster preparedness, response and recovery operations is increased.

Achievements

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

The initial phase of the programme focused on strengthening the capacity of CVM in implementing disaster preparedness, response and recovery operations along the Zambezi River. This was a preparatory phase, which consisted of workshops involving all stakeholders in the Mopeia and Caia districts. In these workshops, the local Red Cross branches informed about the initiative and prepared to implement and manage the project according to the way it was designed. The role of the branches was clarified in order to strengthen them, to ensure effective implementation, programme ownership, sustainability and integration with other local community activities.

CVM is targeting four provinces and four districts in the Zambezi valley, namely the Tete, Sofala, Manica and Zambezia provinces. CVM capacity building initiatives started with a DM meeting for provincial staff working in the targeted provinces. The meeting recommended setting up a strong disaster management committee as a prerequisite, which was duly adopted as a priority to ensure an effective response to disasters along the Zambezi River basin. In line with the overall goal of the ZRBI “to reduce the impact of human suffering” during the 2010 floods operation, CVM volunteers committed to mobilizing people to safer ground, whilst conducting hygiene promotion.

Constraints or challenges

Funding support required to kick start ZRBI’s planned activities were not transferred on time (first and second quarter of the year). This has delayed the community-based activities.

A Memorandum of Understanding between CVM and the Italian Red Cross was signed and a draft project implementation agreement prepared and shared with the Italian Red Cross. However, funds are still to be made available for the commencement of planned activities, which should have started in January 2010.

During the floods operations in the Zambezi River Basin, CVM lost, in April 6, one of the most experienced RDRT health officers, Domingos Tomás Raposo, in the Mutarara district. CVM thus had to rethink the working conditions for the staff deployed to the field in emergency operations.

Health and Care

Programme component: Community-based health

Outcome 1: Communities’ capacity to reduce their own vulnerability to health hazards and injuries through knowledge of community-based health and First Aid (CBHFA).

Outcome 2: Women, men and children are protected from malaria through adequate surveillance,

preparedness, and prevention and response measures.

Outcome 3: Women, men and children are protected from tuberculosis (TB) through adequate surveillance, preparedness and response measures.

Outcome 4: Mother and child health is improved through immunization services targeting children and mothers in areas in which CVM is operating.

Achievements

CVM trained 16 CBHFA master facilitators, which, in turn, trained 139 supervisors and 1,404 volunteers already trained.

The approach is having support from all CVM partners as, in fact this new strategy reduces the training costs however, the evaluation shows that not all CBHFA facilitators mastered the contents and methodology of the curriculum very well and so few of them are capable of conducting training sessions.

Other provincial officers have mentioned that the level of education of the volunteers chosen to be supervisors, and then trainers, is not sufficient to respond to the tasks they are expected to do and, most of them are not able to train volunteers. This means that CVM needs to think about this approach. For this purpose, a workshop on the new curriculum will be held in 2011 involving all national coordinators and officers. We hope that, after this workshop, we can come out with the adaptation we need to make, at local level, in order to implement the approach and benefit from it.

A total of 920 suspected cases of TB have been identified by the CVM volunteers at the community level and referred to health centres as a result of the implementation of community DOTS and of the training on TB and TB-MDR. Almost 32% (295) of the suspected cases were confirmed to be BK positive.

A total of 20,500 impregnated mosquito bed nets have been purchased and distributed to the most vulnerable people at community level, namely children under five years, pregnant women, and the elderly and chronically ill in all health projects throughout the country's 11 provinces. According to the volunteers, as per the last home visit reports sent, 19,851 people have been informed to use the nets regularly.

A total of 28,983 have been vaccinated and 6,400 pregnant women have been referred to the hospital

Programme component: Emergency Health

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

Achievements

CVM trained 31 new First Aid trainers and 31 new instructors and simulators bringing the number of new people trained in First Aid to 129 trainers and 72 simulators. The National Society now has a cumulative total of 1,379 volunteers and 220 staff who have been trained in First Aid.

During the reporting period, CVM reached a total of 113,544 people in health education sessions. Other achievements during the period include the construction of one FA post in Manica Province; First Aid assistance to 71,697 people; 61,957 home visits and a total of 5,519 people referred to health centres for malaria treatment.

Programme component: Human Pandemic Preparedness (H2P)

Outcome 1: Human pandemic preparedness plan developed in collaboration with Government and other stakeholders.

Outcome 2: Linkages with other partners developed for information sharing at district and national levels.

Achievements

A national coordination meeting was held in Maputo for all National Health Forums to discuss the effective organization and planning of activities at provincial and district levels. The multi-sectoral coordination was done through participation in weekly meetings organized by the Ministry of Health (MoH). Through the coordination, CVM received IEC materials with approved key messages on H2P produced by MoH for distribution to the communities.

With funding support from USAID, CVM received technical support from IFRC in implementing the pandemic preparedness project. IFRC assisted with the training of 20 national and provincial officers, which replicated the training for 55 provincial staff, 720 volunteers and 76 MAICs⁴. Two additional trainings were carried out for H2P training of trainers' workshops conducted in Maputo for all health officers and 28 supervisors from the Gaza province. In terms of output, a total of 1,404 CVM volunteers and 139 supervisors received training.

The staff and volunteers trained conducted a massive H2P awareness campaign targeting all provincial delegations, CVM district committees, meeting places for communities, schools, barracks, universities, markets, public transport terminals and airports. First aid volunteers facilitated the public education social mobilization efforts, reaching more than 514,000 people.

Through radio, pamphlets and public awareness CVM reached more than a million people (rough estimation).

To ensure continuity of social mobilization activities, the activities of H2P are integrated into the CBHFA activities. Two training manuals for volunteers and community leaders, which were used for training, were translated from English into Portuguese.

Programme component: Water and sanitation³

Outcome 1: Access to safe water, sanitation facilities and hygiene promotion is increased among identified most vulnerable communities.

Achievements

SARRO supported CVM in conducting PHAST refresher training and a midterm review of the WatSan project. The training of 11 CVM staff enabled the re-vitalization of the PHAST activities, whilst recommendations from the midterm review have been used to revise work plans for the remaining phase of the project. The implementation of community WatSan activities in the CVM has resulted in improved access to safe water and improved household latrines. Emergency WatSan capacity in CVM was improved through the training of WatSan officers from CVM at trainings held in Nairobi and attended by participants from various countries in Africa.

A summary of the main activities and achievements in the Main Water and Sanitation Project implemented in the Nampula province, in the districts of Malema and Ribawe are shown in the table below.

Outcomes	Total target for project	Progress Q1 2010	Planned until end 2010	% of total target now	% of total target by end 2010
Improved pit latrines built	5000	1100	4000	22.00%	80.00%
San Plats Distributed		1879	4000	37.58%	80.00%
Sanplats produced		2154	4000	43.08%	80.00%
School latrines	200	0	80	0.00%	40.00%
Boreholes drilled	102	44	102	43.14%	100.00%
and fitted with hand pumps		30	102	29.41%	100.00%
Shallow wells dug	100	20	60	20.00%	60.00%
and fitted with hand pumps		20	60	20.00%	60.00%

⁴ MAICS – Active and influent community members

Springs	5	0	2	0.00%	40.00%
Shallow well rehabs	10	0	10	0.00%	100.00%
INFRA IMPLEMENTATION					
%				21.52%	74.00%
Water Committees formed	217	80	140	36.87%	64.52%
Water Committees trained	217	10	120	4.61%	55.30%
PHAST volunteers trained	80	80	80	36.87%	100.00%
PHAST volunteers re-trained	80	77	80	35.48%	100.00%
Community leaders trained	120	40	120	18.43%	100.00%
COMMUNITY SOFTWARE				26.45%	83.96%
SanPlat training	20	20	20	100.00%	100.00%
Supervision of construction training	5	5	5	100.00%	100.00%
PHAST trainers trained	11	11	11	100.00%	100.00%
Project cycle mgmt training	8	8	8	100.00%	100.00%
SUPPORT TRAINING					100.00%

In addition to this, CBHFA-integrated projects in Maputo, Manica, Tete and Niassa reported to have chlorinated and distributed 264,416 cubic meters of water and promoted the construction of 8,405 latrines. Latrines are built using concrete slabs subsidized by the projects and constructed by the beneficiaries.

Constraints or Challenges

One of the challenges is the high number of health projects, each with its own reporting requirements for various partners, which the National Society is struggling to meet due to limited absorption capacity. CVM is proposing the establishment of a health operational alliance, with one plan for health and care and one reporting requirement for all stakeholders.

Working in partnership

CVM works in partnership with the IFRC, ICRC and PNS: Belgium-Flanders, Danish, Finnish, German, Icelandic, Spanish (all of these are in-country or regional representatives in Mozambique), Italian, Norwegian and Austrian Red Cross Societies. Other partners include the European Commission, Europe Aid and UN agencies (WFP, IOM, UNICEF, UNIFEM and UNAIDS). WFP provides food aid to OVCs in the Tete and Maputo provinces.

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

Contributing to longer-term impact

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

H2P programme has made a difference in the lives of vulnerable communities, the programme is run over a very short time period and in order to have a longer lasting impact, H2P interventions should be mainstreamed into CBHFA activities to ensure sustainability.

Looking ahead

The priority for 2011 will be the continued integration of CBHFA and other existing programmes as HIV and AIDS and H2P programmes, so that synergy and cohesion is created for greater impact. Another priority will be the reflection and consolidation of the CBHFA curriculum as CVM wants to adopt it as the CVM curriculum due to the advantages the approach has compared to the former methods of training volunteers. This will be partly facilitated by the VII General Assembly of CVM, which has approved a new strategic plan for the next five years with two pillars: the Health and Social Service Master Plan and the Disaster Management Master Plan. All these are supported by the enabling strategy.

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

In terms of NSD, the priority is on information dissemination so that membership recruitment reaches set targets. CVM requests the support of its partners in developing operational alliances aimed to enhance efficiency and effectiveness in programme performance and accountability.

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

The IFRC's vision is to:

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

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

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

Contact information

For further information specifically related to this report, please contact:

In Mozambique: Americo Ubisse Secretary General, Maputo, Email: americo.ubisse@redcross.org.mz; Phone: +258.21.497.721 and Fax: +258.21.490.943

In IFRC Southern Africa Region: Ken Odur, Regional Representative, Johannesburg, Email: ken.odur@ifrc.org, Phone: +27.11.303.9700, Fax: + 27.11.884.3809; +27.11.884.0230

In IFRC Africa Zone: Dr Asha Mohammed, Head of Operations, Johannesburg, Email: asha.mohammed@ifrc.org, Phone: +27.11.303.9700, Fax: + 27.11.884.3809; +27.11.884.0230

For Resource Mobilization and Pledges to the programme (enquiries)

In IFRC Africa Zone: Ed Cooper; Resource Mobilization and Performance and Accountability Coordinator; Johannesburg; Email ed.cooper@ifrc.org; Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230

For Performance and Accountability (planning, monitoring, evaluation and reporting (enquiries):
In IFRC Southern Africa Zone: Robert Ondrusek; PMER Manager, Johannesburg;
Email: robert.ondrusek@ifrc.org ; Phone: Tel: +27.11.303.9700; Mobile: +27.83.413.3061;
Fax: +27.11.884.3809; +27.11.884.0230