

MOZAMBIQUE & ZIMBABWE: FLOOD REHABILITATION

**Appeal no: 04/2000
(revision no. 4)
17 July 2000**

***THIS APPEAL SEEKS CHF 17,913,000
IN CASH, KIND AND SERVICES
TO ASSIST 400,000 BENEFICIARIES FOR 6 MONTHS***

With this revision no. 4 of Appeal 04/2000, the total budget is increased to CHF 47,876,955; the increase of CHF 17,913,000 is exclusively related to the proposed Mozambique flood rehabilitation activities outlined below. Flood rehabilitation plans and activities are moving ahead in Botswana and Swaziland and Zimbabwe.

Summary

In response to the disastrous flooding caused by torrential rains and the effects of Cyclones Connie and Eline in Mozambique, Botswana, Swaziland and Zimbabwe during February and March 2000, the International Federation launched successive revisions of its Appeal no. 04/2000 to provide assistance to affected communities.

Mozambique was particularly badly affected, with its three major river basins along the Limpopo, Save and Buzi rivers suffering the most extensive floods in fifty years. The effects of the record rainfall and cyclonic downpours were exacerbated by the opening of sluice gates of dams up river in Botswana, Zimbabwe, Zambia, South Africa and Swaziland. Approximately 4.5 million people, 27% of Mozambique's population were affected by the flooding, with 700 deaths, almost a hundred missing and 544,000 displaced from their homes.

The International Federation's relief efforts - which reached over 100,000 beneficiaries - were closely coordinated with the Mozambique Red Cross (Cruz Vermelha de Moçambique - CVM). Following the final distributions of 'reinstallation kits' to 10,000 families to help them re-establish new homes in late June and early July in six of the affected provinces of Mozambique, the focus of the International Federation and CVM's activities will now be adjusted. Firstly, to the rehabilitation of local health, water and sanitation facilities affected by the flooding; and secondly, to increase the future capacity of the most vulnerable communities nationwide through community-based first aid and disaster preparedness and response programmes, anchored in the development of stronger National Society branches and district and provincial organizational structures.

This fourth revision of the International Federation's 04/2000 appeal concentrates its attention on the substantial rehabilitation and development needs which exist in Mozambique. It is based on an extensive series of in-depth assessments in May and June by the CVM, Federation and PNS currently working in Mozambique, which provided a comprehensive picture of present needs and future possibilities. This revision also integrates programmes originally set out in the Country Assistance Strategy of the Mozambique Red Cross (Federation Appeal no.: 01.44/2000) and therefore charts a cohesive, coherent and comprehensive programme strategy for the National Society, supported by the International Federation, for the next eighteen months - although budgets reflect funding needs only until the end of 2000.

The programmes and budgets for Zimbabwe and building relief and logistics capacity in the Regional Delegation remain the same (see Appeal 04/2000, revision no. 3).

MOZAMBIQUE

The Disaster

Mozambique is one of the poorest countries in the world, rating no. 168 of the 174 countries in UNDP's Human Development Index (1998). Annual per capita GDP is approximately US\$240 with almost 70% of the 16.8 million population living in absolute poverty. Following the 16-year civil war which ended in 1992, an estimated two million anti-personnel mines remain scattered across the country, which at present rates of removal will take 160 years to clear. Average life expectancy is 46 years and falling due to the impact of the HIV/AIDS pandemic which is estimated to have infected 1.2 million people in Mozambique. The ILO estimates that by 2020, the Mozambique workforce will have contracted by 19% due to the effects of HIV/AIDS, further debilitating the country's development potential.

Although government investment in health and social services increased during the 1990s, access to them remains poor, with only 37% of the population enjoying safe drinking water, 61% access to health services and 46% to adequate sanitation.

Against this backdrop, the record-breaking rainfall which hit Mozambique from December 1999 onwards, exacerbated by the devastating effects of Cyclone Eline on 22 February, proved calamitous for both urban and rural communities in the southern half of the country. The districts of Mossurize and Machaze, Sussundenga (Manica Province); Buzi and Chibabava (Sofala province); Govuro, Vilanculos and Inharrime (Inhambane province); Massangena, Pafuri, Massingir, Caniçado, Chibuto, Chokwe and Xai-Xai (Gaza province); Magude, Moamba, Manhica, Marracuene, Boane, Matola and Matutuine (Maputo province) and Maputo city were inundated by the flooding. As well as the immediate human cost, damage to these districts' infrastructure (housing and public buildings, roads and telecommunications networks) was extensive. The Mozambique government estimates that 10% of the country's cultivated lands were destroyed and 90% of its irrigation structures damaged, debilitating its medium-term recovery prospects.

The disaster exposed the extreme fragility of community coping mechanisms, particularly in the countryside, and destroyed the fledgling health and social services that existed in these areas. As a result, the government has been trying to persuade communities to rebuild or relocate their new homes away from flood plains and flood-prone areas to reduce future vulnerability. Yet the disaster also showed the Mozambique population's enormous resilience and generosity, not least in the support provided by the public to the National Society, which enabled the Mozambique Red Cross to make a major contribution to the relief efforts in the months following the flooding. The CVM's role was officially honoured by the Minister of Health during the 8 May Red Cross Day celebrations, and the National Society has been

recognised as a crucial actor in the long term development of community capacity in the areas of community health (including water and sanitation), disaster preparedness and disaster response.

The Response so far

Government Action w

On 3-4 May in Rome, an International Reconstruction Conference for Mozambique raised pledges of \$458 million, \$8 million more than that requested by the Mozambique government, to contribute to rehabilitation and reconstruction in the areas of education, health and social services; infrastructural and economic renovation; early warning and vulnerability reduction. The Government’s National Institute of Disaster Management (INGC) continues to oversee and coordinate ongoing relief and rehabilitation activities of local and international agencies and organizations.

Red Cross/Red Crescent Action w

From the earliest days of the crisis, CVM volunteers were involved in rescue and relief activities, risk warning, provision of first aid (43,322 beneficiaries), health education (34,237 beneficiaries), chlorination of water (68,247 beneficiaries), building of latrines, psycho-social support and fundraising.

The International Federation’s third revision of its appeal for Mozambique, Botswana, Swaziland and Zimbabwe (04/2000) on 10 April consolidated the ongoing relief and projected rehabilitation phases of its activities for a twelve-month period ending March 2001. For Mozambique it set out an ambitious plan of action broken down into two phases: a Post-Emergency Phase (lasting from April - June 2000); and a Rehabilitation Phase (July 2000 - April 2001). Results achieved set against the post-emergency phase plans are as follows:

Objective	Achieved
Continue ongoing relief distributions started during the emergency phase and the rehabilitation of rural drinking water points in the Gaza province.	✓
Procure material input for and start the rehabilitation of 15 health centres.	✗ **
Develop hygiene messages for epidemic prevention and health education training/ campaigns for volunteers and general public.	Continuing
Identify water points and latrines in need of rehabilitation and/or chlorinating.	✓
Distribute 10,000 “family reinstallation packages” and provide logistics and basic materials to support reconstruction of permanent homes across 15 districts.	✓
Supply necessary staffing, communications and logistics support at district and provincial levels to effectively implement post emergency activities.	Continuing

*** see below for details on constraints encountered with this objective.*

Supported by the International Federation’s delegation in Maputo, the National Society made emergency relief distributions to 20,242 families in 100 separate distributions in the southern provinces (Maputo city, Maputo province, Gaza and Inhambane); and from Beira (supported by the **British Red Cross**) relief distributions to 2,500 families in 25 distributions in the central provinces.

In distributions which began in May, the Federation and CVM disbursed reinstallation kits to 10,062 families at 70 different distribution points. These “family reinstallation kits” included one tarpaulin, one kitchen set, two blankets, 12 bars of soap, two kangas/capulanas, construction wire and nails, two mosquito nets, two buckets with lids, one machete, one axe, one hoe, and one 25-litre jerrycan. In total, the Federation/CVM supplied relief items to 32,804 families (approximately 164,000 people) in 195 separate distributions, including 64,130 blankets, 18,150 jerry cans, 15,048 kitchen sets and 5,000 seed and tool kits.

The Federation/CVM’s water and sanitation project in southern Gaza province, funded partially by the **British and Austrian Red Cross societies**, and with **Netherlands Red Cross support** under

consideration, has also surveyed sites for 27 boreholes (of a target of 58), drilled 16 of them, trained 11 (of 101) water group communities, constructed 21 public latrines (of 30 targeted), constructed or rehabilitated 61 (of 250) hand pumps or aprons around them, and plans to construct 2,100 family latrines.

In addition, the *Spanish Red Cross* and CVM continue to run 14 water purification plants in Maputo province, providing up to 56,000 people and two hospitals with clean water every day. During the emergency phase, water was provided to the camp hospital set up in Chiaquelane, a camp for displaced persons which accommodated over 70,000 people. The SRC provided the CVM/Federation with 500 kitchen kits, 2,300 blankets, 335 family tents, 600,000 chlorine pills and 125,000 rehydration sachets. Another 6,286 families were beneficiaries of an emergency kit which included five blankets, one kitchen kit, 5 kg of soap, one bucket, one tarpaulin, five litres of bleach, two mosquito nets and one jerry can. The Spanish Red Cross is also working with the CVM on two reinstallation projects in Catembe and Xinavane (Maputo province) providing building material and technical support for 185 families and 1,500 families respectively.

The *German Red Cross* has concentrated its relief and rehabilitation support in the Gaza province, where offices in Chibuto and Chokwe support the head office in Maputo. Ten boats with motors were donated to the CVM for rescue and relief work, with training provided for 20 volunteers to run and maintain the boats. A water and sanitation project in Canicado is ongoing, which will rehabilitate the community water supply system to a hospital and school, and 210 families in Chimundo will receive construction kits to help them rebuild their homes.

The *German Red Cross* has also committed itself to the rehabilitation of a maternity hospital in Manjange, and the reconstruction or construction of five Type III and one Type II health centres, complete with equipment, latrines, water points and staff houses; as well as the construction of one provincial and four branch CVM offices, with warehouses, and training and other technical support (for details on these projects, see Gaza province section of Annex 2).

The *American Red Cross* and CVM are collaborating to rehabilitate and improve water/sanitation facilities in Maputo province. The project includes drilling of new boreholes, rehabilitation of boreholes, latrine construction, repairs on small piped water systems and water and sanitation community training. To date, the ARC/CVM have completed the drilling of 41 boreholes, as well as the rehabilitation of 50 boreholes and pumps. Work is continuing on the design of appropriate training courses for identified community water committees. (For details on these projects, see Maputo Province section of Annex 2).

Following the floods crisis, the *Danish Red Cross* reinforced its presence in the province of Inhambane, where it has been running with the CVM a pilot community health project in Morrumbene district. Establishing a base in Vilanculos, the DRC is finalising preparations for the rehabilitation of two health centres, distribution of 5,000 malaria and hygiene promotion kits, 650 housing and latrine kits, and the construction of five Red Cross first aid posts. A training package to meet the needs of volunteers has been designed and begun this month. (For details on these projects, see Inhambane province section of Annex 2).

The *Icelandic Red Cross* has begun implementation of a community based healthcare project in Maputo province, which was planned before the latest disaster, and has continued its support for two centres for street children managed by the CVM. The *Swedish Red Cross* maintains its mines awareness project with the National Society through the Federation, and the *Norwegian Red Cross* is also working with the CVM and Federation on a concentration of its long-standing institutional development support in the four northern provinces of Mozambique (Cabo Delgado, Niassa, Nampula and Zambezia).

Health Centre Rehabilitation •

Initial reports from flood-affected parts of Mozambique indicated that many of the country's health centres had been partially damaged or totally destroyed. This prompted the CVM and the Federation to include the rehabilitation of the smallest - Type III - health centres as part of the 10 April revised

appeal's activities.¹ Rehabilitating these facilities was a strategic decision aiming to maximise the impact of the Red Cross's financial resources but, more importantly, to strengthen community health programmes inside Mozambique and the role of the Red Cross in these programmes by reinforcing the linkages between the Ministry of Health centres and the network of smaller, village based Red Cross first aid posts. These volunteer-run Red Cross posts provide the first link in the primary health care system in villages and areas not otherwise served by health centres or hospitals. The volunteers provide consultations, referrals and health education, while also giving treatment for malaria, diarrhea, conjunctivitis and small wounds.

The 10 April revised appeal planned to rehabilitate 15 Type III health centres, and draft budgets based on the generic costs of rehabilitating and re-equipping a typical centre of this type were established. Unfortunately, as greater information became available in late April and early May it became clear that much of the Ministry of Health data which had been used to identify potential specific centres for Red Cross rehabilitation was inaccurate. The rehabilitation priorities of national and provincial authorities frequently differed, and the information each provided often proved unreliable. In addition, the initial refusal of the Mozambique government to assign health centres to the Red Cross or other humanitarian aid agencies without specific funding pledges - combined with donor reluctance to pledge funds without detailed and specific programme proposals - meant that a further, much more detailed assessment exercise needed to be established. Although this inevitably meant that the health centre rehabilitation projects were delayed, it was even more important that these projects proceeded on the basis of dependable and realistic data.

Assessment of Needs •

The Federation and CVM established three pre-determined criteria to help identify the Type III health centres to be rehabilitated by the Red Cross:

- That the centres be nominated by the Mozambique Ministry of Health;
- That only the centres within strategically important geographical areas in which CVM wished to build local capacity and develop Community Based First Aid and other programmes should be considered for rehabilitation;
- That wherever possible, the areas chosen for assessment should be those which had also been the focus of Red Cross relief activities during the disaster phase.

The purpose of the Red Cross assessment process was twofold: to determine the specific needs for rehabilitation of the pre-identified health centres; and to determine the development needs and programme capacity of the CVM in the same geographic area (in terms of branch development, disaster preparedness, volunteer recruitment and training, health and water and sanitation).

Capitalising on local and international expertise available through the CVM, Federation and in-country PNSs, strategic planning was initiated whereby sector-specific personnel from the areas of water and sanitation, health, disaster preparedness, relief and logistics developed an assessment process and standardised questionnaire. The participants included the CVM, Federation, American Red Cross, Danish Red Cross, German Red Cross, Spanish Red Cross and Icelandic Red Cross. The process was designed to maximize speed and efficiency in conducting the assessments, while providing confirmed, specific

¹ In Mozambique, Type III health centres represent the government's most basic primary health care facility. Preventative and curative practices, including vaccination, treatment of some diseases, mother and child health care (MCH) including deliveries, together with family planning, constitute the main Type III health centre activities. These health centres typically have three or four beds for maternity purposes only, and are staffed with an MCH nurse and a medical assistant. The centres provide basic medical treatment and are usually located at the local/area level. They are supported by other more centrally located facilities, the Type II and Type I health centres, which are located at the district level and typically contain beds for in-patients and are staffed with medical technicians, nurses, a prescription assistant, and/or emergency staff, in addition to an MCH nurse. Rural hospitals and all health centres are supported by provincially located hospitals, all operating within the Ministry of Health's network.

information. During the assigned two week period (May 20 - June 2), four teams of between three and eight people carried out the assessments, covering six Mozambique provinces.

In order to complement assessment baseline data from the southern and central provinces, the Federation carried out an assessment of Niassa, Cabo Delgado, Nampula and Zambezia provinces. The latter three provinces were also affected by the flooding and cyclones, but not to the extent experienced by the remainder of the country.

Assessments were divided into three components, including general impact of the floods and/or cyclone on the region, health centre-specific information, and local CVM capacity. A fundamental function of the assessment was to highlight programmes which reduced community vulnerabilities while strengthening National Society capacity and profile at the grass-roots level. Assessment data included general information, the physical construction of the surveyed health centres, area-specific CVM branch information, and logistical information relating to road and transport access to the area. Interviews were held with local and district Ministry of Health representatives, local government officials, as well as CVM provincial, district and local staff and volunteers. In addition, locally-operating aid agencies provided much additional assessment information.

All teams encountered difficulties in accessing assessment sites, largely due to roads and bridges being damaged by floods or by unseasonable heavy late rains. Travel was undertaken by air, small boats, on foot, public transport, and four-wheel-drive vehicles where necessary. While teams were able to secure access to most areas, the difficulties of travel will pose considerable ongoing challenges to rehabilitation activities in these areas, particularly for the transportation of materials.

Red Cross Objectives

Water and Sanitation

- Re-establish basic water and sanitation facilities for flood-affected peri-urban and rural communities by drilling at least 168 boreholes; rehabilitating and constructing 260 water points (including hand pumps); and building over 11,000 community or household latrines;
- Establish a water and sanitation/health education and campaign among vulnerable groups;
- Assist community based initiatives in improving environmental health conditions;
- Provide vector control initiatives to reduce the threat or incidence of disease;
- Construct, rehabilitate, reconstruct and/or chlorinate rural water points and latrines linked to the rehabilitation of Type III health centres and resettlement areas.
- Create water committees for maintenance/rehabilitation of water points and sanitation/health education.

Health

- Rehabilitate or reconstruct 17 Type III and 3 Type II government health centre facilities;
- Provide basic medical equipment and essential drugs (initial stock to cover three months) for health centres;
- Construct, reconstruct or repair 35 CVM first aid posts for community outreach;
- Expand the network of CVM first aid posts and health programming into a nationwide fully-fledged Community Based First Aid (CBFA) programme.

Disaster Preparedness and Response

- Clarify CVM's specific roles and responsibilities within the overall Mozambique Disaster Preparedness and Response plan;
- Develop a CVM emergency response plan, linked to the official Mozambique Early Warning System;
- Construct 32 CVM minimal storage centres at provincial and/or district branch level;
- Pre-position emergency supplies and CVM rescue equipment at district and branch level;
- Develop a boat programme - using already donated boats - to instruct volunteers in water safety, boat rescue and maintenance;

- Provide volunteer DPP and DR training (including needs assessment, risk mapping, and dissemination of Red Cross/Red Crescent Movement principles)

Institutional Development

- Support the development of a strong member-based National Society which is able to cover at least the society's basic costs from its own resources through a Resource Development Programme;
- Continue to support the institutional development of the CVM with an emphasis on improved financial management of the National Society, a higher level of participation of the elected bodies, and better training in management for the provincial branches, including the management of volunteers;
- Support the development of relief, logistics and communication systems;
- Support the CVM's landmine awareness campaigns;
- Consolidate and strengthen the Social Welfare and Youth Programme through the promotion of local initiatives and involvement of a growing number of young people in activities that improve the living conditions of the most vulnerable.

National Society/Federation Plan of Action

Health Centre Rehabilitations •

Following the extensive Red Cross assessment, the table below summarises the health centres and first aid posts targeted for rehabilitation or construction by the Red Cross, and the extent of reconstruction required for these facilities:

No.	Place name	District	Extensive reconstruction required of Health Centre	Moderate reconstruction required of Health Centre	Minimal repairs required to Health Ctr	Full construction of new facility	First aid post construction
MAPUTO PROVINCE							
1	Mahubo	Boane	YES				YES
2	Sabie	Moamba		YES			YES
3	Machubo	Marracuene	YES				
4	Pessene	Moamba			YES		
5	Tenga	Moamba			YES		
GAZA PROVINCE							
6	Canizado RH	Guija		YES			
7	Manjangué	Chokwe				YES (II)	YES
8	Manjangué	Chokwe		Rehabilitation of temporary maternity unit			
9	Machua	Chokwe					YES
10	Mubangwene	Guija		YES			
11	Mpelane	Guija		YES			YES
12	Chinahacanine	Guija				YES (III)	
13	Tomanine	Guija					YES
14	Chibuto RH	Chibuto		YES			
15	Chokamissava	Chibuto					YES
16	Tatlene	Chibuto					YES
INHAMBANE PROVINCE							
17	Chacane	Inharrime	YES				
18	Moapsa	Vilanculos					YES
19	Macovane	Inhassoro		YES			
20	(To be determined)	Inharrime					YES
21	(To be determined)	Govuro					YES
22	Chibo	Inhassoro					YES
MAPUTO CITY							
23	Catembe					YES (III)	
SOFALA PROVINCE							

24	Bura	Buzi					YES (II)	
25	Guara Guara	Buzi					YES (III)	
26	Ampara (Hambanhe)	Buzi	YES		or....		YES (III)	
27	Mangheze	Machanga						YES
28	Matongua	Machanga						YES
MANICA PROVINCE								
29	Dombe A.P.	Sussendenga				YES		
30	Sambanhe	Sussendenga						YES
31	Gudza	Sussendenga						YES
32	Chiurairue	Mossurize				YES		
33	Cita	Mossurize						YES
34	Nhacufera	Mossurize						YES
35	Chaiva	Mossurize						YES
36	Gunhe	Mossurize						YES
37	Mutoe	Mossurize						YES
38	Espungabera	Mossurize				YES		
39	Mavende	Machaze						YES
NORTHERN PROVINCES - Nampula, Niassa, Cabo Delgado and Zambezia								
40	Murrupula	Nampula Prov.						YES
41	Xiverano	Zambezia Prov.						YES
42	Xitequeteque	Zambezia Prov.						YES
TETE PROVINCE								
43	Chicita							YES
44	Chifunde							YES

Copies of the assessment reports and detailed programme proposals for each of the proposed health centre rehabilitations can be made available to interested donors.

Additional Rehabilitation / Development Programmes •

The following table summarizes additional rehabilitation and development programmes the Red Cross will undertake in each provincial district.

SECTORS:		WATSAN		DPP				HEALTH			OTHER			HEALTH FACILITIES			
Province / District		Rehab/Const.	Training	Boat Program	Warehouse	DPP Stocks	Training	Telecom	HIV/AIDS	Training	Community Education	CVM facility Conts/upgrade	Transport	Landmines program	Health Centre Rehab	Health Centre Const.	First Aid Post Const./Rehab
MAPUTO CITY	Magoanine		•			•	•		•	•	•	•	•	•			
	Catembe	•	•			•	•		•	•	•	•	•	•		•	
MAPUTO PROV.	Moamba	•	•	•	•	•	•	•	•	•	•	•	•	•	•		•
	Boane	•	•		•	•	•	•	•	•	•	•	•	•	•		•
	Marracuene					•	•		•	•	•	•	•	•	•		
GAZA	Guija	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	Chokwe	•	•		•	•	•	•	•	•	•	•	•	•		•	•
	Chibuto	•	•	•	•	•	•	•	•	•	•	•	•	•	•		•
	Xai Xai	•	•	•	•	•	•	•	•	•	•	•	•	•			
INHAMBANE	Inharrime	•	•		•	•	•	•	•	•	•	•	•	•	•		•
	Vilanculos	•	•		•	•	•	•	•	•	•	•	•	•			•
	Inhassoro	•	•		•	•	•	•	•	•	•	•	•	•	•		•
	Govuro	•	•		•	•	•	•	•	•	•	•	•	•			
	Inhambane Sede	•	•		•	•	•	•	•	•	•	•	•	•			
	Maxixe Sede	•	•		•	•	•	•	•	•	•	•	•	•			
SOFALA	Buzi	•	•	•	•	•	•	•	•	•	•	•	•		•	•	
	Machanga	•	•	•	•	•	•	•	•	•	•	•	•				•
	Chibabava	•	•		•	•	•	•	•	•	•	•	•	•			
MANIC	Sussendenga	•	•	•	•	•	•	•	•	•	•	•	•	•	•		•
	Mossurize	•	•		•	•	•	•	•	•	•	•	•	•	•		•

	Machaze	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•
TETE	Chicita	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•
	Chifunde	•	•			•	•	•	•	•	•	•	•	•	•	•	•
CABO DELGADO	Pemba Branch		•			•	•	•	•	•		•					
	Montepuez District		•		•	•	•	•	•	•		•					
	Unidade		•			•			•	•	•	•		•			
	Merupe	•	•				•		•	•	•	•					•
NAMPULA	Nampula Branch				•	•	•	•	•	•	•	•	•				
	Murrupula District	•	•			•	•	•	•	•	•	•	•	•			•
	Namitotelane	•	•				•		•	•	•	•					•
NIASSA	Lichinga Branch				•	•	•	•	•	•		•					
	Mandimba District					•	•	•	•	•	•	•	•				
	Congerenge						•		•	•	•	•					•
	Muita						•		•	•	•	•					•
ZAMBEZIA	Quelimane Branch		•		•	•	•	•	•	•		•					
	Mopeia District	•	•	•	•	•	•	•	•	•		•	•				
	Xiverano	•	•				•		•	•	•	•					•
	Xitequeteque	•	•				•		•	•	•	•					•

Health Programmes

The flood relief rehabilitation health programmes in Mozambique have the same fundamental objective as the 2000-2001 Country Assistance Strategy of the CVM: to assist the National Society in developing a Community Based First Aid (CBFA) programme which will improve the health of vulnerable communities across the country. The plan of action includes:

- Volunteer training for epidemics control and first aid;
- Sensitizing targeted communities on basic hygiene - including diarrhea prevention and oral rehydration - and malaria prevention, including use of mosquito nets;
- Providing Mother and Child healthcare: including nutrition programmes; supporting governmental mass vaccination campaigns and routine immunization for measles and other vaccine preventable diseases; and vitamin A supplementation to children;
- Expanding basic reproductive health programmes - including education on HIV/AIDS and other sexually-transmitted diseases.

A key component of this strategy will be the expansion of the network of Mozambique Red Cross first aid posts, which will anchor the further development of CBFA-trained village- and district-based teams. These volunteer teams will receive a 20-day training course spread over 45 days which will equip them to work with local communities to promote health education as set out in the International Federation's ARCHI health initiative. The CBFA programme covers all basic threats to health, but further courses in selected areas (such as the Beira corridor through Mozambique to Zimbabwe) will provide additional training to combat the spread of HIV/AIDS and other sexually transmitted diseases.

As well as the three-months supply of basic drugs and equipment, where necessary, that will be provided to the rehabilitated Ministry of Health health centres, a variety of additional kits - each with supplies sufficient for three months - will be provided to the National Society's first aid posts: PS1 Kits (containing dressing material and selected basic drugs); and PS2 Kits (containing essential drugs for nurses and other medical technicians) as well as soap and other cleaning material. In addition, material kits with forceps and scissors will be provided to first aid posts and added to volunteers' first aid bags.

Water and Sanitation

Since the beginning of the crisis, the International Federation and then the Spanish, German and American Red Cross Societies have been assisting the CVM in a wide range of water and sanitation interventions in Maputo city and Maputo and Gaza provinces. In the rehabilitation and development phase, the drilling of new boreholes, construction of new water points, repair and rehabilitation of shallow wells and water systems, as well as the construction of latrines for families and communities will continue, but across all parts of the country. The National Society has identified water and sanitation as a key future priority for its activities and therefore community training to ensure the effective and sustainable maintenance of water systems will be reinforced with the development of greater CVM capacity to support the long-term provision of clean water and effective sanitation facilities in vulnerable communities. See Annex 2 for a full description of the planned water and sanitation activities.

Disaster Preparedness

Although the flood response activities of the CVM were recognised to be of high quality, the National Society recognises that improvements need to be made in its relief, logistics and disaster preparedness capacities; and to ensure that these are of a uniform standard countrywide, including those provinces not as affected by the latest disaster but just as vulnerable to future hazards (typhoons, famines, population movements, etc). As a first step, minimum standards in disaster preparedness stocks have been agreed for all levels of the National Society, and these will be pre-positioned at national, regional, provincial and district areas. The normative quantity for each family consists of: one tent, two blankets, two jerry cans, two clothing packages, two buckets and 500g of soap.

- Initial stocks at national headquarters will support 100 families;
- Initial stocks at regional centres will support 50 families;
- Initial stocks at provincial headquarters will support 10 families;
- Initial stocks at district level will support five families.

This prepositioning will be supplemented by the development of a comprehensive disaster preparedness policy and strategic plan for the CVM, complete with the development of disaster management systems. This will be followed by an extensive training programme to equip the National Society's staff and volunteers at all levels.

National Programmes •

Programmes identified for international support by the Federation and the CVM in 2000-2001 and highlighted in the *Country Assistance Strategy of the Mozambique Red Cross* (International Federation Programme No.: 01.44/2000) for that two year period have been badly affected by the changed priorities of the National Society since the onset of the floods at the beginning of the year. However, they remain vital for the long-term development of the CVM and to reduce vulnerability in the country.

Landmines Awareness

Currently a mines awareness programme supported by the Swedish Red Cross through the Federation is being implemented. The objectives of the programme are:

- To raise awareness amongst the population on the dangers of land mines.
- To improve and maintain danger signs in mine-affected areas.
- To provide direct assistance to the victims of land mines.
- To contribute to the development of a database on accidents land mine affected areas at national and mine affected areas at the national and provincial levels.
- To reinforce the CVM's capacity to implement the project activities (i.e. To build and strengthen the understanding, management and reporting functions at the provincial and national levels).

Resource Development

The objectives of the Financial Resource Development Programme (2000-2003) are:

- To develop a financial resource development strategy and plan (currently delayed from an earlier mid-2000 deadline).

- To promote the CVM inside Mozambique so that its role and activities become well understood and appreciated by the public, companies and international community which will, in turn, enable the Society to increase its revenue base (Achievement of this objective has been given a substantial boost by the extremely high profile and recognition the National Society earned during the flood relief operations).
- To introduce adequate and effective fundraising at all levels.
- To set up viable revenue generating projects.

Capacity of the National Society •

The management capacity at CVM Headquarters is strong. However, the large distances involved in the proposed nationwide rehabilitation and development programme make it necessary to strengthen monitoring and management capacities at all levels (field, district, province, zonal, headquarters).

Present Capacity of the Federation in Mozambique •

The International Federation's delegation in Mozambique rose from two delegates in February to a peak of 16 delegates in early June, located in Maputo and Beira (comprising a Head of Delegation, a Head of Sub-Delegation, Programme Coordinator, two Finance/Administration delegates, two Development delegates, two Water/ Sanitation delegates, three Logistics delegates, three relief delegates and a health delegate). This capacity is being rapidly diminished now that the relief and post-emergency phase has ended and by the fourth quarter of the year the delegation is likely to be reduced to ten delegates. The Beira sub-delegation will be reduced to a field office covering programmes in Sofala and possibly offering support to programming in Manica and Tete.

In addition, bilateral operational delegations from the American Red Cross, Danish Red Cross, German Red Cross, Icelandic Red Cross and Spanish Red Cross are expected to remain in Mozambique to support the CVM for the remainder of the year. Coordination between the National Society, these PNSs and the International Federation has proved to be excellent, with all Red Cross components in country taking part in the preparatory assessment for this revised appeal, and all supporting its strategic direction and operational objectives. The Netherlands Red Cross has also expressed a strong interest in contributing to the Federation's proposed programmes in Manica

Budget summary

See Annex 1 for details.

Conclusion

This revised appeal - based as it is on the *Country Assistance Strategy 2000-2001* of the Mozambique Red Cross (CVM) and the rehabilitation and development needs following the floods disaster - sets out a programme and development strategy for the National Society for the next two years and clearly defines the key areas requiring international support for the next six months and beyond. While some details need to be refined, the areas of Community Based First Aid, Water and Sanitation, Disaster Preparedness and Institutional Development have been clearly set out as the main foci of the CVM in the future, to establish an even more effective countrywide structure that will help to strengthen local communities and reduce their vulnerability to disasters. Led by an energetic and capable national leadership team, during the flood relief operation the CVM proved its effectiveness and the International Federation hopes that the donor community responds generously to this opportunity to support both vulnerable people and the National Society in Mozambique.

Jean Ayoub
Acting Under Secretary General,
Disaster Response & Operations Coordination

Didier J. Cherpitel
Secretary General

This and other reports on Federation operations are available on the Federation's website: <http://www.ifrc.org>

Plan of Action in Mozambique by Province

Maputo City •

Maputo City Provincial Office Catembe (Chamissave), Magoanine

Health

- Construction of a Type III Health Centre in Chamissave, including appropriate drugs and equipment.
- Provide a standard set of medical supplies to CVM’s Maputo city province.

Water and Sanitation

- Construction of six new boreholes in Chamissave, five new boreholes in Magoanine, 600 latrines in Catembe, and a community development water and sanitation training programme.

Disaster Preparedness

- Provide the minimum standard of disaster preparedness stocks to Maputo City National DPP centre and to priority DPP districts.
- Construct one CVM office/storeroom with latrine in Catembe and another in Magoanine.
- Provide two computers wither peripherals and one photocopier for Maputo City province.

Other Programmes

- Provide two four-wheel-drive vehicles (one pickup, one landcruiser) and 30 bicycles for the CVM’s Maputo City province, as well as 20 bicycles for Catembe district office.
- Multi-level (provincial, district and branch) and multi-sectoral (community health, water and sanitation, disaster preparedness, management support, etc.) training will be provided.
- Landmines awareness and health promotion activities at the community level will take place in all districts.

Maputo Province •

Boane District	Mahubo
Moamba District	Sabie, Pessene, Tenga
Marracuene District	Machubo

Health

- Rehabilitation of one Type III health centre in Sabie, including appropriate drugs and equipment.
- Repairs and upgrading of three Type III health centres in Pessene, Tenga and Mahubo, including appropriate drugs and equipment, with one borehole and water pump each for Pessene and Tenga.
- Assessment (as facility was not accessible, but reports appear to be accurate) and rehabilitation of one Type III health centre in Machubo, including appropriate drugs and equipment.
- Construction of six Red Cross first aid posts, four in Moamba District and two in Boane District with appropriate equipment and latrines.

Water and Sanitation

- Provision of water supply facilities and materials for latrines in the resettlement area of Sabie.
- Construction or repairs by the American Red Cross/CVM on eight small pipe water systems; the drilling of 80 new boreholes; the rehabilitation of 73 water points; the construction of 1,600 family latrines; and community training in water and sanitation and hardware maintenance.

Disaster Preparedness

- Provide the minimum standard of disaster preparedness stocks for Maputo Province and DPP priority districts.
- Provide four boats in Moamba District.
- Construct one CVM office/storeroom with latrine in Boane and another in Moamba (Sabie).
- Provide six VHF radio handsets, two repeaters and two base stations in the province.

Other Support

- Provide four bicycles in Boane District, 40 bicycles in Moamba.
- Multi-level (provincial, district and branch) and multi-sectoral (community health, water and sanitation, disaster preparedness, management support, etc.) training will be provided.
- Landmines awareness and health promotion activities at the community level will take place in all districts.

Gaza Province •

Guija District	Cançado, Mubangwene, Mpelane, Tomanine; Chinhacanine
Chokwe District	Manjangue, Machua
Chibuto District	Kokamissava, Tatlene, Chimundo
Xai Xai District	Xai Xai

Health

- New construction of a Type II health centre in Manjangue.
- Completion of the rehabilitation of Cançado rural hospital, including senior staff houses, nutrition centre, latrines, showers, washhouse, water systems and sewage system.
- Rehabilitation / extension of existing facility in Mubangwene.
- New construction of Type III health centre in Chinhacanine, including appropriate drugs and equipment, water supply and solar unit for electricity.
- Rehabilitation / extension of existing Type III health facility in Mpelane, including appropriate drugs and equipment.
- Reconstruction of an urban health centre and nutrition centre in Chibuto, including appropriate drugs and equipment.
- Provide a standard set of medical supplies.
- Construction of six Red Cross first aid posts with appropriate equipment and latrines in Machua, Manjangue, Tomanine, Mpelane, Kokamissava and Tatlene.
- Construction of a new borehole and water/sanitation installations, for Manjangue health centre.
- Drilling of an additional borehole in Mpelane, to accompany rehabilitation work for health centre. Also to be equipped with a solar pump and water storage tank to supply the nearby school.
- Installation of a water supply after establishment of health centre in Chinhacanine.
- Installation of solar pump and water storage tank at nearby school to supply public and the health centre in Chinhacanine.
- Hygiene education programme for Manjangue (after new Health Centre is constructed), Mpelane, and Chinhacanine.

Water and Sanitation

- Construction by the Federation/CVM of 58 boreholes, construction of 10 new and the rehabilitation of 15 existing shallow wells; rehabilitation of 75 water points (aprons and handpumps); construction of 30 public facility latrines (schools and clinics) and 2,100 family latrines.
- Construction by the German Red Cross/CVM of 50-60 new water points (including boreholes) and 5,000 latrines.

Disaster Preparedness

- Provide the minimum standard of disaster preparedness stocks to Gaza Regional DPP centre and to priority DPP districts.
- Provide three VHF radio base stations and nine handsets to the three districts.
- Provide for ongoing maintenance of ten inflatable boats.
- Construct one warehouse and office for Macia and Chibuto together.

- Construct one warehouse and office for Chokwe and Canizado together.
- Construct one warehouse and one office for Xai Xai provincial office, and equip with one laptop, one desktop computer and one photocopier.
- Provide one desktop computer for Chibuto.
- Provide one photocopier for Xai Xai.

Other Support

- Provide one four-wheel-drive pickup truck and three motorbikes for Canizado, Xai Xai and Chibuto; and 45 bicycles to the three districts.
- Multi-level (provincial, district and branch) and multi-sectoral (community health, water and sanitation, disaster preparedness, management support, etc.) training will be provided.
- Landmines awareness and health promotion activities at the community level will take place in all districts.

Inhambane Province •

Inhassoro District	Macovane Admin. Post, Chibo
Inharrime District	Chacane Admin. Post, Coche locality, Mazonda
Vilanculos District	Moapsa
Govuro District	Malovane, Pande Admin. Post, Mambulo, Novo Mambone

Health

- Reconstruction of one Type III health centre and two houses for staff at the Chacane Administrative Post, with appropriate drugs and equipment. Drill one water point for the health centre and improve existing latrines.
- Repair of a Type III health centre, with appropriate drugs and equipment, and two houses for staff at the Macovane Administrative Post, including drilling a water point for the facility and construction of two latrines.
- Construction of one Red Cross first aid posts in Inharrime, with appropriate drugs and equipment, with one drilled water point and construction of two improved latrines.
- Construction of two Red Cross first aid posts in Moapsa and Chibo, with appropriate drugs and equipment, with one drilled water point and construction of two improved latrines.
- Construction of two Red Cross first aid posts in Govuro district, with appropriate drugs and equipment, with one drilled water point and construction of two improved latrines.

Water and Sanitation

- Distribution of 650 housing and family latrine kits.

Disaster Preparedness

- Provide the minimum standard set of disaster preparedness stocks to Inhambane province and to priority DPP districts.
- Construct four CVM office/storerooms with appropriate latrine at the district level in Govuro, Inharrime, Vilanculos and Inhassoro.
- Provide four VHF radio base stations and four solar panels.

Other Support

- Provide 60 bicycles and one motorbike, in each of the four districts.
- Distribution of 5,000 malaria and hygiene promotion kits in the four districts of Gossuro, Inharrime, Inhassoro and Vilanculos, as well as Inhambane Cede and Maxixe Cede.
- Multi-level (provincial, district and branch) and multi-sectoral (community health, water and sanitation, disaster preparedness, management support, etc.) training will be provided.
- Landmines awareness and health promotion activities at the community level will take place in all districts.

Sofala Province •

Buzi District	Bura, Guara Guara, Ampara (Hambanhe), Inhavaninga
Machanga District	Mangheze, Matongua
Chibabava District	Mangunde

Health

- Construction of one Type III health centre plus four latrines at Guara Guara, with appropriate drugs and equipment.
- Upgrade the Bura Type III health centre to a Type II, plus construct four latrines, with appropriate drugs and equipment.
- Repair or reconstruct the existing health facilities at Ampara to a Type III health centre, including four VIP latrines, with appropriate drugs and equipment.
- Construct two Red Cross first aid posts with appropriate equipment and latrines in areas not covered by the Ministry of Health.

Water and Sanitation

- Construct seven new boreholes for 700 families in Guara Guara.
- Pending further assessment, construct 10 shallow wells and drill two boreholes in Mangunde.
- Provide 300 concrete latrine slabs (100 each per district of Buzi, Chibabava and Machanga).
- Construct two improved latrines next to the existing Mangunde first aid post.

Disaster Preparedness

- Provide the minimum standard set of disaster preparedness stocks to Sofala Regional DPP centre and to priority DPP districts.
- Construct three CVM office/warehouses at district level in Buzi, Machanga and Chibabava, each with appropriate latrine.
- Rehabilitate the Sofala provincial office and provide two desktop computers and one photocopier.
- Provide radio communication for the Machanga district CVM office.

Other Support

- Provide one pickup truck and one motorbike for the Sofala provincial office, and 12 bicycles per district in Buzi, Machanga, and Chibabava districts.
- Multi-level (provincial, district and branch) and multi-sectoral (community health, water and sanitation, disaster preparedness, management support, etc.) training will be provided.
- Landmines awareness and health promotion activities at the community level will take place in all districts.

Manica Province •

Sussendenga District	Dombe Admin. Post (Gudza, Sambanhe)
Mossurize District	Chiurairue Admin. Post (Cita, Nhacufera, Chaiva, Macuo, Espungabere) Dakata Admin. Post (Mutoe, Gunhe)
Machaze District	Save Admin. Post (Mavende, Sambassoca, Gunda, Mutanda, Mapetane)

Health

- Rehabilitation and repairs to three health centres in Dombe, Espungabera and Chiurairue.
- Construction of eight Red Cross first aid posts with appropriate equipment and latrines, in Mutoe, Gunhe, Cita, Nhacufera, Chaiva, Sambanhe, Gudza, and Mavende.

Water and Sanitation

- Construction of 10 boreholes (laundry basins included) in Gudza (3), Sambanhe, Cita, Nhacufera, Chaiva, Mutoe, Gunhe, and Mavende.
- Rehabilitation of seven water pumps.
- Construction of 17 VIP latrines.

- Construction of 726 improved latrines in Sambanhe (150), Cita (177), Mutoe (75), Mavende (124), and Sambassoca (200).
- One water and sanitation technician hired for the project duration, plus four-wheel-drive vehicle.

Disaster Preparedness

- Provide the minimum standard of disaster preparedness stocks to Manica province and to priority DPP districts.
- Construct three CVM office/warehouses, each with appropriate equipment and latrine, in Espungabera, Dombe, and Machaze.
- Provide a total of four base station VHF radios and three handheld radios.

Other Support

- Provide 24 bicycles for Sussundenga (5), Mossurize (13), and Machaze (6) Districts; and one four-wheel-drive vehicle and one motorbike for the provincial office.
- Purchase and distribution the standard International Federation “reinstallation kits” for 345 families in Gunhe (102), Gunda (48), Mutanda (67), Mapetane (68), Raisse and Sambanhe (60).
- Multi-level (provincial, district and branch) and multi-sectoral (community health, water and sanitation, disaster preparedness, management support, etc.) training will be provided.
- Landmines awareness and health promotion activities will take place in all districts.

Tete •

Chifundo District	Cassamandala
Chicita District	Sachisise, Mansamba
Macanga District	Gandali

Health

- Construction of two Red Cross first aid posts in Sachisise and Cassamandala, with appropriate equipment, water points and two improved latrines.
- The rehabilitation of one Red Cross first aid post, with appropriate equipment, water point and latrine, in Mansamba.

Water and Sanitation

- Construction of two VIP latrines in Cassamandala, and two VIP latrines in Sachisise.
- Construction of two improved latrines in Mansamba and two in Gandali.

Disaster Preparedness

- Provide the minimum standard of disaster preparedness stocks to Tete province and to priority DPP districts.
- Construction of one CVM office/storeroom, with appropriate equipment and latrine, in a district to be determined in Tete.

Other Support

- Multi-level (provincial, district and branch) and multi-sectoral (community health, water and sanitation, disaster preparedness, management support, etc.) training will be provided.
- Landmines awareness and health promotion activities at the community level will take place in all districts.

Northern Provinces (Nampula, Niassa, Cabo Delgado and Zambezia) •

CABO DELGADO	Pemba Prov. Office: Montepuez (Sede), Montepuez (Unidade), Montepuez (Merupe)
NIASSA	Lichinga Prov. Office: Manbimba (Sede) Dist., Mandimba (Coongerenge) Mandimba (Muita)
ZAMBEZIA	Quelimane Prov. Office: Mopeia District, Xiverano, Xitequeteque
NAMPULA	Nampula Prov. Office: Murrupula District, Namitotelane

Health

- Construction of three Red Cross first aid posts, each with appropriate equipment and latrines, in Murrupula, Xiverano and Xitequeteque.
- Minor repairs to two Red Cross first aid posts in Merupe and Namitotelane (some cyclone damage to latter).
- Moderate cleaning required at two Red Cross first aid posts in Mandimba (Coongerenge and Muita).
- Provide standard set of medical supplies for all three provinces.

Water and Sanitation

- Construction of two VIP latrines for Namitotelane school, and two improved latrines for existing Red Cross first aid post in Namitotelene.
- Provide three well covers and three handpumps in Mopeia District.
- Repair three existing pumps in Namitotelene.

Disaster Preparedness

- Provide the minimum standard of disaster preparedness stocks to Nampula Regional DPP centre, Niassa, Cabo Delgado and Zambezia provinces, and to priority DPP districts.
- Provide one boat for Mopeia district headquarters.
- Construct four storerooms, each with one improved latrine, for provincial offices in Lichinga province, Quelimane province, Mopeia district and Montepuez district.
- Construct three CVM offices, each with appropriate equipment and latrine, for provincial and district offices in Nampula, Manbimba (Sede) and Mopeia.
- Construct seven CVM offices made of local materials, each with appropriate latrine, in Unidade, Merupe, Namitotelane, Mandimba (Muita and Congerenge), Xiverano and Xitequeteque.
- Provide three desktop computers, one each for Cabo Delgado, Niassa and Nampula provincial offices, and other basic office equipment.
- Provide three base station VHF radios, four VHF radio handsets and one repeater for Cabo Delgado.

Other Support

- Provide four four-wheel-drive pickup trucks and four motorbikes, one for each province. (Niassa province has no vehicles at present.)
- Provide 32 bicycles, eight for each province.
- Multi-level (provincial, district and branch) and multi-sectoral (community health, water and sanitation, disaster preparedness, management support, etc.) training will be provided.
- Landmines awareness and health promotion activities at the community level will take place in all districts.

BUDGET SUMMARY														
Mozambique, Botswana, Swaziland & Zimbabwe: Floods														
APPEAL No. 04/2000 - Revised on 17/07/2000														
RELIEF NEEDS	MOZAMBIQUE								Total Mozambique	BOTSWANA	SWAZILAND	ZIMBABWE	REG. DELEG.	TOTAL
	Emergency phase	Reliab Phase Relief	Rehab Phase WaSan	Health, water & Sanitation	IDRD	Mine Awareness	Disaster Preparedness	Technical support		Total	Total	Total		
Shelters and constructions	938,750	6,148,420	123,150	10,338,028			1,118,600	18,666,948	1,099,660	256,277	836,725		20,859,610	
Mosquito nets, mats		500,000						500,000			280,000		780,000	
Rubber boots/flashlights/gloves		12,450						12,450					12,450	
Blankets, cotton wraps, clothing	119,500	627,000						746,500	60,000	29,347	322,500		1,158,347	
Water tanks	300,000	1,491,875						1,791,875			37,800		1,829,675	
Jerrycans/buckets/Cooking pots/Tools		1,077,000						1,077,000		1,350	117,500		1,195,850	
Water testing/Purification tablets, chlorine	10,000	9,480						19,480		15,074	47,250		81,804	
Rehabilitation of boreholes			700,000					700,000			259,220		959,220	
Sanitation / latrines			60,000					60,000			85,470		145,470	
Vector control	15,000		26,272					41,272			30,068		71,340	
Medical kits, supplies and equipment	120,000	579,540		607,778				1,307,318			144,545		1,451,863	
Teaching material	5,000	40,000						45,000					45,000	
Kitchen utensils	75,000							75,000	50,000		436,375		561,375	
Soap/hygiene supply	20,000	48,300						68,300	20,000		7,900		96,200	
Food (beans and maize), fertilizers										33,261	55,020		88,281	
Other relief supplies				24,750			368,775	393,525					393,525	
TOTAL RELIEF NEEDS	1,603,250	10,534,065	909,422	10,970,556			1,487,375	25,504,668	1,229,660	335,309	2,660,373		29,730,010	
CAPITAL EQUIPMENT														
Telecom. equipment	24,000	24,960	1,642	57,850				108,452	20,000		121,000	9,680	259,132	
Vehicles (4WD/ambulance/Motorcycles/Trucks/Bicycles)	200,000	248,500	142,526	365,470			250,000	1,206,496	2,560	52,400	108,500		1,369,956	
Office furniture & equipment (Computer/generators)	30,000	100,400					3,400	362,400	1,000	497,200	10,000	5,400	768,988	
PROGRAMME SUPPORT														
Programme management (automatic calculation)	188,823	1,062,102	147,732	952,242	9,847	12,245	186,415	47,103	2,606,509	125,630	64,504	375,012	3,228,343	
Technical support (automatic calculation)	56,524	317,937	44,223	285,051	2,948	3,666	55,803	14,100	780,253	37,607	19,309	112,259	966,397	
Professional services (automatic calculation)	62,684	352,590	49,043	316,119	3,269	4,065	61,885	15,637	865,293	41,706	21,414	124,494	1,071,725	
TRANSPORT STORAGE & VEHICLE COSTS	165,000	811,877	523,123	185,560	25,000	23,655	162,300	40,300	1,936,815	250,000	251,000	700,100	3,379,845	
PERSONNEL														
Expatriate staff	60,000	1,049,196	105,000					256,500	1,470,696	22,000	40,000	518,000	2,442,696	
National staff	216,000	864,989	102,185	419,100	37,924	76,380	86,788	116,300	1,919,666	40,760	49,754	254,400	2,264,580	
Training/Workshops/Seminars	30,000		12,315	202,655	40,000	31,950	30,000	3,000	349,920	13,200	76,990	15,475	480,585	
ADMINISTRATIVE & GENERAL SERVICES														
Travel & related expenses	10,000	66,600	5,911	57,401	10,000	10,385	8,000	55,200	223,497	10,000	9,337	106,000	363,834	
Information expenses	20,000	50,000						70,000		10,000	10,000	63,500	163,500	
Administrative & general expenses	134,000	267,960	147,778	309,928	17,050	15,850	73,610	149,400	1,115,576	50,000	21,188	162,500	1,387,364	
TOTAL OPERATIONAL NEEDS	1,197,031	5,217,111	1,281,479	3,151,376	146,038	181,596	1,277,201	698,540	13,150,372	633,464	621,295	2,901,128	18,146,945	
TOTAL APPEAL CASH, KIND, SERV.	2,800,281	15,751,176	2,190,901	14,121,932	146,038	181,596	2,764,576	698,540	38,655,040	1,863,124	956,604	5,561,501	47,876,955	
				NEW PROGRAMMES										
LESS AVAILABLE RESOURCES (-)													17,141,162	
LESS NEEDS COVERED BY OTHER SOURCES (-)													12,823,112	
NET REQUEST													17,912,681	