

Appeal 2001-2002

 International Federation
of Red Cross and Red Crescent Societies

Mozambique (Appeal 01.22/2001)

Click on programme title or figures to go to the text or budget

	<i>In CHF</i>
1. Disaster Preparedness	1,489,149
2. Health and Care	7,911,902
3. Institutional and Resource Development	1,573,328
4. Coordination & Management	775,527
Total	11,749,906



Introduction

National Context

After sixteen years of war, peace was restored in Mozambique in 1992. Since then, the country has been struggling with reconstruction and development. The political situation is stable, but may be affected by the parliamentary and presidential elections in 1999. Inflation has been brought under control and the annual GNP growth rate is among the highest in Africa, but the country is heavily dependent upon external aid and has to cope with a growing debt service burden.

As a result of the rapid introduction of structural adjustment there is growing socio-economic polarisation. Mozambique is still one of the 10 poorest countries in the world and faces daunting development challenges. The annual per capita GDP is approximately US\$ 240. Almost 70% of the population live in absolute poverty and the number of street children is growing. Mozambique rates as no. 166 out of 174 countries in UNDP's Human Development Index (1998). Average life expectancy is 46 years and over 60% of the population is illiterate, most of whom are female. A fragile human resource base constitutes one of the most critical problems in Mozambique.

The government is working to build a sustainable economy and to support health and educational services, whilst promoting decentralization and management capacities. Government expenditure on social services (education, health, water and income subsidies for vulnerable groups) is estimated to have increased from a quarter of total expenditure in 1994 to one third in 1998, but access to health and social services is still far from adequate and both rural and urban vulnerability are high. Percentages of the population without access to drinking water, health services and sanitation are 37, 61 and 46 respectively.

The principal causes of death are malaria, communicable diseases, epidemics, deliveries and maternal mortality, malnutrition and diarrhoeal diseases. It is estimated that 1.2 million¹ people are AIDS carriers and numbers are increasing, especially in the Nacala, Tete, Beira and Maputo corridors to Malawi, Zimbabwe and South Africa. The incidence rate in the corridors is 20%, twice the national average. The government's 5 year plan prioritizes poverty alleviation and the social sectors, and the national policy on public administration modernisation stresses the importance of decentralization and development of local management and professional skills.

¹ Of whom 141,000 are children. This number is expected to rise to 250,000 by the end of the year 2000.

Mozambique is a disaster-prone country affected by drought, floods, cyclones and epidemics. Serious flooding affected Mozambique in 1997 and 1999, and there was a severe drought in 1992. Being one of the world's poorest countries with 70% of the population living in extreme poverty Mozambique is extremely vulnerable to disasters, and the capacity of communities and the government is very limited as well. Unemployment rates are very high, and prospects continue to be bleak. It is estimated that there are still 2 million anti-personnel mines in Mozambique, and that it will take 160 years to clear them at the present rate, during which time human beings will continue to be killed and maimed and production affected. Since August 1997 Mozambique has been affected by cholera epidemics² and it is anticipated that there will be once again a need for disaster prevention and cholera response with the advent of the rainy season. The MRCS Health programme 2000-2001 has as one of its objectives the provision of health education and treatment to people affected by cholera.

National Society Priorities

The Mozambique Red Cross Society's Strategic Plan 1999-2001 specifies that the general objective of the society is to strengthen the capacity of the most vulnerable population groups, particularly in the fields of health and social welfare.

MRCS priorities for this period have been defined as follows:

- To bring about a strong member based National Society which is able to cover at least the society's basic costs from its own resources.
- To consolidate MRCS' structures at all levels enabling the National Society to respond more promptly to support victims of any type of disaster.
- To support the development of communities to reduce their vulnerability, and to improve disaster response capacity through an integrated policy of disaster prevention and preparedness.
- To consolidate and strengthen the community-based health programme, with particular emphasis on community involvement in health education, mother and child health care, education on AIDS and other sexually-transmitted diseases, and provision of water and sanitation.
- To 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.
- To continue the institutional development of the MRCS with 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.
- To improve the image of the MRCS at national and international levels, and to promote awareness of the principles of the Red Cross through a Information and Dissemination Programme adapted to the post-relief situation.
- To improve the management of MRCS volunteers.

The MRCS has planned projects for 2000 in the following areas: Health, Social Welfare (including mine awareness and street children projects), and institutional and resource development (including disaster preparedness, and information and dissemination).

The MRCS Health Programme objectives (2000-2001) are:

- To improve the health of vulnerable communities by promoting Community Based First Aid in 11 priority districts.
- To collaborate in the promotion of preventive measures and long-term reduction of the impact of HIV/AIDS. To provide drinking water facilities and essential basic sanitation to reduce the level of transmissible diseases related to poor water and sanitation facilities.
- To inform, educate and provide treatment to people affected by cholera.
- To augment the impact of MRCS' programmes.

The MRCS Social Welfare programme objectives are:

- To promote the integration of children in difficult circumstances into the family and community.
- To alleviate social and material problems.
- To contribute to the reduction of social and material vulnerability.
- To prevent mine accidents and promote assistance to victims.

² 57,884 cholera cases and 2,059 deaths were recorded between October 1998 and May 1999.

- To provide physical and social rehabilitation services to amputees.
- To locate, establish contact with, and reunify families separated by conflicts and natural disasters.
- To promote environmental education and protection.
- To educate young people about the principles of the red Cross Movement.
- To promote the participation of young people in humanitarian activities.
- To strengthen institutional capacity

The MRCS Institutional Development Department will be working in the following areas:

- To consolidate the foundations of the society at all levels.
- To promote the image of the MRCS and the Movement, and disseminate International Humanitarian Law.
- To develop the operational and managerial capacity of the MRCS

Priorities and objectives for Federation assistance

During the current ONS consolidation phase Federation assistance will be channelled through the country delegation to support capacity building of the MRCS, especially within the fields of institutional and financial resource development. Direct technical support will be provided by a development and a finance delegate, complemented by the Regional Delegation in Harare, e.g. in the fields of Disaster Preparedness, Health, and Water and Sanitation, in addition to occasional Secretariat consultancies. The core objectives will be to support the development of the MRCS from crisis management to proactive quality programme intervention by means of:

- Improved management structures at all levels.
- Adequate planning, implementing, evaluating and reporting procedures.
- Improved financial sustainability through technical support to the Finance Resource Development Programme.
- Improved disaster response and prevention capacity at all levels.
- Improved communications between the MRCS and the Federation and PNS.
- Active support to the Finance Resource Development Programme.

Priority programmes for Federation assistance

The Federation proposes to assist the MRCS in the core areas mentioned below. In both disaster preparedness, health, institutional development and mines programmes the MRCS will reducing the number of target districts to one only in each province in view of capacity constraints resulting from down sizing and to augment impact which will also benefit from closer collaboration between the various departments. Decentralization will be strengthened by the appointment of three zonal RD/ID officers (South, Centre, North). External funding of their salaries will be phased out in 4 years (2000-2003). Community involvement will be the basis of all new endeavours.

- Disaster Response: Planning of an MRCS Disaster Response project in collaboration with the regional DP delegate is pending.³
- Health and Care: The objectives of the Community Based Health Programme (2000-2001) are: to improve the health of vulnerable communities by promoting Community Based First Aid in 11 priority districts. To collaborate in the promotion of preventive measures and long term reduction of the impact of HIV/AIDS⁴. To provide drinking water facilities and essential basic sanitation in the identified target districts (communities) to reduce the level of transmissible diseases related to poor water/sanitation facilities.
- Institutional and resource development; the objectives of the Financial Resource Development Programme (2000, 2001-2003) are to develop a financial resource development strategy and plan by mid-2000; to promote the MRCS, its values and its work to enhance revenue generation; to introduce adequate and effective fundraising at all levels; to set up viable revenue generating projects.
- Coordination and Management: To assist the development of the Mozambique Red Cross through the coordination, facilitation and provision of international support so that the National Society is better able to serve the needs of vulnerable people in Mozambique.

³ The MRCS has drafted a cholera DR and DP project which available from the society.

⁴ The HIV/AIDS activities included here focus on counselling and first aid for the terminally ill, which are integrated into the MRCS Primary Health Programme. The regional programme on HIV/AIDS is in the process of being developed. Consequently other HIV/AIDS activity areas will be included in the regional health programme.

[return to top](#)

1. Disaster Preparedness

Background and progress to date

The Country Assistance Strategic Plan for 2000-2001 clearly identified the Disaster Preparedness Programme (DPP) as one of Mozambique Red Cross Society's (MRCS) core activities and identified the following objectives:

- To establish an MRCS policy and strategic plan on disasters;
- To assess and upgrade MRCS human and material resources throughout the country;
- To increase knowledge and ability to work on issues related to disaster preparedness and response;
- To establish disaster management systems;
- To support communities to reduce vulnerability and strengthen their capacity.

Almost two-thirds of Mozambique's population live in extreme poverty and are, therefore, particularly vulnerable in times of disasters. Unfortunately the country is prone to regular natural disasters, the most common being floods, droughts, cyclones and epidemics such as cholera, malaria and HIV/AIDS.

The Mozambique Red Cross has 11 branches, one for each province, and is represented in a total of 144 districts, including the provincial capitals and urban districts in the capital city (Maputo). Its active volunteers number approximately 4,000 who are trained in first aid, primary health care and social welfare activities. Whenever a disaster strikes, these volunteers are involved in relief support and distributions to the victims both during and after the acute phase. The National Society collaborates with various government and non-governmental institutions in this field, particularly the INGC (the recently created 'National Institute for Disaster Management') and the relevant UN agencies.

However, the MRCS's response capacity is not as effective as it might be due to lack of training of both staff and volunteers; the communication and logistical difficulties involved in responding quickly in a vast country with a poor physical infrastructure; and the lack of pre-positioned stocks of relief goods suitable for disaster response.

Between February and April 2000 Mozambique suffered its worst floods and cyclone-related damage for fifty years. An estimated 1.2 million people lost their houses, crops, livestock and belongings, and 700 people died. During the crisis the Mozambique Red Cross's unparalleled network of staff and volunteers drew widespread praise for the quality and scope of its assistance to those in need. The MRCS gained heightened recognition as a vital contributor to the country's disaster preparedness and response network, supported by the International Federation and its sister National Societies.

This new profile led the Mozambique Red Cross during its strategic review in Autumn 2000 to place Disaster Preparedness and Response firmly at the centre of its activities as a priority programme area. Whilst recognising its effective response both during and after the floods, it realised that the crisis had also exposed serious shortcomings in its disaster preparedness and response capabilities. There was an urgent need, therefore, to reinforce its response capacity at all levels in the future, building on the original DPP objectives within its 2000-2001 Country Assistance Strategy.

Working closely with the International Federation, in the second half of 2000 the MRCS drew up minimum standards and criteria for its national Disaster Preparedness capabilities, developed a basic DP training curricula for staff and volunteers, and took the first steps in solidifying a national DP plan. A new Disaster Preparedness department was created and DP activities ahead of the 2000-2001 rainy season were accelerated in those districts most affected by the floods in the six southern and central provinces, as well as in selected priority districts in each of the other five provinces.

Goal The goal of the Mozambique Red Cross Society (MRCS) over the next two years is to support communities in reducing their vulnerability and strengthening their ability to respond to disasters. However the initial strategy of the MRCS will be to develop its own capacities and capabilities so as to be able to achieve this goal.

Objectives and Activities planned

The fundamental objective of the MRCS's Disaster Preparedness Programme is to empower communities with the necessary skills to reduce the negative effects of disasters on their lives and to cope better with the consequences of disasters when they occur. In order to achieve this by the end of 2002, several key objectives need to be attained with the assistance of the International Federation and PNS working inside Mozambique:

Objective 1 Pre-positioning of DP stocks in those areas identified as most vulnerable by the MRCS.

Activities to achieve objective 1 is pre-positioning and management of DPP stock and equipment. A vital initial step will be, in collaboration with the International Federation, the procurement and deployment of DPP stock and equipment in selected strategic areas. This will involve:

- Completing the construction/rehabilitation of 32 district commission houses in the areas most susceptible to future flooding. These will then function as district commission headquarters and enable the MRCS to establish and maintain a stock of basic emergency response goods at a district level.
- Pre-positioning basic emergency supplies and rescue equipment at pre-identified sites at the provincial (branch) and district level in disaster prone areas.
- Distributing working materials and - as necessary during the occurrence of a disaster - incentives for active MRCS volunteers.

Objective 2 Develop a comprehensive, national DP policy which complements the plans and activities of other organisations. Activities to achieve this objective are: following clarification of the specific roles and responsibilities of the Mozambique Red Cross within the overall governmental disaster preparedness and response plans, the MRCS and International Federation will develop a comprehensive, national Disaster Preparedness and Response policy, including annual reviews and evaluations. Specifically, this will involve:

- Producing a DPP policy document to guide MRCS intervention in the context of disaster preparedness and disaster response activities.
- Distributing 200 copies of the DPP policy document to MRCS offices in all provinces, as well as to the International Federation, PNS and all relevant organisations.
- Discussing and disseminating the National Society's DPP policy among staff members, volunteers and other partners through three regional workshops.

Objective 3 Development of systems, procedures and capacities that enable the MRCS to initiate and maintain an effective DP programme. The MRCS and International Federation will complement the development of a national DP policy with the establishment of new disaster management systems and procedures. This will involve:

- Using risk mapping information currently available, to provide MRCS provincial branches and districts with the most up to date disaster preparedness information for their areas, initially concentrating on Maputo city and the provinces of Maputo, Gaza, Inhambane, Sofala, Manica and Zambézia.
- Assess the needs in terms of human, material or other resources in disaster prone areas and carry out vulnerability and capacity assessments (VCA) of the MRCS at HQ, branch and community level.
- Prepare guidelines for MRCS intervention in disasters (preparedness, response, recovery and mitigation).
- Create call-up systems for volunteers at national, provincial and district levels.
- Participate in the Early Warning System for the populations living in disaster prone areas together with the National Institute of Meteorology.

Objective 4 Establishment of a standardised MRCS Disaster Preparedness training programme. To increase the knowledge and ability of volunteers and staff to work on disaster preparedness issues the National Society and International Federation will prepare standard training packages for staff and volunteers which will be consistently applied throughout all provinces. Other training initiatives will include:

- Carrying out an annual DPP 'Training of the Trainers' workshop with key programme officers and the International Federation's Disaster Preparedness delegate which will also analyse the government disaster plan, the Early Warning System Information, the risk map and other related documents.
- Initiating nine simulation disaster response training exercises among DP volunteers from Maputo Province, Maputo City, Gaza, Inhambane, Sofala & Manica.
- Developing boat rescue training programmes (utilising boats donated during the recent floods specifically for DPP), which includes boat rescue practices, safe boating skills and vessel maintenance.
- Carrying out 22 DPP workshops for MRCS volunteers over the next two years, with two held in each of the eleven provinces.
- Sending two MRCS technicians to attend a DP workshop in Europe or North America.

- Participate in on-the-job training within the region on vulnerability and capacity assessments (VCA) with one expert National Society within southern Africa.
- Expanding contacts with the International Federation's Regional Delegation in Harare on Disaster Preparedness and Disaster Response issues, specifically within the context of the Regional FACT preparedness and training.

Expected results

- The most vulnerable populations living in the most disaster prone areas of Mozambique will be better served by the MRCS in the event of a future disaster.
- The level of vulnerability of the population living in the target areas for the DP programme will be substantially reduced by the end of the programme.
- A global assessment of flood affected districts will be conducted by the end of January 2001, within the six most flood-affected provinces. This assessment will include information on Disaster Preparedness and Response in these provinces and will require similar information is gathered from the five other provinces by the end of 2001.
- DPP activities will be carried out at all levels of the MRCS. District committees will identify the main DP problems, define priorities, and plan and implement the activities with support from DP programme officers at provincial and HQ levels.
- At provincial level, branches will plan, co-ordinate and monitor the DPP activities and produce monthly reports. At branch level, DPP volunteers will receive training in risk mapping, pre-positioning of emergency items, community based early warning systems, and evacuation plans.
- A basic relief stock will be kept under the responsibility of priority district commissions in MRCS warehouses. This stock should serve the immediate needs for an average 600 people when a disaster occurs.
- Facilities will be constructed (in those targeted districts where they do not exist) to serve as working offices for the district commissions and will accommodate warehouse space to house DPP stocks.
- There will be a regular production of quarterly and annual DPP reports from the MRCS HQ.

Indicators

- DPP stock will be pre positioned in all targeted regions (which are still to be determined).
- Training for 250 DPP volunteers completed within the first year.
- Three boat courses for staff and volunteers completed.
- All MRCS boats subject to regular standardised maintenance and repair.

Monitoring and evaluation

Monitoring of this project will be carried out in the following ways:

- At the local level, the project activities will be implemented by MRCS volunteers with the involvement of local and district committee members. The provincial programme officers (Health and Social) and the DPP officers at HQ will monitor the implementation of activities and give the necessary coaching, support and in-service training to the volunteers.
- DPP reports will be produced at all levels. A monthly DPP report from the field will be sent to the Provincial Branches. At this level a monthly DPP report with information from all districts will be produced and sent to the HQ. The responsibility of HQ will be to report quarterly to the donors and other partners.
- The International Federation's DPP delegate will give advice and support to the MRCS at HQ level to ensure that proper and timely reporting is carried out and maintained.

Evaluation of this project will be carried out on the following way:

One mid-year review on the implementation of the DPP activities and one annual review of the achievements and impact of DPP activities on the targeted districts will be carried out. This will involve a team composed of volunteers, members of the local and district commission, as well as branch and HQ programme officers and the International Federation's DPP delegate and Programme Co-ordinator. The review will give recommendations for the following stages of the projects.

Critical assumptions

Internal Factors

- The DP programme will become sustainable and continue to be a major strength of the Society, regardless of the weak financial capacity of MRCS and the country's weak economy.
- The recruitment of DPP volunteers and their continued motivation will not be affected by a lack of regular incentives or working materials.
- Timely submission of DPP reports.
- Regular and timely cash flow from MRCS HQ to the provinces and district levels

External Factors

- The socio-economic situation of the population in places where the DPP projects are implemented will not create a situation of weak volunteer participation within target communities.
- The future occurrence of disasters and epidemics will not be so great as to hamper the implementation of the activities described in the projects.
- Co-operation and support from the relevant government and statutory bodies will be received.
- Adequate support for the DP programme from the donor community will be attracted.

[return to top](#)

2. Health and Care

Background and progress to date

Health Programming

Since the mid-1990s, following the end of the civil war and the return of Mozambican refugees to their homes, the Mozambique Red Cross Society (MRCS) health programme has primarily provided Community Based First Aid (CBFA) for vulnerable population groups in rural and peri-urban areas in all provinces. Health activities are concentrated in specific Mozambique Red Cross priority districts country-wide, with activities focusing on preventive measures. These activities include:

the treatment annually from Red Cross first aid posts of over 150,000 people, both of common diseases and simple wounds as well as specialist treatment during outbreaks of cholera;

the health training of provincial staff and volunteers who, in turn, provide health education to a quarter of a million people annually with a further 160,000 persons receiving home visits;

Over 1,000 HIV/AIDS and STD (Sexually Transmitted Diseases) prevention and health education sessions held each year - including debates and theatrical performances - for young people.

These activities are completely in line with the African Red Cross/Red Crescent Societies Health Initiative 2000 - 2010 (ARCHI 2010), which focuses on health promotion, education, and traditional first aid services and low-cost activities which can be implemented by a National Society for maximal impact on community health and well being. During 1998 and 1999, the MRCS actively participated in the ARCHI planning process and in 2000 it continued to realign its health programmes within the ARCHI framework, with HIV/AIDS emerging as the National Society's major health priority.

Water and Sanitation

An important component of the National Society's Health and Care programme is the provision of clean drinking water and basic sanitation in identified target districts (communities) to reduce the level of transmissible diseases related to poor water/sanitation facilities. Since 1995, when the Government issued its new water policy, national water authorities, international and local humanitarian agencies and NGOs have combined their efforts to improve the health and life qualities through water and sanitation (WatSan) interventions. The MRCS, with support from the International Federation, has actively participated in this area with assistance mainly to the rural population.

Over the last two years the MRCS has been active in providing water points and latrine facilities - the so-called water and sanitation 'hardware' - to target communities within a long-term development context. This has entailed focusing, too, on the 'software' component through bringing community-based management (CBM) skills in health education and sanitation promotion (HESP) to the beneficiaries of these water and sanitation hardware facilities to ensure their sustainability and efficacy. In the central provinces of Tete and Manica, the MRCS has been involved with the "Programa Nacional de Latrinas a Baixo Custo" to improve traditional latrines and to promote more latrine construction. Construction of latrines has also been taking place in the provinces of Maputo, Gaza, Sofala and Zambezia. Assessments for new construction and rehabilitation of water points in Maputo, Gaza and Tete provinces and subsequent preparation for drilling of boreholes in these as well as Manica, Sofala and Niassa provinces were not fully implemented in 2000 due to the untimely death of the MRCS Wat/San technician followed by the catastrophic flooding in February and March.

Flood-Related Health Interventions

In partnership with the International Federation and other National Red Cross Societies, the Mozambique Red Cross responded effectively to these floods, the worst in 50 years, by establishing temporary first aid posts (FAP) and emergency water treatment, water supply and latrine facilities to the thousands of displaced persons who were sheltered at temporary accommodation centres. MRCS volunteers who assisted during the emergency phase received short refresher courses on cholera, malaria, diarrhoeal diseases and hygiene.

In July the International Federation and the Mozambique Red Cross moved into the rehabilitation and reconstruction phase of assistance to the victims of the floods (details can be found in the International

Federation's Appeal 04/2000 (Fourth Revision), 17 July 2000). The National Society and its Red Cross partners refocused the CBFA programme on expanding the MRCS network of first aid posts through the construction of 27 new facilities and reconstructing 20 health centres (of the smaller 'type III' size) belonging to the Ministry of Health (MoH). New water and sanitation activities involved the provision of new boreholes and rehabilitation of flood-damaged water points and small-piped systems, chlorine treatment of drinking water, as well as the provision of communal and family latrines, all complemented with health education and hygiene promotion to the beneficiaries. These are taking place mainly in the provinces of Maputo, Gaza and Inhambane and are expected to be completed during the first part of 2001.

Problems and Constraints

Some of the difficulties encountered within the health and water and sanitation programmes in 2000 included the following:

- A shortage of technically experienced MRCS staff to respond effectively to emergency relief or to implement long-term project activities.
- The transition of emergency response to rehabilitation/reconstruction also required a changed emphasis from 'hardware' to 'software' during the project cycle. Weak integration between health and water and sanitation programmes hindered this switch in emphasis.
- The absence of National Society policies, standards and procedures in the health and water and sanitation areas created some confusion and lack of uniformity by PNSs and MRCS provincial structures.
- Delays in project implementation occurred due to the weak institutional capacity of the MRCS related to financial reporting, management and cash flow.

Lessons Learned

The experience of the last two years, both before and after the flood response programmes indicate the following lessons:

- The need to recruit well qualified and experienced technical staff to provide efficient and effective results and impact.
- Priority needs to be placed on 'software' over 'hardware' to ensure sustainability of 'water and sanitation interventions.
- The need to improve the integration of health and water and sanitation programmes through shared efforts in community health education, awareness building and mobilization.
- CBFA training should be revised and evaluation criteria developed.
- Volunteers need to be screened, trained, supervised, and supported on a regular basis.
- Standards need to be developed in the context of the Government's National Water Policy and also the MRCS's overall goal and functions.
- The National Society's financial and reporting systems need to be streamlined and made more practical and useful for field operation.

Goal The overall goal of the Mozambique Red Cross Health and Care Programme is to reduce the increasing impact of nationwide disasters, such as HIV/AIDS and cholera, and to improve the lives of vulnerable people by carrying out community based first aid, water and sanitation activities in line with the ARCHI principles.

During 2001-02 the general foci of MRCS health interventions will be the provision of first aid services and training. It is intended that by exploiting the entry-point opportunities that first aid activities offer, the National Society can make a significant contribution to reducing individual and community vulnerability to disease, accident and trauma.

Water and sanitation interventions in 2001 and 2002 will be primarily targeted on the central and northern provinces, namely: Tete, Manica, Sofala; and Niassa, Cabo Delgado, Nampula and Zambezia. During the flood and cyclone disasters, the central and particularly northern provinces were not given assistance as they were not as severely impacted, and also access and availability of resources were limited. As a result, the main focus of activities was in the southern provinces of Maputo and Gaza. Yet even before this latest disaster, the central and northern provinces did not receive as much technical support from MRCS headquarters as did the southern provinces. The respective MRCS provincial structures are therefore in serious need of technical, financial and personnel support from headquarters to carry out their programmes, of which water and sanitation is a priority sector.

Objectives and Activities planned

The Mozambique Red Cross Health and Care objectives and plans of action are fully in line with the International Federation's ARCHI 2010 initiative. Specifically the programme's objectives are:

HIV/AIDS

Objectives To reduce the impact of HIV/AIDS by promoting preventative measures in schools and selected target communities in all 11 provinces by end of 2002; To support home based care to identified people living with HIV/AIDS in the two most affected provinces (Manica and Tete).

The activities to achieve this are:

- Contract 12 health technicians in early 2001.
- Train HIV technicians in information, education, communication (IEC) methodologies on sexually transmitted diseases (STD) and HIV/AIDS.
- Print and distribute IEC materials.
- Hold annual HIV/AIDS seminars in all provinces to train 220 volunteers per year in HIV/AIDS programme skills.
- Hold in each province four debates and four information sessions per year.
- Stage theatrical performances in target communities and in schools with a particular focus on young women.
- Distribute 336,000 condoms per year in 11 provinces and to MRCS staff and volunteers.
- Train volunteers for home support and care projects in two provinces (Manica and Tete).
- Coordinate HIV/AIDS activities with core national and international institutions and organisations.

Community Based First Aid

Objective To improve the health of vulnerable communities by providing CBFA (Community Based First Aid) activities in at least 11 priority districts nationwide (with the possibility of more districts being covered depending upon the managerial and technical capacity of the provincial structures).

The activities to achieve this are:

- Provide health promotion, disease prevention and first aid activities in at least the 11 MRCS priority districts (one per province - possibly more depending upon the managerial and technical capacity of provincial and district structures) to treat the most common diseases of respiratory infections, diarrhoea, malaria and STD / HIV/AIDS (referral).
- Construct 22 new First Aid Posts with community involvement during 2001.
- Purchase and distribute medical kits (PS1 and PS2) to all MRCS First Aid Posts.
- Purchase and distribute First Aid bags to Red Cross volunteers.
- Produce and disseminate information, education, communication (IEC) materials on priority health topics, in addition to translating ARCHI and first aid manuals.
- Train 11 provincial health technicians in the training of trainers (TOT) by the end of 2002, and train 220 new RC volunteers in CBFA annually.
- Support the creation of 22 Red Cross Local Health Committees per year.
- Participate in baseline surveys.

Water and Sanitation

Objective To provide to the communities of priority districts in the central and northern provinces by the end of 2002 with safe drinking water through the construction or rehabilitation of 212 water points, and basic sanitation through the construction of 8,600 family latrines and 78 communal latrines.

The activities to achieve this are:

- Hire a Water and Sanitation Community Education Officer at the MRCS headquarters.
- Hire two MRCS zonal water and sanitation technicians and an MRCS water and sanitation technician in one central province (Tete) and four in the northern provinces (Niassa, Cabo Delgado, Nampula and Zambezia) on limited-term contracts.
- Identify sites for water and sanitation interventions with local communities and local authorities.
- Construct or rehabilitate water and sanitation facilities in the priority districts of the selected central and northern provinces.
- Train 20 MRCS volunteers per province per year on the MRCS community-based water and sanitation course.
- Deploy the trained MRCS volunteers into the identified communities to educate and mobilize the community members.
- With Agua Rural, establish and train water maintenance committees in the targeted districts.

- Upgrade monitoring and project support through: Monthly reporting of progress on the activities and related outputs from field to provincial and headquarters levels; Daily on-site supervision and monitoring of construction and rehabilitation activities.
- Monitoring of the behavioural changes as a result of the water and sanitation interventions.
- Identifying any cultural constraints which may hinder the effectiveness of the water and sanitation interventions.
- Hire a Water and Sanitation Community Education Officer at the MRCS headquarters.
- Hire two MRCS zonal water and sanitation technicians and an MRCS water and sanitation technician in one central province (Tete) and four in the northern provinces (Niassa, Cabo Delgado, Nampula and Zambezia) on limited-term contracts.
- Identify sites for water and sanitation interventions with local communities and local authorities.
- Construct or rehabilitate water and sanitation facilities in the priority districts of the selected central and northern provinces.
- Train 20 MRCS volunteers per province per year on the MRCS community-based water and sanitation course.
- Deploy the trained MRCS volunteers into the identified communities to educate and mobilize the community members.
- With Agua Rural, establish and train water maintenance committees in the targeted districts.
- Upgrade monitoring and project support through: Monthly reporting of progress on the activities and related outputs from field to provincial and headquarters levels; Daily on-site supervision and monitoring of construction and rehabilitation activities.
- Monitoring of the behavioural changes as a result of the water and sanitation interventions.
- Identifying any cultural constraints which may hinder the effectiveness of the water and sanitation interventions.

Cholera Disaster Response

Objective To provide relief health interventions support during cholera epidemics.

The activities to achieve this are:

- Acquire three cholera kits for cholera preparedness and response in case of outbreak.
- Provide refresher training for volunteers on cholera in cholera-prone areas.
- Train and mobilize the community by means of volunteers' door-to-door visits to advise on preventive measures regarding cholera, water treatment and latrine usage.
- Organize and supervise water chlorination, construction of latrines and refuse disposal.
- Distribute ORS and provide rehydration facilities in areas affected by cholera.
- Collaborate and coordinate with core institutions and organisations.

In each province MRCS health and water and sanitation technicians will be appointed and provided with basic equipment to facilitate the effective implementation of the health and care activities in their respective provinces. Their work will also be supported through the establishment of three zonal offices (covering the northern, central and southern provinces) which will contain technical specialists in the area of Training, Institutional and Resource Development, and Water and Sanitation. Specifically, these zonal officers will concentrate initially on the application of appropriate training methodologies and materials, improving reporting skills and carrying out baseline studies in all priority districts in 2001 which will provide a framework for the measurement of programme outcomes.

The strategic review carried out by the Mozambique Red Cross in the second half of 2000 was incomplete at the time of the drafting of this first presentation of activity plans for 2001-2002. However the National Society decided to place the fight against HIV/AIDS as its top priority as an institution and within its health programming. It agreed to join the Mozambique Government's new initiative to combat the pandemic in the country and is setting up a new department specifically to deal with HIV/AIDS related issues and programming reporting directly to the MRCS Programme Coordinator. The implications of these strategic and managerial changes on the scope and scale of MRCS HIV/AIDS programmes, and the concomitant impact on other health programming because of the need to prioritize the National Society's human and financial resources, have not yet been completed. What follows is therefore the existing series of activities planned to achieve the respective objectives in each of the targeted areas. But these will be subject to change.

Expected results

The outcomes to be achieved as a result of the stated activities are as follows:

HIV/AIDS

- By end of 2002, at least 80% of school students and community members interviewed in targeted areas will know about preventative measures against HIV/AIDS.
- By end of 2002, the incidence of STDs in the targeted areas will have decreased.

Community Based First Aid

- By the end of 2002, all volunteers working in first aid posts will know the correct treatment of malaria and diarrhoea.
- By the end of 2002, 22 new first aid posts will be constructed and functioning.

Water and Sanitation

- Clean water will be provided to communities in the priority districts in the central and northern provinces.
- Basic sanitation facilities (latrines) will be provided to communities in the priority districts in the central and northern provinces.
- The organizational and communication skills of 440 MRCS volunteers will be improved through health education and hygiene promotion training leading to effective community mobilization.
- Health and quality of life for the community members will be improved through increased knowledge and practice of personal and community hygiene.
- Capacity building in terms of qualified personnel will be increased, and technical support and supervision to the central and northern MRCS delegations intensified.

Cholera:

- Volunteers will provide and efficiently organize Oral Rehydration facilities.
- Water sources will be chlorinated correctly and latrines constructed upon an outbreak of cholera.
- A majority of target community members will take preventive measures (drinking only safe water, education on washing hands, refuse disposal).
- The MRCS Health Department will participate in all coordination interagency meetings called by the Ministry of Health during cholera outbreaks.

Indicators

The following indicators will be used to measure results in relation to the stated objectives:

HIV/AIDS

- Number of youths having knowledge about HIV/AIDS transmission in the targeted areas is increased and reported rates of STDs fall.
- A more positive attitude towards people living with HIV/AIDS in target areas is confirmed by interviews with these individuals.

Community Based First Aid:

- An increase in the number of MRCS volunteers at first aid posts providing correct treatments for malaria and diarrhea as confirmed by supervision visits and MoH feedback.
- Percentage decrease in number of cases of diarrhoea in target communities
- Absence of neonatal tetanus.
- Increase in vaccination coverage in children under 1 year in communities targeted through IEC sessions.
- Number, timeliness, and quality of branch monthly and quarterly health reports on health activities; and of feedback from headquarters to province in writing within two weeks.
- Number of supervision visits to branches, and districts.

Water and Sanitation:

- Number of communities connected to a clean water supply to a quality which meets Mozambique National Water Policy minimum standards.
- Number of latrines constructed and maintained in the target communities.
- Number of families using hygienic latrines.

- Number of family visits made by volunteers.

Cholera:

- Number of cholera kits distributed and used in response to a cholera outbreak.
- Promptness of MRCS response to cholera epidemic by opening oral rehydration posts.
- Percentage of volunteers carrying out water chlorination in accordance with instruction.
- Share of community members taking preventive measures during cholera epidemic.

Critical Assumptions

Internal Factors:

- The new MRCS health, and water and sanitation posts are promptly filled.
- Timely cash flow exists from headquarters to provincial and district levels.
- There is a timely submission of and response to progress reports and plans.
- There is effective recruitment, training and retainment of MRCS volunteers.
- An integrated and collaborative approach between different MRCS programmes is forged.

External Factors:

- Cooperation and support from government authorities and beneficiary communities is received.
- There is a manageable incidence of disasters and epidemics.
- Adequate funding is attracted for the proposed MRCS programmes for 2001-02.
- Effective coordination is established with other implementing agencies.

Monitoring and Evaluation arrangements

Monitoring and evaluation of this programme will be carried out in the following ways:

- Programme activities at district level will be monitored by the members of the District Committees who are the main point of contact between communities and provincial, central and local government. Plans and reports will be prepared at the beginning, during and after implementation of all activities, with community and volunteer participation.
- Daily field supervision and monitoring will be reported on a weekly basis to the MRCS branch technicians who will be supported by MRCS zonal staff, and International Federation delegates at field and/or sub-delegation offices.
- MRCS branch technicians will make routine and a minimum of weekly or bi-weekly field monitoring visits.
- Monthly field reports, both narrative and financial, will be submitted to the MRCS headquarters coordinators and their International Federation counterparts. These reports may also be submitted to the Federation's regional health and water and sanitation delegates who are technical advisors for health in the Southern African Region.
- Quarterly health reports, both narrative and financial, will be drafted by MRCS zonal/headquarters staff as appropriate and shared with the branches and International Federation delegation.
- Quarterly water and sanitation reports, both narrative and financial, will be prepared by MRCS provincial watsan technicians for submission to the MRCS national water and sanitation coordinator, Federation counterpart and Programme Coordinator. Both the MRCS national and the International Federation health coordinators will make field monitoring visits to each province at least once a year.
- MRCS/International Federation will revise the annual plan and budget every six months, adjusting it in light of the development of activities throughout the year.
- At the beginning of 2002, an external evaluation of programme elements will take place, involving the Wat/San and Health technical advisors respectively of the Federation's Regional Delegation (Harare), and possibly the technical staff from other National Societies. The reference group for the evaluation will also include members of the community, volunteers, MRCS staff and members of the elected bodies. The evaluation report will be made available to the IFRC, Donors, and other interested parties.

[return to top](#)

3. Institutional and Resource Development

Background and progress to date

The MRCS has experienced a series of tremendous challenges over the last decade. The National Society grew substantially in the early 1990s as it worked with the International Federation, ICRC, sister National Societies and other organisations to respond to the demands made upon it during the end of the civil war and the subsequent return of over one million Mozambican refugees to their homes.

With the reduction in international support once these programmes were completed, the MRCS faced near bankruptcy and following a country-wide assessment of its branch staff in the late 1990s, had to undertake a major downsizing exercise which damaged its profile and proved extremely painful. The National Society recognised that it needed to reduce its range of activities so as improve the quality and impact of programme services. It also committed itself to becoming financially self-supporting at this reduced level of operational capacity, so a comprehensive Financial Resource Development Programme⁵ was drafted for inclusion in the MRCS/International Federation's Country Assistance Strategy 2000. Activity plans were drafted in the areas of Institutional Development (ID), Financial Resource Development and Promotion (RD) and a new ID/RD department at headquarters was expected to start functioning in 2000.

However, the catastrophic floods in February-March 2000 and the enormous operational demands made on the National Society as it responded to them both in the immediate emergency and the subsequent rehabilitation phases derailed these ID/RD plans. The MRCS emergency response, assisted by the International Federation and other National Societies, also led to a vast expansion in the geographical coverage and scope of its activities. Fearing a repeat of its experience over the last decade, the Mozambique Red Cross - supported by the International Federation - continued throughout 2000 to balance the pressure of meeting immediate operational needs with its desire to establish an institutional structure and pattern of programming which was sustainable in the medium- to long-term.

A National Society meeting with country-wide representation was held in August 2000 to discuss a revision of the MRCS's strategy and structure as a result of the new challenges and opportunities. The conclusions were integrated by the MRCS senior management into a revised strategic and programmatic focus, followed in the last quarter of the year by the development of a new organisational design at both headquarters and provincial levels. Three new zonal offices (covering the north, central and southern provinces) were also established to provide technical assistance to the provincial staff and volunteers whilst also releasing the pressure on headquarters staff.

These zonal offices will include specialist ID/RD, water and sanitation, and training officers who will act as intermediaries between the branches and headquarters by providing technical assistance and assisting MRCS programme activists with planning, implementing and reporting requirements which will serve as input for the National Society's national sector coordinators.

Although the Mozambique Red Cross's response to the floods disaster dominated institutional energies throughout 2000, progress in some areas of institutional and resource development, and financial management, did take place. In early 2000 the first general audit of the MRCS was carried out, which showed that although the integrity of the National Society's financial procedures was intact, they required amendment and upgrading countrywide. In June the Federation's development delegate carried out a review of the four northern provinces. The report served as input for the revision of the floods appeal, planning at zonal level (i.e., covering all four northern provinces) and this narrative.

Nevertheless, much work remains to be done, concentrating on the following priority ID/RD development areas:

- Financial resource development;
- Assets management;
- Improved planning and reporting;

⁵ This programme document and the budget are available upon request.

- Baseline surveys to measure programme/project progress;
- Volunteer management;
- Governance;
- Results based performance evaluations.

In addition, the greatly increased demands on MRCS capacity and the need to strengthen the branches by expanding the number of provincial technicians and introducing the concept of zonal officers assisting three to four provinces each in their respective fields mean that there is a need to develop a human resources strategy and plan.

The ongoing change process within the National Society and the many outstanding issues related to institutional and resource development mean that the current ID/RD programme proposal is for one year only and is subject to change.

Goal The overall objective of the Mozambique Red Cross ID/RD programme is to strengthen the National Society's structures at all levels in order to increase its capacity for quality service provision - and disaster response when appropriate - in a sustainable manner.

Objectives and Activities planned

Institutional Development

- To consolidate the institutional foundation and improve the governance of the MRCS.
- To develop MRCS operational and branch managerial capacity.

Financial Resource Development

- To increase the financial sustainability of the MRCS in 2001 by implementing the first year of the MRCS Financial Resource Development Plan, which includes:
 - Promoting the National Society, its values and its work to heighten its public image countrywide⁶;
 - Introducing effective fundraising at all levels of the MRCS;
 - Identifying viable resource development projects in all branches.

Financial Management

- To upgrade the financial management of the MRCS, especially in the provincial branches.

Activities to achieve the stated objectives will be as follows.

Consolidate the Institutional Foundation and Governance of the MRCS

- Publish and distribute 5,000 copies of the new MRCS statutes.
- Carry out training in governance at national and branch levels.
- Set up local Red Cross committees in all MRCS priority districts.
- Provide minimum material resources,⁷ including computers, to branches in need.
- Develop an information technology policy and plan in 2001 (with assistance from the Harare Regional Delegation).
- Implement the 1998 recommendations on improving the archiving of the National Society.

Develop the Mozambique Red Cross's Operational and Branch Managerial Capacity

Human Resources and Training

- Recruit and train seven ID staff (for the headquarters, northern, central and southern zones) to strengthen support to institutional and resource development, and upgrade MRCS training methodologies in all programmes and at all levels.
- Draft results-oriented individual work plans for/by all MRCS staff within the first quarter of 2001.
- Draft appropriate job descriptions, staff appraisal formats and carry out professional staff performance appraisals.

⁶ The Information activities of the Mozambique Red Cross, including the promotion of Red Cross principles, is mainly supported by the ICRC. Supplementary activities, forming part of the Financial Resource Development Programme, are included in the ID/RD budget.

⁷ Typewriter, telephone, fax, computer, e-mail, photocopying machine, generator and vehicle.

- Draft guidelines on the application of existing staff benefit scheme
- Carry out training needs assessments for all MRCS staff and of MRCS training activities.

Volunteer Management

- Disseminate volunteer and youth policy by the end of 2001.
- Set up databases with information on volunteers and members at branch and national levels.
- Publish and distribute 2,500 Volunteer Management Manuals.

Programme and Branch Management

- Train MRCS staff in using the Logical Framework Approach at headquarters, and the Participatory Rural Appraisal methodologies at headquarters, zonal and provincial levels.
- Carry out baseline studies in MRCS priority districts.
- Develop and supervise the collection of data to measure programme progress.⁸
- Finalize MRCS Administrative Norms and Procedures Manual and distribute in loose leaf format.
- Train provincial staff in norms and procedures.
- Develop new reporting and supervision formats and guidelines.

Increase the Financial Sustainability of the MRCS

- Set up MRCS national and provincial resource development committees to advise headquarters and branches.

Promotion

- Carry out a country-wide public image survey of how the MRCS is perceived by the Mozambican population.
- Train all MRCS staff at all levels in promotion skills.
- Analyse current national donors, identify potential ones and develop regular contacts with both groups.

Fundraising

- Produce and introduce practical fundraising guidelines.
- Identify branch RD training and support needs by mid 2001.
- Zonal officers to carry out structured on-the-job coaching of provincial staff.

Revenue Generation

- Analyse, improve and manage current revenue-generation projects.
- Define criteria for future revenue-generation projects.
- Identify, develop and support provincial and national revenue-generating projects.
- Assist zonal officers in monitoring revenue generation programmes, and provide individual coaching, supplemented by training in connection with a new, annual RD seminar.
- Upgrade MRCS RD staff revenue generation skills through exchange visits and participation in workshops/training.⁹

To Upgrade the Financial Management of the MRCS

- Carry out internal annual audits in selected branches to reinforce MRCS finance management procedures and follow up on recommendations of the external general audit in 2000.
- Elaborate procurement procedures to be followed by all MRCS staff.
- Develop procedures for assets registration and management and set up database.
- Include the above in an MRCS Finance Management Manual in addition to standard financial, accounting and reporting procedures.
- Improve branch financial and administrative capacity through three one-week zonal workshops with 15 participants each, and FDD delegate/MRCS Finance Department staff monitoring and support visits to branches

Expected results

Institutional Development

⁸ Work areas will include: Definition of indicators (core programme sectors), training of zonal officers and provincial staff (TOT), supervision of zonal and provincial staff's training of volunteers, supervision of implementation of baseline surveys, reporting on findings (in format suitable for database).

⁹ The list of activities, outputs, outcomes and indicators will be revised after the Financial Resource Programme Planning Workshop to be held during the last quarter of 2000.

Expected outcomes for 2001 are:

- By the end of 2001 at least eight of the 11 priority district committees regularly develop monthly plans, manage and monitor activities and volunteers, and send timely reports to the provincial branches.
- By the end of 2001 at least seven out of 11 provincial Executive Councils actively and regularly monitor branch planning, implementation, resource development and reporting.
- The volunteer and member database is operational at headquarters and half of the branches.
- When carrying out MRCS and CAS programme planning for 2002-03, MRCS coordinators will be familiar with Logical Framework Analysis and able to apply their knowledge.
- By April 2001 baseline indicators will have been identified for core MRCS programme areas and subsequently included in the CAS programme proposals. Baseline surveys will have been carried out in all provinces.
- Performance assessments based on individual work objectives and training needs assessments will have been carried out for all MRCS staff by the end of the third quarter of 2001.
- A zonal technical support structure is in place.

Financial Resource Development

Expected outcomes for 2001 are:

- By the end of 2001 a well-functioning RD sector will be providing technical advice and on-the-job support to all branches, all of whom will have fundraising and revenue development plans for 2002 and beyond.
- More than half of the provinces will have taken new financial resource development initiatives. Assets and donor data bases will have been set up and regularly updated by the end of 2001.
- All MRCS staff will recognize that they have a personal responsibility to promote the MRCS, and a minimum of 50% of the members of the new national and branch resource development committees will contribute actively to MRCS fundraising.
- MRCS programme proposals for 2002 will include information on cost recovery and national funding.¹⁰

Financial Management

Expected outcomes for 2001 are:

- All branch administrators and provincial secretaries understand and following MRCS procedures as stipulated in the new financial procedures manual by the end of 2001.
- All branch administrators will be able to use spreadsheets and by mid-2001 at least 50% of them will be submitting monthly reports on receipts, disbursements, budget deviations, bank statements and assets management.

Indicators

Selected indicators of the above achievements are:

Institutional Development

- All staff have individual detailed work plans
- Timeliness of reports at all levels.
- District, branch, zonal and headquarters reports on implementation (i.e., the degree to which planned activities have been carried out).
- Technical assessments as reflected in headquarters' feedback comments on reports, and in MRCS and Federation delegate field visit reports.
- Minutes of Provincial Executive councils.

Financial Resource Development

- Increase in MRCS coverage of core costs.
- Income generation assessment guidelines referred to and used in practice by MRCS staff, both centrally and at branch level to determine feasibility.
- Number of branches submitting assessed revenue generating projects.
- Regular active follow-up on national donors traceable in database.

Financial Management

- Need to correct district and branch financial reports decreases.
- Judgements made in internal audit reports.

Critical assumptions

Internal Factors

- Recruitment of a capable ID Director and zonal officers is achieved as soon as possible.
- Close collaboration between the institutional, human resource, resource development, information and financial MRCS departments and staff is achieved.
- PNS delegations ensure that they support and are as committed to capacity development and sustainability as they are to implementing their programmes.
- Quality MRCS programme delivery is achieved.

External Factors

- Adequate long-term funding is secured.
- No disruptive disasters occur in Mozambique, as occurred in 2000.
- Political stability continues to exist

Monitoring and Evaluation arrangements

- ID/RD activities and milestones will be spelled out in Gantt tables to guide monthly, quarterly and individual planning, implementation and reporting. In 2001, zonal ID/RD officers will regularly report on achievements, as will headquarters staff and delegates on supervision and support missions. PNS representatives normally pay orientation visits, and will thus be able to discuss findings made by themselves and in-country reporters.
- Monitoring of this programme will primarily be carried out by the zonal ID/RD officers and their headquarters coordinators in collaboration with the MRCS finance department. Programme implementation and monitoring will be supported by all Mozambique delegation delegates and the RD, FDD and the Development Programme Coordinator in particular. Technical support will be requested from the Regional Delegation when required.
- Monthly reports will be provided by MRCS branches and zonal officers. Quarterly reports will be drafted by headquarters coordinators and delegates respectively.
- Supervision reports will be followed by regular ID/RD management meetings comprising both the MRCS, the Federation and PNS delegates to discuss findings and appropriate action.
- It is recommended that an external review be carried out in selected provinces in all three zones in 2002 to assess conditions and make immediate and medium term recommendations to guide implementation.

[return to top](#)

4. Co-ordination and Management

Background and progress to date

Mozambique is one of the poorest countries in the world. 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 in February 2000, proved calamitous for both urban and rural communities in the southern half of the country. Three of the country's major river basins suffered the most extensive flooding in fifty years, with the effects of the record rainfall and cyclonic downpours being exacerbated by the opening of sluice gates of dams up river in Botswana, Zimbabwe, Zambia, South Africa and Swaziland. Approximately 1.2 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. As well as the immediate human cost, damage to 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.

From the earliest days of the crisis, Mozambique Red Cross Society (MRCS) volunteers were involved in rescue and relief activities, risk warning, provision of first aid (to 43,322 beneficiaries), health education (34,237 beneficiaries), chlorination of water (68,247 beneficiaries), building of latrines, psycho-social support and fundraising. 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 and the provinces of Maputo, Gaza and Inhambane); and from Beira in Sofala province further relief distributions to 2,500 families in 25 distributions.

The scope and quality of the MRCS response was widely acknowledged both inside and outside Mozambique to have made a major contribution to the relief effort, and the Mozambique government has now recognised the National Society 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 International Federation's operational and development support for the MRCS expanded dramatically in 2000 as a result of the flooding and the enormous operational demands made on the MRCS as a result. The Federation's delegation of two expatriate delegates increased to 15 as the focus of its activities shifted from the institutional and resource development outlined in the Country Assistance Strategy appeal document 2000 to assistance with the provision of relief and the coordination of a wide range of operational support from the International Red Cross / Red Crescent Movement as set out in successive revisions of Emergency Appeal no. 04/2000.

National Society representatives from the Norwegian and Icelandic Red Cross were also already present in Mozambique when the floods began, but in response to the massive international relief response the American, Danish, German and Spanish Red Cross Societies established delegations to implement relief programmes in Maputo city and the provinces of Maputo, Gaza and Inhambane. On behalf of the International Federation, the British Red Cross also established a sub-delegation in Sofala, reinforcing the main delegation in the capital, Maputo.

In late June and early July the relief phase of the Federation/MRCS operation ended with the distribution of 'reinstallation kits' - containing 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 - to over 10,000 families in 70 distribution points across six provinces to help them re-establish new homes. In total, the Federation/MRCS 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 focus of the International Federation and MRCS then turned to the substantial rehabilitation and development needs which still existed in Mozambique. Following an extensive series of in-depth assessments in May and June made by the MRCS, Federation and PNS, a revised Emergency Appeal was issued in July 2000 which integrated the immediate post-flooding rehabilitation needs with programming originally set out in the Country Assistance Strategy. The Fourth Revised Emergency Appeal of 17 July 2000 therefore established a comprehensive programme strategy for the National Society, supported by the International Federation and including the PNS bilateral programmes, for the following 18 months until the end of 2001. It concentrated on two areas: firstly, the rehabilitation of local health, water and sanitation facilities affected by the flooding; and secondly, on increasing 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.

A key concern of the Federation and the MRCS throughout the development of this strategy was the need to balance short-term operational and rehabilitation objectives with ensuring that any expansion of National Society structures and programming were sustainable in the medium to long term. Both were determined not to repeat the traumatic experience of the National Society during the 1990s, when a major expansion of the organisation supported by the ICRC, Federation and sister National Societies to respond to the demands of the civil war and the subsequent return of over one million Mozambican refugees to their homes left the MRCS in a state of near bankruptcy when international support ended upon the completion of these programmes. As a result, between 1996 and 1998 the Mozambique Red Cross had to undertake a major downsizing exercise which damaged its profile and proved extremely painful.

The launching of the Federation/MRCS's revised appeal in July 2000 was therefore followed in August by the holding of a National Society conference to discuss a revision of its strategy and structure as a result of the new challenges and opportunities. The conclusions were integrated by the MRCS senior management into a revised strategic and programmatic focus, followed in the last quarter of the year by the development of a new organisational design at both headquarters and provincial levels. Three new zonal offices (covering the north, central and southern provinces) were also established to provide technical assistance to the provincial staff and volunteers whilst also releasing the pressure on headquarters staff.

The Federation delegation in Mozambique advised and supported the MRCS throughout this process of organisational change. From early in the flood relief operation the delegation had aligned its own role in conformity with the new direction of the International Federation: namely, to concentrate its activities on providing the strategic framework for the Movement's external support to the National Society; coordinating, facilitating and supporting this assistance; and implementing programmes itself only when it was best placed to do so. This proved to be a considerable challenge, given the wide range of PNS programming and the presence of six PNS implementing delegations or country representatives in Mozambique.

The Federation delegation facilitated and led, with the MRCS, the country-wide assessments by the Red Cross Movement, the formation and drafting of the revised Emergency Appeals and the Country Assistance Strategy Appeal 2001 - 2002. It established and ran, with the MRCS, coordination fora at the Head of Delegation and technical specialisation level; set with the National Society a series of minimum standards in the programme management and training spheres; and ensured that programme delivery standards were uniform and consistent in their application and scope.

The Federation delegation also provided a wide range of services to PNS delegations, including office accommodation and administrative support; telecommunications; transportation, warehousing and other logistical support; technical advice and consultancy services in the areas of health, water and sanitation and institutional development; and general advice and management support.

At the request and with the support of the British, Canadian, Austrian and Netherlands Red Cross, the Federation delegation also established a programme implementation structure in the central provinces of Sofala, Manica and Tete to carry out the programming outlined in the appeal beginning in November 2000. It also prepared and budgeted for a similar structure in the northern provinces of Niassa, Nampula, Cabo Delgado and Zambezia in case PNS implementing partners are not found.

Goal To assist the development of the Mozambique Red Cross through the coordination, facilitation and provision of international support so that the National Society is better able to serve the needs of vulnerable people in Mozambique.

Objectives and Activities planned

Throughout 2001-2002, the Federation Mozambique Delegation's general management objectives will be to:

- To advise and assist the Mozambique Red Cross in its general operational and institutional management and growth, including the formation of National Society strategy and the process of organisational change.
- To attract and coordinate international support for the Mozambique Red Cross's humanitarian operations and institutional development.
- To assist the Mozambique Red Cross at central, zonal, provincial and targeted district levels to organise, manage, monitor, evaluate and report against the funding received through the Federation or from PNS directly for its health, water and sanitation, disaster preparedness, construction, institutional and resource development, and mines awareness programmes.
- To support the Participating National Societies in the implementation of bilateral programmes with the Mozambique Red Cross, where they fall within the framework set out in the MRCS's Country Assistance Strategy.
- To implement programmes directly with the MRCS which fall within the CAS, are funded by donors and are not or cannot be implemented by PNS directly with the National Society.
- To represent and attract support for the work of the International Federation and its members - particularly of the Mozambique Red Cross - with government ministries and other state bodies, Non-Governmental Organisations and the media.
- To achieve these general management and other operational objectives in the most cost-effective and efficient way possible.

To achieve the objectives, the following activities specifically oriented to achieve the general management objectives of the Federation Delegation in Mozambique will be:

General Management Support, and formation and promotion of the CAS:

- Provide technical advice to the Secretary General of the MRCS on the organisational change and revision of strategy of the National Society.
- Assist and advise the Secretary General and programme managers within the MRCS on the revision and drafting of the National Society's Country Assistance Strategy (CAS) for 2001-2003.
- Promote the CAS and the work of the Mozambique Red Cross to potential donors both inside and outside the Red Cross Movement and, as agreed with the Federation Secretariat, both inside and outside Mozambique.
- Pursue, in cooperation with the MRCS, advocacy initiatives as defined by the CAS to meet operational and policy goals.
- Provide managerial guidance at central, zonal, provincial and targeted district levels to organise, manage, monitor, evaluate and report against the agreed results, indicators and funding received through the Federation or from PNS directly for its health, water and sanitation, disaster preparedness, construction, institutional and resource development, and mines awareness programmes.
- To represent and attract support for the work of the International Federation and its members - particularly of the Mozambique Red Cross - with government ministries and other state bodies, embassies, Non-Governmental Organisations, foundations and the media.

Coordination and Quality Assurance of International Contributions to the CAS:

- To coordinate, with the National Society, international contributions to the CAS, particularly the coherence and complementarity of PNS implemented programmes.
- To work with the MRCS and individual PNS so as to ensure a consistent quality of programme delivery and services across all technical and geographical areas.

- To continue to run, with the MRCS, the collective coordination mechanisms at both Head of Delegation and technical department levels; constantly seeking to improve them and, where necessary, introduce new coordinative mechanisms.
- To ensure that minimum standards and guidelines on best practice are established for all programme areas receiving external support linked to the CAS.
- To develop effective knowledge management mechanisms and culture within the delegation and the MRCS so that best practice and appropriate knowledge is transmitted to all relevant stakeholders.
- Continued development with MRCS of programme planning monitoring and reporting

Service Delivery and Facilitation to PNS

- To provide general management, administration, transportation, warehousing, telecommunications, translation, financial and other services as requested by PNS.
- To continue to provide technical advice and support in the areas of health, water and sanitation, disaster preparedness, institutional development and resource development.
- To provide services to the PNS linked to the forthcoming status agreement between the International Federation and the Mozambican Government, such as tax and customs benefits.

Programme Implementation

- To ensure that programmes implemented by the International Federation with the MRCS are managed in an effective, efficient and professional fashion, meeting their operational objectives.

Expected Results

- The successful completion of organisational change within the Mozambique Red Cross and of a revised, comprehensive National Society strategic plan and budget for 2001- 2003.
- The production of a comprehensive Country Assistance Strategy for the MRCS for 2001 - 2003.
- A rise in the profile of the Mozambique Red Cross and the International Federation's work in Mozambique.
- Completion of the status agreement between the International Federation and the Mozambican Government.
- Efficient cooperation and complementarity of programme approaches and outputs by the PNS, Federation and other contributors to the CAS.
- All bilateral agreements including programme proposals signed between PNS and the MRCS fall within the CAS strategic framework set by the International Federation and support its overall implementation.
- PNS delegation satisfaction with Federation delegation service delivery increases.
- More effective transmission of best practices in operational and institutional support.
- Successful completion of Federation implemented programmes on time and within budget.
- MRCS increasingly markets Federation services to PNS and other NGOs working in Mozambique.

Indicators

The development of indicators for the Federation's new strategic direction is in its infancy. These suggested indicators will need baseline data to be gathered in the first instance, and this will itself be an important additional activity for the Mozambique Delegation. Potential indicators are as follows:

- Level of financial support for the MRCS Country Assistance Strategy.
- Number of humanitarian affairs meetings/conferences to which the International Federation and National Society are invited to and attend.
- Number of column inches of press coverage and stories aired on the work of the MRCS and International Federation in the national media.
- Perceived effectiveness by MRCS and PNS staff of effective knowledge management by the Federation delegation as measured in interviews and feedback.
- Greater use of Federation service support made by PNS.
- Growth in the level of contributions to Mozambique Delegation's Programme Management budget by PNSs with delegations in-country.
- Appropriate operational, financial and reporting indicators of Federation implemented programmes.
- Federation Internal Audit report findings.
- The degree to which Federation Delegation staff and data are used in evaluations, assessments, programme proposal formulation.

Critical Assumptions

Internal:

- The excellent working relationship between the existing Federation delegation and MRCS leadership is maintained.
- The MRCS leadership remains committed to organisational change; finds and appoints well-qualified personnel to headquarters and zonal vacancies; and delegates programmatic authority and responsibility accordingly.
- Federation delegate positions are filled quickly and with appropriate personnel.
- Regular, appropriate and timely technical support is received as part of the Federation's 'Pilot Project' from the Regional Delegation in Harare and the Geneva Secretariat.

External

- Mozambique Delegation's Programme Management budget is sufficiently funded.
- Political stability remains and natural disasters in Mozambique - particularly further major flooding - do not occur.

Monitoring and Evaluation arrangements

Monitoring and evaluation of the Federation's general management will be carried out in the following ways:

- Ongoing monitoring and supervision of Federation delegates and local staff in the field offices in Chimoio (Manica province), Tete (Tete province) and Nampula (Nampula province) by the Federation's sub-delegation in Beira; and similar monitoring of the Beira sub-delegation by the delegation in Maputo.
- Feedback from MRCS counterparts.
- Field reports, quarterly and annual reports.
- Visits and general monitoring by Regional Delegation, Harare, and Geneva Secretariat general management and technical staff.
- An audit by the Federation Secretariat's Internal Audit Department during 2001.
- Partnership meetings involving PNS and other stakeholders.

[return to top](#)

DELEGATION: MOZAMBIQUE					
PROGRAMME	DP	Health & services	IDRD	Coord. & mgt	TOTAL
Shelter & construction	91,000	3,217,944	0	0	3,308,944
Clothing & textiles	0	0	0	0	0
Food & seeds	0	0	0	0	0
Water	0	13,165	0	0	13,165
Medical & first aid	0	233,602	0	0	233,602
Teaching materials	0	1,000	0	0	1,000
Utensils & tools	0	0	0	0	0
Other relief supplies	2,000	9,840	0	0	11,840
Sub total supplies	93,000	3,475,551	0	0	3,568,551
Land & Buildings	0	0	0	0	0
Vehicles	0	442,664	100,000	0	542,664
Computers & telecom	60,500	87,713	37,000	0	185,213
Medical equipment	0	0	0	0	0
Other capital expenses	65,000	83,489	17,000	5,717	171,206
Sub total capital	125,500	613,866	154,000	5,717	899,083
Programme management	100,413	533,500	106,090	52,294	792,296
Technical services	30,058	159,702	31,758	15,654	237,172
Professional services	33,335	177,108	35,219	17,360	263,022
Sub total programme support	163,806	870,309	173,066	85,308	1,292,490
Transport & storage	249,340	417,191	84,146	43,843	794,520
Personnel (delegates & expatriates)	356,830	734,918	444,840	332,844	1,869,432
Personnel (local staff)	369,103	1,033,885	428,991	110,911	1,942,888
Sub total personnel	725,933	1,768,803	873,831	443,755	3,812,321
Travel & related expenses	36,820	104,108	57,574	51,728	250,231
Information expenses	1,750	34,352	44,559	9,900	90,561
Expert fees	0	20,494	62,385	3,600	86,479
Admin. - general expenses	93,000	607,228	123,768	131,676	955,672
Training workshops / seminars	0	0	0	0	0
Sub total travel, training, general exp.	131,570	766,182	288,286	196,904	1,382,942
Total budget	1,489,149	7,911,902	1,573,328	775,527	11,749,906