

Appeal 2002-2003

 International Federation
of Red Cross and Red Crescent Societies

MOZAMBIQUE

(Appeal 01.17/2002)

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

| | 2002 In CHF | 2003 ¹ In CHF |
|-------------------------------|------------------|-----------------------------|
| 1. Disaster Response | 574,154 | 257,455 |
| 2. Disaster Preparedness | 987,383 | 662,887 |
| 3. Health and Care | 2,430,093 | 2,038,720 |
| 4. Humanitarian Values | 41,422 | 0 |
| 5. Organizational Development | 754,564 | 553,540 |
| 6. Co-ordination & Management | 404,166 | 398,652 |
| Total | 5,191,782 | 3,911,254 |



Introduction

National context

“Following the end of the civil war, and the first democratic elections in 1994, Mozambique has become Africa’s most successful example of post-conflict reconstruction and development. Rapid economic growth, poverty reduction and political stability have been underpinned by market reform, democratic development and national reconciliation.”² The Economist Intelligence Unit’s glowing assessment of Mozambique’s achievements over the last seven years is testament to the remarkable advances Mozambique has made in the last decade. However, these advances have been achieved from an extremely low base and mainly affected only a small portion of the population. As recently as the mid-1990s, the World Bank statistically evaluated Mozambique as the world’s poorest country in terms of GDP per head.

¹ These are preliminary figures for 2003, and are subject to revision in the course of 2002.

² Economist Intelligence Unit (EIU), *Mozambique: Country Profile*, London, 2001, page 4.

Three things changed this in the last five years:

- a recalculation of national accounts by the Mozambique Government which revalued GDP upwards by 70%;
- the 1997 census, which found earlier population estimates to be too high by 13% and drastically cut the estimated population in Mozambique;
- and extremely strong economic growth in the mid-late 1990s which averaged 9.4% a year between 1996-1999.

As a result, GDP per capita rose from USD 617 in 1994 to USD 824 in 1999, yet because this increase in wealth was unevenly spread the net effect on what the United Nations measures as human development for the whole population was mitigated.³ Indeed, despite all the progress made in the 1990s, the UN's *Human Development Report* for 2000 still ranked Mozambique 168th out of 174 countries.

Against this backdrop, the country could ill-afford the devastating floods which swept the southern provinces of Mozambique in 2000 and the central provinces in 2001. As a result of the 2000 deluge, growth during that calendar year fell to only 2.2%, inflation rose to 11% and the currency dropped 20% in value against the US dollar. Nevertheless, the pledging of \$453 million by foreign donors at the May 2000 Rome International Reconstruction Conference in support of reconstruction and rehabilitation projects mirrored the commitment and support of powerful governments and institutions to Mozambique. Despite the latest round of floods in 2001 which devastated the areas along the Zambeze valley, growth is expected to rebound in 2001-02 to an average of 7.5% p.a., inflation fall, Mozambique's trade balance radically improve and its currency stabilize.⁴

Mozambique's population according to the 1997 census was 16.1 million (52% female), projected in 2000 to be 17.2 million⁵, and 28 million by 2030. This population is exceptionally young, with 44.6% younger than 15 years and a median age of 17.5 years. Life expectancy at birth is 43.5 years (1999), up from 41.7 years in 1994⁶ but still extremely low by world standards. Population growth is running at 2.3% a year, thanks to crude birth rates running twice as high as the death rate (41 and 20 per thousand people, respectively). Nearly 1.4 million people live in the capital, Maputo, half the total urban population in Mozambique, meaning that the vast bulk of people live in rural areas, with 80.9% of the 5.87 million actively involved in economic activity working in agriculture, fishing and forestry. These sectors, however, produce only 30.2% of GDP.⁷

The UNDP, at the end of its landmark 1999 National Human Development Report on Mozambique, subtitled 'Economic growth and human development: progress, obstacles and challenges', concluded: 'Human poverty and the AIDS epidemic are the two great social disasters that will dominate Mozambican society in the coming decades.'⁸ Indeed, these two issues are so pervasive and cross-cutting that they affect all other factors influencing vulnerability patterns in Mozambique.

Poverty is defined in the Mozambique Government's Action Plan for the Reduction of Absolute Poverty (PARPA) as *the inability of individuals to ensure for themselves and their dependents a set of minimum basic conditions for their survival* (statistically set as those in Mozambique living at or below

³ United Nations Development Programme (UNDP), *Mozambique: National Human Development Report 1999*, Maputo, 2000. The UNDP concluded that 'only four provinces contributed to the reduction in human development deprivations: Manica, Tete, Maputo province and Maputo City. As for the others, Gaza even experienced a reverse, with a negative figure between 1996 and 1998', page 88.

⁴ EIU, *Mozambique: Country Report*, July 2001, page 11.

⁵ EIU, *Mozambique: Country Profile*, op cit, page 3.

⁶ United Nations Development Programme (UNDP), *Mozambique: National Human Development Report 2000*, Maputo, 2001, page 20.

⁷ The huge imbalance can also be seen in the following data: 6% of the Mozambican population who live in Maputo City produce as much (measured in GDP terms) as 52% of the rest of the population living in central and northern Mozambique; enjoying a GDP per capita six times greater than the national average and 11-12 times greater than that of Zambezia, Tete, Manica and Niassa. UNDP, *Mozambique: National Human Development Report 1999*, op cit, page 89.

⁸ UNDP, *Mozambique: National Human Development Report 1999*, op cit, page 90.

USD 0.40 per day). According to this definition, 69.4% of the total population in 1997 were living in poverty, with the incidence higher in rural areas (71%). Urban poverty is estimated to have declined from 73% in 1992-93 to 62% at present. Geographically, the incidence of poverty ranges from 87.9% in Sofala to 47.8% in Maputo City, with rates in the other nine provinces as follows: Inhambane (82.9%), Tete (82.3%), Niassa (70.6%), Nampula (68.9%), Zambezia (68.1%), Maputo province (65.6%), Gaza (64.7%), Manica (62.6%), and Cabo Delgado (57.4%).⁹ Fighting poverty is the overarching objective of the Mozambique Government's five-year programme - from which its annual Economic and Social Plans (PES) are drawn. The PARPA, which was approved in December 1999 and will run from 2002-2004, is the government's principal instrument with which to achieve its ambitious target of reducing national poverty to 60% by the end of the plan. It sets measurable objectives in the areas of education, agriculture and rural development, infrastructure development, health¹⁰, employment, social security and assistance, food security, and institutional capacity building.

PARPA has been approved and is supported by the World Bank and the International Monetary Fund, allowing the government to use funds released through the IMF's poverty reduction and growth facility (PRGF) and the international community's debt forgiveness plan for Mozambique for its implementation..

The first case of AIDS was reported in Mozambique in 1986. Fourteen years later, 83,000 people (including 14,000 children) are estimated to have died from AIDS so far and a further 1.4 million Mozambicans are carrying the HIV virus, 16% of the total population, with over 700 new infections a day, more than 100,000 a year. At today's prevalence rate, any 15 year old in Mozambique has more than a 50% chance of dying from HIV/AIDS. This makes Mozambique the seventh worst-hit country in the world for HIV infections. The national rate disguises, however, wide provincial variances, with the central provinces of Manica, Sofala, Tete and Zambezia suffering rates of over 20% of the adult population, Gaza and Inhambane provinces at 18%, Maputo province 16%, the northern provinces of Cabo Delgado, Nampula and Niassa 13%, with Maputo city lowest at 12%. The Government's own National Statistics Institute estimates that the AIDS epidemic will cut average life expectancy in Mozambique by 15 years. Without the effect of AIDS, this was projected to rise to 50.3 years in 2010; it is now expected to fall to 35.9 years by that time.

The social and economic effects of this disaster are calamitous. It is estimated that maternal, child and infant mortality in Mozambique will increase to 20% or higher as a direct result of AIDS and its related infections. At least 15% of the productive working force will be lost as a direct result of the AIDS epidemic, with the number of HIV/AIDS orphans increasing from 257,000 in 2000 to 880,000 by 2006, and over one million by 2008. Rates of child labour, already extremely high, will rise further as many children start working as a consequence of family break up, through either death or separation of the parents, and the subsequent weakened economic position of the family. Health facilities in rural communities are usually inadequate to cope or provide any measure of meaningful support. The result is that families providing primary care for AIDS patients are left alone, with the poorest families least able to cope with the impacts of caring for the sick whilst attaining at the same time some measure of economic security.

In most rural areas adequate access to health facilities are lacking. Very little integrated community health exists, with the most vulnerable groups being women of child bearing age and children under 5 years of age living in rural areas. Current government policy aims at increasing access to basic primary health care, with an emphasis on preventative and community care.

⁹ According to the UNDP's *Mozambique: National Human Development Report 2000*, the provinces rank slightly differently in relation to the UN's more balanced Human Development Index (HDI), in ascending order of development: Zambezia, Nampula, Cabo Delgado, Niassa, Tete - 'Viewed from an international perspective, these provinces are at the level of countries with the lowest human development in the world, such as Sierra Leone, Niger and Ethiopia' (page 88) - followed by Gaza, Sofala, Inhambane, Manica, Maputo province and Maputo city.

¹⁰ In areas such as expanding health service access, improving mother and child under-five health care; and concentrating more resources on STD/AIDS.

Almost half Mozambique's children under 3 and 41% of all children are stunted, with 6% 'wasted' (indicating dramatic recent changes in food intake) with once again a higher prevalence of both in rural areas. Almost two-thirds (64%) of all Mozambicans live in food insecure households. Rural families generally sustain themselves on their own agricultural produce (70% of their total intake), but access to markets is frequently limited, reinforcing reliance on their own production and reducing diversity in diet. There are also large regional variations, with half the children aged under 13 in Cabo Delgado, for instance, moderately or severely underweight.

Over 60% of the adult population in Mozambique is illiterate (46.6% male, 74.1% female), the highest level of illiteracy within the 14 member countries of the Southern Africa Development Community (SADC). This is set to continue as presently 63% of children between 6-12 years of age are not in school. Of these, the 1997 census indicated that 28% of children in the 7-14 age group worked rather than attended school, with an even higher figure amongst those children living in rural areas (37%). Whilst the number of enrolled students rose from 1.2 million in 1992 to 2.6 million in 2000, with the majority (2.28 million) in basic primary education, the drop off rate is extremely high. Only 219,000 children (8.4%) are receiving primary level 2 education, 78,800 (3%) entering secondary education and 10,000 enrolled in the higher level of pre-university education at only 23 schools nationwide. Girls account for only 43% of those receiving basic schooling.

Mozambique is highly susceptible to natural disasters, particularly cyclones, flooding, droughts, epidemics, pest infestations, as well as lower risk emergencies such as bush fires, storms, landslides, earth tremors and major accidents. Over a million people have died in Mozambique due to the effects of war and natural disasters over the last twenty years, with a further six million people affected.

Droughts traditionally have affected Mozambique in a seven to eight year cycle, with the last droughts occurring in 1994-5, 1991-92, and 1982-83. Inhambane, Gaza and Tete are the most 'at risk' provinces. Mozambique has suffered from a range of different *pest infections*, the most serious in the last decade being those in Manica and Tete provinces, when swarms of locusts devastated an area larger than 3,000 km² in 1994-95 and 1996-97.

HIV/AIDS is only the latest of a range of health *epidemics* to ravage the Mozambican population, which suffers the continuing scourge of *malaria* (still the main cause of illness and death in the country). While residual spraying in both urban and rural areas, and the use of insecticide treated nets is promoted by the National Malaria Control Programme, malaria continues to take a serious toll on Mozambique's population, especially women of child bearing age and children. The disease is responsible for 18% of all deaths of children under the age of five, and accounts for 70% of all paediatric admissions. Malaria is also the major cause of anaemia, low birth weight, and miscarriage. The country is also vulnerable to occasional epidemics of measles, cholera, dysentery, meningitis and even bubonic plague.

Approximately 250,000 uncleared *land mines* from the civil war which ended in 1992 are still estimated to remain in the country, with comprehensive surveying of mined areas and the establishment of a national database being started in 1999. In 1999 the number of reported mine victims fell dramatically to 60 from 133 the year before. It is believed this fall is thanks to the success of mines awareness campaigns and education. However, for those victims who remain, prosthetics and rehabilitation programmes are few and far between, and do not tend to cater to those victims living in rural communities.

For the last two years, however, the biggest natural threat to the population has come from two enormous flood disasters which devastated different parts of Mozambique. The *cyclones* of Eline, Gloria and Hudah in early 2000 precipitated the worst flooding in over 50 years. The flooding precipitated by the cyclones deluged 130,000 square kilometres in Sofala, Gaza, Inhambane, Maputo City and Maputo Province, killing 700, affecting 4.5 million people and displacing 544,000 of them from their homes. The *floods* of 2001 were caused not by cyclones, but persistent rains in Mozambique and in other southern African countries, as the Zambeze, Save, Limpopo and other regional rivers flow from central and southern Africa eastwards through Mozambique to the sea. According to the Government and United Nations, over 200,000 square kilometres

of land was destroyed in 2001 (including 71,900 hectares of cultivated land) in the Zambeze River Basin's four provinces: Sofala, Manica, Tete and Zambezia. More than half a million people were directly affected by the floods, 115 lost their lives and over 230,000 lost homes, crops and possessions and were forced to take refuge in 65 recognized temporary accommodation centres in the four provinces.

From the earliest days of the initial flooding in Zambezia province in January 2001, the Mozambique Red Cross (Cruz Vermelha de Moçambique, CVM) and Federation made a major contribution to the emergency relief phase of the overall flood operation. They had already pre-positioned parts of 4,000 family kits in central, provincial and district warehouses across the whole country as part of the disaster preparedness contingency plans developed in 2000 and funded by a number of National Societies. In addition, CVM staff and technicians had attended DP workshops in January to prepare them for possible emergency situations. As a result, in Zambezia, then Sofala, Tete and Manica, the CVM and Federation were able to progressively scale up their disaster response as the situation unfolded, utilizing fully the emergency stocks and trained personnel at their disposal.

The arrival of the bulk of the remainder of the ordered DP stocks in time for the start of the crisis enabled the Federation to rush the entire consignments to the emergency areas for immediate distributions. In addition, human resources available within the Partner National Societies implementing rehabilitation projects from last year's floods in Mozambique were also used in a completely integrated and efficient way.

Following a needs assessment by the Federation, CVM and PNS staff working in Mozambique in February, Red Cross emergency assistance was focussed on seven of the largest temporary accommodation centres in three provinces. The Red Cross agreed to manage or jointly manage with other humanitarian organizations these camps, providing a full basket of services, shelter (tents and tarpaulins) and non-food items (plastic sheeting, blankets, soap, mosquito nets, kitchen sets, clothing, buckets and jerry cans) for internally displaced people taking refuge in the centres. An initial ceiling of 30,000 was placed on the total number of beneficiaries to be assisted by the Federation and CVM in the seven centres, with the ceiling being increased to 46,324 in mid March as the number of inhabitants in the targeted centres grew larger. Since then the number of beneficiaries has increased still further in these centres to nearly 53,000. The non-Red Cross managed centres in Mandua and Nensa (total beneficiaries 14,342) were also identified by the Federation and CVM for relief distributions, as non-food needs there were not covered by other humanitarian organizations. This emergency support was provided despite enormous logistical challenges linked to the lack of road access for many weeks to the four Red Cross operational centres in Caia, Chupanga (Sofala), Mutarara (Tete) and Mopeia (Zambezia).

In June, the Federation and CVM distributed Relief/Resettlement Kits to a further 4,000 vulnerable flood affected families (some 20,000 people) living in non-Red Cross-managed camps who have not received these items from other organizations. Consequently, the total targeting number of beneficiaries to receive relief items from the Federation and CVM was over 87,000, with this extensive operation not being possible without support from ECHO, private donors and the following National Societies: American, Australian, Austrian, British, Canadian, Danish, German, Netherlands, New Zealand, Liechtenstein, Norwegian, Portuguese, Spanish, Swedish, Swiss and United Arab Emirates.

The CVM was also active in another 49 centres/isolated communities not managed by the Red Cross, which at the beginning of May 2001 accommodated over 170,000 beneficiaries. CVM volunteers conducted the following activities:

- First Aid (including referring the most seriously ill to health centres);
- Preventative health/hygiene dissemination sessions;
- Water chlorination.
- Water and Sanitation services, including well rehabilitation;
- Advocating the government's resettlement programme;

- Tracing, Message and Family Reunification;
- Mine awareness dissemination sessions;
- Social and Psycho-social Support.

From the beginning of July 2001, the Federation and CVM's rehabilitation phase began, with programming taking into consideration existing flood rehabilitation activities launched in July 2000 and the needs set out in the 2001-2002 annual plans in the fields of disaster preparedness, community health (ARCHI), water and sanitation, HIV/AIDS, and institutional and resource development. Rehabilitation projects were therefore designed:

- To complement rather than duplicate the above mentioned programme commitments;
- To ensure projects do not overburden the National Society, being focussed in provinces and districts not heavily involved in the 2000 rehabilitation and 2001 CAS programme;
- To address simultaneously community based rehabilitation/other unmet needs, and develop CVM's longer-term capacity, enabling it to respond to community-based needs and emergencies more effectively in the future;
- To ensure that the mechanisms and resources are in place, enabling projects to be fully and effectively implemented, within the agreed time-frame, with their designed impact.

These rehabilitation programmes included:

- Procurement and pre-positioning of 4,000 family kits as national Disaster Preparedness stock and equipment to replenish those utilized by the CVM and the Federation during the emergency phase of the 2001 flood relief operation;
- Implementation of a Disaster Preparedness pilot project in the Central Zonal Region, with a particular focus on Zambezia Province and the upgrading of CVM's telecommunication systems in the Central Zonal Region;
- Implementation of Water-Sanitation rehabilitation projects, focussed in six target district areas, five in Zambezia Province and one in Tete Province;
- Implementation of community based health projects in Sofala, Zambezia and Tete Provinces, utilizing CVM's network of Supplementary Feeding Volunteers and the provision of support for six CVM Supplementary Feeding Health Technicians.

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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 (Cruz Vermelha de Mozambique, CVM) core activities and identified the following objectives:

- To establish an CVM policy and strategic plan on disaster;
- To assess and upgrade CVM's 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 disaster. Unfortunately the country is highly susceptible to natural disasters, particularly cyclones, flooding, droughts, epidemics such as cholera, pest infections, HIV/AIDS, as well as lower risk emergencies such as bush fires, storms, landslides, earth tremors and major accidents. Over a million people have died in Mozambique due to effects of war and natural disaster over the last twenty years, with a further six million people affected.

The CVM has 11 branches, one for each province, and is represented in a total 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 governments and non-governmental institutions in this field, particularly the INGC (National Institute for Disaster Management) and the relevant UN agencies.

However, the CVM'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 CVM's unparalleled network of staff and volunteers drew widespread praise for the quality and scope of its assistance to those in need. The CVM 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.

Mozambique's central provinces were severely flooded since mid-February 2001, with water level consistently measuring at least at least 1.5 metres above the safe level. According to the government and United Nations, over 200,000 square kilometres of land was destroyed in the Zambeze river basin's four provinces: Sofala, Manica, Tete and Zambezia, which destroyed 79,000 hectares of crops, affecting 111,300 peasant farmers. By late May and throughout the months of June and July, many of the half a million flood affected people in Mozambique, include the 223,000 people who sought refuge in the 65 temporary accommodation centres, started either to return home or move to resettlement areas less at risk, having spent several months displaced.

The 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 recognizing its effective response both during and after the floods, it realized 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 2001-2002 Country Assistance. In November 2000 one DP Delegate arrived to the country in order to start the process to support the CVM to organize the DP department. The first task was to help with the elaboration of the Contingency Plan. Additionally, a DP basic training session was held in Catembe district in December 2000 with the participation of 25 volunteers, directors and staff of Maputo City Province with the objective of evaluating the educational process, identify the most interest topic for the participants in order to plan the three DP zonal workshops (north, central and south) realized in January 2001 with the participation of the provincial secretary, staff and volunteers, coming from 11 provincial branches of the CVM. Based on the pre-positioning of DP stocks defined in the contingency plan the CVM distributed 4,000 basic family kits (including the 1,000 planned at end of 2000), each comprising: one tent, two blankets, two Jerry cans, two buckets, two impregnated mosquito nets, one kitchen set, two kits of clothes and a half kg of soap. Particular attention was paid to the Central Provinces of Sofala, Manica, and Zambezia and the southern province of Inhambane, with contingency stocks held at provincial level where they cannot be transported to vulnerable districts due to warehousing or security considerations. Additionally, five light vehicles, telecom equipment for the Central Provinces (HF/VHF radios and sat-phone), boats, telephone cards for DP volunteers, DP office furniture were purchased and distributed. Four minimal storage centres at provincial and district branch level were made in Gaza province. Consultations with all province branches in order to get updated information about human and material resources throughout the country continue.

The INGC published the Contingency Plan where they clearly identify the role and responsibilities of CVM. The CVM prepared a Contingency Plan with the support of the Federation in total concordance with the official plan. This process reinforced the work that the CVM has been conducting on Early Warning System.

The CVM contracted two national technicians to work in the DP and DR Department at central level and 11 provincial technicians in order to reinforce this area, starting with the updated database, training, relief resources inventory, validate the DP information and other activities in order to get the objectives indicated in the Appeal 2000-2001.

Taking into account that the fundamental objective of the CVM's Disaster Preparedness Program is to empower communities, the CVM started a pilot project in Inhambane and another in Zambezia in line with the African Red Cross and Red Crescent Societies' Health Initiative (ARCHI) 2010, to strengthen the community's ability to respond to emergency situations and disasters in seven target districts. In order to gain both experiences to define its CBDP programme, the CVM will be revising both pilot projects in the last quarter of 2001.

It has been agreed between CVM and the "Marina de Guerra" to conduct two water safety boat rescue-and maintenance courses in the central and southern zones of Mozambique in September 2001.

In the Appeal Floods 2001 launched on July 3, some activities aimed at reinforcing the objectives stated in the Appeal 2000-2001 were included, with special emphasis on the provincial branches of the central zone (Sofala, Manica, Tete and Zambezia). Therefore allocation of relief emergency kits, kits for volunteers and staff, motorbikes and bicycles, for 16 districts prone to floods and disasters have been undertaken. This was necessary because CVM district commissions did not have the needed equipment to work with in case of emergencies and disasters.

Working closely with the International Federation, the CVM is solidifying a national DP plan and the establishment of a new Disaster Preparedness department is well under way, giving priority to provinces and

districts most affected by the floods in the central provinces, as well as in selected priority districts in each of the other seven provinces (denominated strategic districts).

Goal The goal of the Mozambique Red Cross Society over the next two year is to support communities in reducing their vulnerability and strengthening their ability to response to disasters. During the year 2001 the CVM started two pilot projects in order to gain experiences according to the country's reality. However, the CVM will continue with its strategy to develop its own capacities and capabilities so as to be able to achieve this goal.

Taking into account that the CVM have defined within their national DP & DR policy that management of all disasters will be maintained at the highest level and within the senior management structure. All the objectives and activities established in the CAS/Appeals are dealt with in conformity with the CVM's Disaster Preparedness and Response Department and will be supported by a technical department, which will provide a follow up, research, analysis, monitoring and systematization of the experiences. The operational component of CVM's Disaster Management will be based on the provincial, district and local structures around the country and should be implemented in accordance with the local circumstances and their special requirements in order to extend the actions throughout the country. Therefore, the objectives and activities related to disaster response will be included in the disaster response component, but their implementation will be strictly linked to the component of disaster preparedness.

Objectives and Activities planned

The fundamental objective of the CVM'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. Each activity that the CVM develop in DPDR will be oriented to decrease the poverty and the control of HIV/AIDS. In order to achieve this by the end of 2002, several key objectives need to be attained with the assistance of International Federation and technical adviser to CVM in order to help the bilateral way from PNS giving support directly to CVM:

Objective 1 To promote the practical application of the CVM policy and strategic plan on disasters, at all levels of the CVM.

Activities to achieve this objective are:

- Based on the CVM disaster policy, give advice to CVM in order to sign a Memorandum of Understanding with the INGC, to define officially the CVM's specific roles and responsibilities within the overall Mozambique DP and Response plan.
- To ensure appropriate instruments, policies, strategies, guidelines, manuals and methodologies of intervention at all levels of the CVM and disseminate them within the institution.
- Set up a monitoring policy which ensures continuity of workshop training contents and procedures
- Promote the CVM's DPDR training system and CBDP in order to get the lead in this area, in order to assume this process with respect to INGC, UNDP, and other organizations working in emergency and disasters.
- Promote an advocacy campaign to create a disaster preparedness culture at community level.
- Promote advocacy campaign in Mozambique to promote the use for all organizations of the Conduct Code and Sphere project.
- To define the specific roles of all departments and structures of CVM throughout the country in case of disaster (before, during and after).
- Enhance the integration and co-ordination of DP activities among the components of the Movement and with external actors.
- Project the Federation's strategies and expertise within the CVM and the country.

- Carrying out an annual DPDR meeting in order to evaluate the process, review the CAS/NDP, planning of activities, interchange of experiences etc.

Objective 2 To give technical support to strengthen CVM's capacity in Disaster Response. At the heart of the relationship between the Federation's essential areas of disaster preparedness and disaster response remain activities designed to strengthen the response capacity of CVM's relief and emergency structures. Therefore it will be necessary to get this objective while they complement each other in both areas.

Activities to achieve this objective are:

- To promote that the CVM has appropriate basic emergency kit (relief supplies and equipment), enabling CVM to be better prepared for, and respond to disaster within the target districts in the country, including the monitoring of CVM's construction facilities for warehouse.
- Support CVM in order to permanently update the CVM emergency and disaster plan, linked to the official National Disaster Plan.
- To promote the elaboration of disaster preparedness maps where available infrastructures are located for the CVM in case of disaster.
- Monitoring the use of kit for volunteers and staff in case of disasters.
- To promote that CVM has an updated list of volunteers trained and working regularly in each local, district and provincial level. Additionally it will be necessary to maintain an updated register of the all volunteers trained by CVM, that can work when emergencies and disasters strike. Organize and develop a database of manpower, upon which the national society can draw and utilize in times of need.
- To improve the CVM Capacity Assessments in order to support the provincial level when it will be necessary, especially in the first phase of the emergency and disaster.

Objective 3 To give technical support to CVM in order to increase the knowledge and ability to work on issues related to disaster preparedness and response

Activities to achieve this objective are:

- To support the training of CVM's' volunteers and staff in DP and DR (including needs assessment, risk mapping, and dissemination of Red Cross / Red Crescent Movement Principles), in order to improve CVM's DP and DR system, procedures and capacities.
- Develop and run three DPDR zonal/regional workshops for CVM provincial secretaries, DPDR and other provincial technicians and key DPDR provincial volunteers.
- To help the CVM to develop and run 11 DPDR provincial workshops for CVM provincial secretaries, DPDR technicians and selected volunteers from the disaster prone districts.
- To help the CVM to develop and run 55 DPDR district workshops for volunteers and community leaders from target district.
- Together with ICRC develop a training session about how should the CVM work during war and internal conflicts, especially in the provincial branches in the north zone (Niassa, Cabo Delgado and Nampula)
- To promote the establishing of the national program of DPDR volunteer in other sectors (ex. University, rural, retired people, industrial, and collaborators).
- Update the DP curricula for all training levels and monitor the provincial and district training process.
- To promote the contacts and exchange with the International Federation's Regional Delegation in Harare on DP issues specifically within the context of Regional disaster preparedness and training.
- To promote the systematization of experiences/ learned lesson, relationship, investigations, analysis of the information coming from the provincial/district levels and exchange of information between all components of the Movement and organizations working in the country and internally with all areas working directly or indirectly in disaster management of the CVM.

Objective 4 To improve the management of appropriate information by the CVM regarding disasters as well as its capacity to increase awareness of the general public on this aspect.

Activities to achieve this objective are:

- Create call-up systems for volunteers at national, provincial and district levels and distributed telephone cards to for district DP volunteers.
- To promote the exchange of information and knowledge with the INGC, UNDP, UNDMT and other organizations working on monitoring and investigating disasters..
- Give support to CVM to do regular updates of the CVM's EWS, linked to the official Mozambique Early Warning System.
- Undertake two information workshops on disasters, at national level.
- Launch the Community Emergency Plan Educational campaign.
- To promote the development of a new educational campaign with a different disaster prevention focus.
- Have a technical consultant review the awareness campaign material, undertake an impact surveys and to monitor campaigns and advertisements.

Objective 5 Ensure that the CVM define and develop a CBDP national program to enable communities to reduce vulnerability and strengthen their capacity when facing disasters and promote together with the government a CBDP programme focusing on the identification of disaster prone areas.

Activities to achieve this objective are:

- To give technical support to CVM and PNSs, that are responsible for the funding of this programme in their areas of operation.
- To encourage exchange of experiences in this programme in order to accelerate implementation.
- To systematize lessons learned and experiences in order draft a documents to facilitate the dissemination of the knowledge in the whole country.
- To develop and incorporate new areas of community training, critical for community strengthening and preparation.
- To promote new activities in order to increase the capacity of CVM to prepare for and respond to local disasters.
- To promote Water and sanitation projects and that they are incorporated into CBDP workshops and follow-up work with communities.
- To promote the creation of Local Disaster Response Brigades that will be formed in pilot communities as a strengthening of disaster preparedness impact of the programme.

Expected results

For objective 1

- The public and private institutions concerned with disaster preparedness and response have a forum in which to co-ordinate disaster response.
- Disaster preparedness and response policies and strategies of CVM are stabilized, adopted and disseminated nationally.
- Improved disaster response co-ordination, locally and nationally
- Policies, manuals of CVM on disasters are disseminated and distributed among public and private institutions.
- Acceptance and dissemination of reports of inter institutional disaster procedures followed by preparation of a draft manual of procedures.
- Within the regional strategy of the Movement the CVM is capable of supporting an effective disaster response.
- Improved mechanisms for exchange, training, update and monitoring in case of disasters as a consequence of its membership in existing networks offered by other institutions.

- DPP activities will be carried out at all levels of CVM. 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 headquarters levels.

For objective 2

- The structure of DPDR department is fully recognized and empowered by the governing bodies of the National Society
- The CVM contingency plan for disaster response has been reviewed, accepted and disseminated in the headquarters and provincial branches.
- The basic relief stock (4,000 family kits) pre-positioned by the Federation last year will be kept under the responsibility of priority district commissions in CVM warehouses. This stock should serve the immediate needs for an average 300 people in 80 target priorities districts (disaster prone areas) when a disaster occurs.
- PNSs will construct facilities (in those targeted districts where they do not exist and are working currently) to serve as working offices for the district commissions and will accommodate warehouse space to house DPP stocks.

For objective 3

- Execute 3 zone, 11 provincial and 55 districts DP workshops
- DP curricula is updated
- Execute one workshop together with ICRC on how CVM should work during war and internal conflicts.
- 55 districts have the capacity to provide an effective and efficient first response to disasters.
- At the 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-position of emergency item, community based early warning system, and evacuations plans.
- The volunteers are more qualified and extended to other people groups
- Contacts between the CVM and Harare Regional Delegation of Federation are maintained and encouraged.
- DP documents are produced compiling experiences and lessons learned.
- There will be a regular production of quarterly and annual DPP reports from CVM headquarters.

For objective 4

- CVM staff manages information better in case of disaster
- The CVM has improved coverage in mass media and the Mozambican population has received information on how to adequately confront disasters.
- A significant percentage of the target population (25%) is aware of the campaign's recommendations
- 10% of the target population take measures and recommendations disseminated through the campaign.
- EWS is functioning and linked with the government system.

For objective 5

- A National Program of CBDP is defined, its didactic material and guidelines are produced in Portuguese language and distributed for all target provinces.
- An agreement between CVM and the INGC/PNUD is signed. The CVM will assume the lead in the implementation of this programme at a national level, producing the didactic materials and co-ordinate the process.
- The end of the programme will substantially reduce the level of vulnerability of the population living in the target areas for the DP programme.
- The most vulnerable populations living in the most disaster prone areas of Mozambique will be better served by the CVM in the event of a future disaster by the end of the programme.

Indicators

- DPP stock pre-positioned will be maintained in good conditions in each provincial and district branches and monthly reports will be sent to headquarters level.
- Training for 1,000 volunteers (from all provinces) working in DP activities at the end of 2002.
- All CVM DP resources will be inventoried and will be updated each quarter.
- Monthly report will be coming from provincial DP technicians.
- The firsts emergency and disaster assessments will be undertaken on the provincial level.
- The province branches will use regularly the DP procedures manual in case of emergency and disasters.
- The quality of information coming from provincial and district level is reliable.
- All DP resources (radios, boats, relief elements, vehicles) will be used adequately and maintain system is knowledge for all staff and volunteers.

Critical assumptions

Internal Factors

- The DP programme will become sustainable and continue to be a major strength of the National Society, regardless of the weak financial capacity of CVM and the country's weak economy.
- The recruitment of DPP technicians and volunteers and their continued motivation will not be affected by lack of regular incentives or working materials.
- Timely submission of DPP reports.
- Regular and timely cash flow from CVM headquarters to the provinces and district levels.
- PNS working in Mozambique will be funding the DP technicians in each province where they are implementing projects.
- PNSs will assume their responsibility to finance and support specified DP projects (see attached list).
- ICRC will be supporting the training process focusing on the northern provinces, in relation to work responsibilities during war and internal conflicts.

External Factors

- The socio-economic situation of the population in places where the DP projects are implemented will not create a situation of weak volunteer participation within target communities.
- The future occurrence of disaster and epidemics will not be so great that it will hamper the implementation of the activities described in the projects.
- Co-operation and support from the relevant government and statutory bodies will be received
- The government will define officially the role specific for each organization working in DP area, including CVM.
- Adequate support for the DP programme from the donor community will be attracted.

Monitoring and evaluation arrangements

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

- At the local level, CVM volunteers with the involvement of local and district committee members will implement the project activities. The provincial DP officers and DP headquarters level will monitor the implementation of activities and give the necessary coaching, support and in-service training to the volunteers.
- DPP report will be produced at all levels. A monthly 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 headquarters level. The responsibility of headquarters will be to report quarterly to the donors and other partners.
- The International Federation's DPP delegate will give advice and support to the CVM at headquarters 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 achievement 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 headquarters programme officers and the International Federation's DP delegate and programme co-ordinator. The review will give recommendations for the following stages of the projects.

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2. Disaster Response

Background and progress to date

With a life span of only twenty years Mozambique Red Cross Society, (Cruz Vermelha de Mozambique, CVM) its major disaster response focus over the last ten years include civil war, drought, refugee return and two catastrophic floods as well as reconstructing various structure destroyed in those disasters. The National Society therefore has deep bedrock of experience throughout its highly motivated staff and volunteer network. This structure has also experienced the painful effects of expansion and contraction as it was forced to deal with disasters, then left to handle the inevitable down sizing once response operations were phased out. As a result, the CVM is technically proficient in many areas in the field of disaster response, but grimly aware of the dangers of basing its institutional activities and structure on such a flimsy base.

The dramatic floods which swept through the centre and south of the country in 2000 therefore tested the CVM in important ways. It showed that the National Society can rely on a deep wellspring of indigenous supporters and former volunteers who offer their services in times of need. The quality of the CVM's service delivery to those in need surprised and impressed its own government, thrusting the National Society into the limelight and offering it new opportunities but new challenges in the future. However, the response operation also showed the National Society's limitations, particularly in the areas of logistics and relief capacity, which had been sharply reduced in the late 1990s. The disaster response also revealed the difficulties inherent in a Red Cross / Red Crescent free-for-all where participating National Society implementation activities threatened to overwhelm the National Society's capacities to assist or control them.

Moreover, these two recent consecutive floods of 2000 and 2001 were so intensive and therefore highly occupying in terms of time and effort that little or no room at all was available for developing disaster response structures of the national society. All attention of the Federation and Mozambique Red Cross Society had to be by obvious priority focussed on providing immediate assistance to the affected populations.

Improvements, nevertheless, can still be made and the Federation plans to support the CVM in the strengthening of its information and communication, relief and logistics departments and systems in the future; and in the disaster preparedness and response systems and structure in the most disaster-prone provinces. In addition, lessons, experiences and problems met out of the recent disasters, provide clear evidence that attention needs to be concentrated towards building the capacity of the Mozambique Red Cross Society in the areas of disaster response and Logistics.

In the past, these Logistics and DR tasks have been either least attended to as they were all along loosely annexed to other programmes in the national society therefore resulting into slow and sometimes incomplete execution of tasks therein. For instance:

- A lot of relief goods remain undeclared with customs.
- The fleet management area needs to be better streamlined.
- Society asset inventory monitoring countrywide.
- Procurement systems to be streamlined and standardized, etc.

The country system of handling relief imports is plagued with extensive bureaucracy which renders straightforward tasks within disaster response delayed and difficult. This situation is worsened by the almost absent designated focal point in terms of personnel of DR within the national society thus overstraining the already over stretched Federation existing Logistics set up.

Achievements

Fortunately, the national society top management has realized and felt the existence of a deep hole in the area of disaster response and consequently progress has started in bridging the gap by employing relevant staff and thereby giving ample opportunity for the Federation to intensify its focus on capacity building and development of systems/procedures in disaster response. This is already a big achievement in itself.

Despite the meager resources utilized, a lot of success has been registered in provision of DR support to the running programmes throughout both emergency periods of last and this year. Relief operations still progressed to completion with, however, maximum input from the Federation. This year alone so far (Jan. to July), an estimated size of over 450 metric tons of relief were custom cleared and delivered to beneficiaries of flood victims in the central provinces of Sofala, Tete, Manica and Zambezia.

Difficulties and constraints

- The main difficulty encountered by the Mozambique Red Cross Society is that of clearing of relief goods coming from overseas. The rate at which relief donations flowed into the country was so high that their clearance was hardly possible with meager staffing responsible as explained in the background information above. Despite the express involvement of the Federation in the bridging of the gap in many ways, a lot of prolonged delays of clearance of imported relief consignments were caused and in turn high demurrage expenses.
- Another major constraint was that of accessibility of the sites of operation due to flooding mainly because of broken roads, bridges damaged by the floods or heavy rains. This therefore meant that big lots of relief had to be transported by air whose expenses were usually enormous by all standards.
- Lack of sufficient 4 WD vehicles to transport relief workers to and from the field was another problem. Even the few trucking companies which could afford to avail their trucks for rent posed a big problem of unreasonably hiking the transport costs of deliverance of relief to the field.

Lessons learned

- Increased awareness of the need for CVM to plan ahead and be more disaster prepared even with only a minimal clue of an impending disaster.
- CVM officers had chance to conduct camp management and develop a sense of ownership of the operation as well as learning from the expatriate staff who worked alongside them.
- With a highly motivated staff and volunteer base of CVM, emphasis will now be put on training and maintaining a data base of trained beneficiaries as a future resource. Trained personnel will also be sensitized to preserve inventories of the society structural set ups, material and equipment which the society has had to benefit from in donations during the emergency and rehabilitation phases.

Goals The ultimate goal aimed at is to have a disaster response department that is able to respond quickly and efficiently to operational requirements of other running programs within the society by having well managed vehicles and speedy clearance and procurements of relief and other programme items. In addition, putting reporting systems and procedures in place that will lead to satisfaction of both beneficiary and donor communities.

Objectives and activities planned

Objective 1 To establish and implement a strong disaster management system in the national society which is able provided the required response during disasters.

Activities to achieve this objective are:

- Develop and run 3 disaster response workshops for the CVM and the Federation disaster response staff at headquarters and provincial levels selected from highly disaster prone provinces while limiting to a maximum of 30 people in each workshop (venues will be Headquarters, Beira and Quelimane).

- Expanding contacts with the International Federation of Red Cross and Regional delegation in Harare on DR (and FACT teams) on issues, specifically within the context of Regional preparedness and training.
- To integrate the departmental National Technicians Advisor Teams into the DR functions in times of training and setting up of systems and procedures.
- Set up a disaster management policy and data base to act as point of reference for monitoring of expected results within the national society especially by the end of 2002.
- To promote the regular use of the telecom network by CVM (at provincial level and strategic districts) and organize a 24 hour radio attention system in Maputo.

Objective 2 To give technical support to CVM in order to upgrade their human and material resources throughout the country.

Activities to achieve this objective are:

- To design the DR warehousing system and identify the strategic places where it is necessary to improve on the structures.
- To give technical support for CVM to set up an efficient transport management system covering both land and sea options in order to better give support to disaster operations.
- Providing guidance and assistance to the national society leading to the recruitment of appropriate staff who carry out disaster response duties.
- To support CVM in developing systems in speedy procuring and clearing of relief imports, dispatch of relief to provincial warehouses etc.
- To promote investment in human resource and assist the national society in the development of regular consultation and better DR liaison with other DR actors in the country.
- To assist in building of a co-ordinators role for all DP and DR working groups within the country in a view to share ideas and maintain awareness of DR systems ahead of floods or other disasters.
- To assist and support the already existing procurement tender committee of the national society in an attempt to build awareness in using proper procedures and in accountability.

Objective 3 To assist the national society set up a vehicle maintenance and repair system in a bid to cut down overall running costs and ensure proper management of the CVM fleet of vehicles, motorcycles and boats countrywide.

Activities to achieve this objective are:

- Assist in establishing a low cost vehicle maintenance system for all vehicles of CVM and the Federation.
- Assist in establishing a minimal stock of spare parts according to the type of vehicles owned by both the national society and the federation.
- Install and train vehicle users and administrators of CVM the computer based Transport Management System (TMS) developed by the Federation for efficient and cost effective administration of the vehicle fleet so as to have the system fully running by April 2002.
- To promote and support the system that quickly identifies operational Mozambique Red Cross Society equipment, including vehicles, whose maintenance costs become high so as to cut down on expenditures. It is expected that by the onset of the year 2003, asset disposal guidelines will have been put in place.

Objective 4 With the current preposition of DPP stocks of relief to provincial and district levels, there is obvious need for CVM to ensure that warehouses are kept to recommend standard. The objective of the Federation will be to support CVM to set up and maintain standard warehousing systems and procedures to enable them run effectively and therefore support beneficiary communities more professionally.

Activities to achieve this objective are:

- Assist CVM in the methods of contracting appropriate warehouses based on data and information provided by the DP Programme with whom liaison will be maintained.
- To develop and encourage organizational systems which will enable the national society produce proper stock reports timely.
- To set up monitoring methods which ensure that warehouse utilization is maximized at all locations at all times so as to avoid unnecessary free space rent payments.

Expected results

- There is a tremendous amount of experience and expertise gained within the CVM staff and volunteer base right from the headquarters through provincial to district levels. One prominent expectation of the DR programme is to ensure that within a period of 6 months, this experience will be tapped and appropriately deployed within the country in full readiness of any eventual disasters.
- CVM will have a personnel resource that identify themselves with the requirements of disaster response at whatever stage. These are expected to develop and maintain a sense of ownership of policies and procedures and eventually take up these roles assertively.
- Within a period of 6 months, various guidelines for disaster response for CVM will be in place i.e..
 - vehicle fleet management system,
 - procurement guidelines
 - warehousing guidelines
 - beneficiary assessment techniques will have been learnt.
- With this strategy, 90 DR staff and a number of volunteers trained at both headquarters and selected provinces by the end of June 2002.
- A list of DR technicians will have been drawn up as resource and presented to top management of CVM. These technicians with full support of the Federation, will be expected to spearhead and carry on the DR tasks in full capacity by the beginning of the second half of the year 2002.
- With the immense experience gained by DR staff of Fed. and CVM during the last two floods, it may be expected that these staff become TOTs and be can be drawn to transfer experience to other provinces or regions that have otherwise not experienced such disasters before thus emphasizing the aspect of capacity building of the national society staff.
- The national society will have set up a fully fledged DR chain of command that originates direct from top management down to district volunteers dressed with additional qualified and dedicated staff by June 2002.
- Running costs of vehicles and customs clearance fees will have dropped by a conservative rate of approximately 10% every month from Jan. 2002.
- Proper asset/inventory lists of the national society will have been drawn up and effective reporting systems put in place.
- A vehicle management system will have been installed for CVM fleet and be applicable by February 2002.
- Asset disposal system to be established by the end of the programme. These assets will include items like computers, vehicles, copiers etc. whose running costs are otherwise usually high due to prolonged usage when old.
- By assisting CVM develop strong DR systems, any eventual disasters during the preceding years of 2002 and 2003 will find effective and efficient managers with a forward planning insight. Proper management of assets and equipment including relief will be possible, and therefore a considerable reduction on expenditure is the obvious result.
- Staff of all levels of CVM disaster response understand and utilize the Fed. policy and procedures in DP / DR and relief.
- The image of CVM in the face of the public is felt and boosted when DR systems are functioning efficiently.

Indicators

- CVM headquarters and provinces are familiar with the DP manual and DR guidelines and are able to put into practice lessons learnt.
- Reduction in running costs of vehicles and customs clearances by an approximate rate of 10%.
- Over 90 DR staff from selected provinces undergo relevant training facilitated by the Federation and CVM headquarters.
- Many thousands of vulnerable households will eventually indirectly benefit as a result of the improvement of DR knowledge and skills in the staff and volunteers of the dept. through better disaster response and ongoing DP activity.
- A number of DPP training workshops have been conducted throughout disaster prone provinces in readiness for disaster responses.

Critical assumptions

Internal

- Sufficient and efficient staff in the CVM DR dept. to undertake the program in full.
- The CVM leadership fully supports the program objectives and structural set up.
- Provincial Secretaries of the selected provinces are committed to the program.
- The Regional Delegation buys to the elements / ideas that touch or link its DR departments to those of the CVM and the Federation.

External

- Sufficient funding is available for the program intentions.

The Federation obtains the long-awaited status agreement some of whose sections will obviously ease the bureaucratic channels of especially handling relief in the country.

Monitoring and evaluation arrangements

Monitoring

- The program will generally be monitored at the headquarters level of both the national society and the Federation by a DR delegate and other Federation staff plus the CVM DR staff. Regional delegation (Harare) will also be called upon to provide additional monitoring services for the program.
- Through the federation delegation DR dept., technical back-up and general monitoring will continue to be provided by the DR dept. at the secretariat in Geneva.

Evaluation

- Evaluation of the program will be carried out on a quarterly basis and a final evaluation will take place at the end the year 2002. This external evaluation may be done by donor representatives in addition to the regional delegation office of the DR and DP. Field trips to the provinces selected and assessments of progress will form the main basis of monitoring and evaluation of the program.

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3. Health and care

Background and Progress to Date

Health

The Mozambique Red Cross Society Health programme has a long experience in community based First Aid (CBFA) both in emergency situations and in long term health developing projects. The Programme has an extensive network of approximately 2800 active volunteers who have been trained in First Aid and Primary Health Care.

Over the past two years health activities such as health prevention and promotion and first aid services have been implemented at community level in line with the philosophy of African Red Cross/Crescent Health Initiative (ARCHI 2010).

In 11 defined priority districts, 8 supported bilateral by PNSs and 3 supported through the Federation, long term health developing projects are ongoing. In these districts approximately 92.000 beneficiaries were educated in health prevention and approximately 30.000 were treated for infectious diseases during the first trimester in 2001.

During the last floods from February to June in 2001 the health programme conducted approximately 100.000 First AID/Health interventions and approximately 37.000 awareness sessions in the affected areas. Furthermore an agreement to organize and implement supplementary feeding for children under five, pregnant and lactating women in 8 flood affected districts during the rehabilitation phase from July to October in 2001 was signed in May 2001 between Ministry of Health, UNICEF and the CVM.

The HIV/AIDS situation in Mozambique is a great challenge. It is necessary for CVM to scale up its capacities and mobilize more people in the communities in the fight against the epidemic. However, due to the last floods and the limited capacity of the CVM, it has not been possible to concentrate on other programmes besides those concerning floods and the CBFA long- term projects in the 11 priority districts.

An extensive preparatory work is needed to organize in the provinces, districts and developing training materials and conducting intensive training of volunteers in order to launch a successful full scale HIV program that addresses the overwhelming needs in the country.

Water and sanitation

Over the past two years, CVM has responded to two flood disasters and embarked on several rehabilitation projects. In addition, efforts have been initiated to support and develop the water and sanitation (WatSan) activities in the northern provinces.

During the flood disasters which occurred in the southern part of country in 2000 and then in the central provinces in 2001, CVM responded with provision of potable water through trucking, repair of water mains, and distribution of chlorine tablets or prepared mother solution. Sanitation conditions were addressed with construction of temporary pit latrines and garbage pits, and promotion of health/hygiene education for the displaced population sheltered in temporary accommodation centres. CVM worked collaboratively with other agencies such as MSF, Oxfam, UNICEF, ACF and the government departments to assist with the Wat/San needs of the flood affected and most vulnerable communities.

Rehabilitation WatSan projects for flood 2000 have been late in their commencement but are well underway with all to be completed by end of 2001. Those proposed for flood 2001 are currently awaiting funding prior to implementation for the remainder of this year.

To address both the emergency and rehabilitation workload, CVM has expanded its WatSan personnel with an additional four WatSan technicians in three provinces, Sofala, Manica, and Zambezia. Before end of this year, a Community Education Officer based in Maputo and a Northern Zone WatSan Technician will join the CVM WatSan sector.

A programme development workshop took place in June of this year in the northern provincial capital of Pemba to discuss about the multi-sectoral programmes proposed for the four northern provinces of Zambezia, Nampula, Niassa, and Cabo Delgado. Nampula capital has been selected for the Northern Zone headquarters. Currently, a typical WatSan programme of new bore hole drilling, family latrine construction, hygiene promotion and WatSan training is being developed for implementation in each of these provinces. It is planned that the Northern Zone WatSan technician will be providing technical and co-ordination support to each of the Provincial Health Technician who are implementing these activities.

Problems and constraints

Some of the difficulties encountered within the Health and Care programme in 2001 included the following:

- The absence of National Society policies, standards and procedures continue to create confusion and lack of uniformity with PNS' projects, CVM provincial structures and external Federation support such as the ERU operation in Mutarara this year.
- A shortage of technically experienced CVM staff to respond effectively in emergency relief or to implement long-term project activities.
- Delays in project implementation due to weak institutional capacity of the CVM related to programme and project planning, organization, finance management and reporting.
- Lack of programme integration of various sectors such as Health, HIV/AIDS, WatSan, Logistics, and Finance. Thus minimizing positive impact to beneficiaries and CVM capacity building.
- Lack of well-defined indicators to measure the true impact of projects implemented.
- A weak voluntary/volunteers management system with respect to recruitment, training, and supervision.

Lessons learned

- The last two flood emergency responses show that it is possible to mobilize an enormous capacity from volunteers during emergency response to alleviate and mitigate the effect of a disaster.
- There is a need to screen, train, supervise and support CVM volunteers on a regular basis.
- There is a need to establish a volunteer database to profile and better manage the volunteer foundation of CVM.
- It is crucial to recruit well qualified and experienced technical staff in a timely manner once the need has been identified so that CVM can respond effectively in both emergency relief and long term project activities.
- Reporting needs to be improved so that activity progress can be effectively monitored and donor's kept abreast of their projects.
- Policy, standards and procedures need to be developed to set the framework of the CVM's Health and Care programme.
- The WatSan programme needs to sustain its emphasis and focus on software development to ensure software has equal weight in programing as does hardware.

Goal The overall goal of the CVM's Health and Care Programme is ***to reduce the increasing impact of HIV/AIDS and to improve the lives of vulnerable people by carrying out community based first aid and water and sanitation activities within the framework of ARCHI.***

HIV/AIDS

The great challenge during 2002-2003 will be to implement the new 5-year country plan on HIV/AIDS. The activities will concentrate on promotion of the following areas:

- Preventive measures (Youth Peer education for 10-24 years old)
- Community home based care
- Advocacy for orphans and people living with AIDS
- Policy formulation at national level
- Social promotion
- Legal and Institutional advocacy

The HIV/AIDS programme will start in four selected districts in the two provinces of Tete and Nampula and expanding by two to four districts per year in addition to the bilateral HIV/AIDS activities in other districts/provinces by the PNS'.

Health

In addition to the areas where the HIV/AIDS programme will be implemented, CBFA/ ARCHI health activities will continue during 2002-03 in the 11 priority districts previously mentioned.

ARCHI 2010 tools for volunteers nation wide in Portuguese will be introduced through training sessions in 2002 and a better integration of PNSs health activities into the CVM's own health strategy and policy will be established.

The fight against malaria will be one of the priorities during 2002-03 by introducing impregnated bed nets and promote education on the proper use of bed nets at a community level. The three priority districts which are not bilaterally supported by PNSs currently are Nhamatanda in Sofala, Barue in Manica and Chiuta in Tete. Only these districts are included in this appeal.

Water and sanitation

The Federation and CVM WatSan efforts in 2002 and 2003 will focus on the capacity building of the WatSan programme. This entails development of its policies, enhancement of its technical personnel through recruitment of qualified and experienced personnel and training of the staff at each level. Efforts in this area is aimed ultimately for the CVM WatSan team to be able to reduce the level of transmissible diseases related to poor water and sanitation through provision of drinking water facilities, essential basic sanitation facilities and hygiene knowledge to the affected population. This will be for all phases of emergency, rehabilitation and recovery, and development. For the emergency phase, an in-country Emergency-Response-Unit (ERU) will be established through the joint effort of the CVM, the Federation, and Spanish Red Cross.

The Federation WatSan coordinator position will be held for the first 6 months of 2002 at the end of which the WatSan programme will be handed over to CVM to manage and operate. For this reason, the structural framework of policy, standards and procedures of CVM's WatSan programme will be clearly establish during this period. The programme will thereafter consist mainly of CVM and PNS supported projects. The federation's technical and professional assistance will be provided through the Harare delegation.

Objectives and activities planned

HIV/AIDS

Objective 1 To improve HIV knowledge, attitudes, skills, practices and behaviour of 420,000 youth (10-24 years of age) in a population of 1,400,000 in priority districts by the end of 2006 (while the objectives specified in this appeal are intended to be carried out over five years, the activities outlined here are intended to be implemented for one year - 2002).

Activities to reach this objective are:

- Project development, selection of 7 coaches and appropriate number of volunteers based on the population served.
- Training of 231 Peer Youth Educator Volunteer.
- Target Identification (youth 10-24 years of age)
- Conduct Peer Youth Education in 300 schools through school-based presentations
- Conduct 1200 Peer Youth Education sessions outside schools using drama groups (theatrical presentations)

Objective 2 Improve and maintain the quality of life and condition of 14,000 Persons Living with HIV and AIDS (PLWA), their families and of the community, using community resources in priority districts by the end of 2006.

Activities to reach this objective are:

- Project development, selection of 200 Community Home Based Care (CHBC) volunteers and Selection of 7 coaches by the end of 2002.
- Each volunteer trained will be responsible for conducting a single, one to two-hour home visit in a maximum of 10 households per week.
- Each home visit will have a specific “topic” or educational point for discussion with the PLWA and his/her family as appropriate. Materials for distribution to the family will support each topic. Topics include:
 - Hygiene and physical care of chronically ill family member
 - Good nutrition and lifestyle
 - The use of basic medications
 - HIV/AIDS, including nature and prevention
 - Medical options (where available and accessible to household)
 - VTC for family members (where available and accessible to households)
 - Establishing / Entering a support group in the community
- Following initial home-visits, volunteers will continue visiting families on a regular basis to both reinforce messages previously sent, and to provide further support, information, referrals and increased access to services in their locality.

Objective 3 To introduce concept of Active Influential Community Members (AICM) and have them serve as a catalyst for, and facilitate the entry and the maintenance of the Red Cross HIV/AIDS activities in the community. 100 AICMs will be active in priority districts by the end of 2006

Activities to reach this objective are:

- Project development, selection of 1 AICM per 30 volunteers
- Training of AICMs
- Working with Community Leaders and other AICMs
- Target Identification and Baseline Information Gathering
- Continual Volunteer activity Support and Monitoring
- Working with Families
- Distribution of condoms

Objective 4 To improve social, economic and physical well-being of persons living with and affected by HIV / AIDS through increased social and legal status (i.e. advocacy for PLWA).

Activities to reach this objective are:

- Creation of an Institutional Model for the national society (national society Policy; Awareness building, Institutional coping mechanisms; basic support to PLWA).
- Social Promotion (Educate on Workers Rights, VCT and acceptance of status, and joining support groups).
- Legal and Public Institutional Advocacy (lobbying MPs, Ministers, NAC).

Objective 5 To oversee general management of this programme and provide specific technical guidance 6 districts with a population of approximately 500,000.

Activities to reach this objective are:

- Baseline study in 3 provinces.
- Develop and supervision of collected data to measure programme progress.
- Developing new reporting and supervision formats and guidelines.
- Continual Volunteer support and Monitoring (provision of materials and supervision of activities).
- Creation of an institutional Model for the CVM (Policy, Awareness building, institutional coping mechanisms, basic support for PLWA).
- Social promotion (Educate on Workers Rights, VCT and acceptance of status, joining support groups).
- Legal and Public Institutional Advocacy.

Community Based First Aid

Objective 1 To improve management and technical support at headquarters, provincial and community levels.

Activities to reach this objective are:

- Develop new monitoring, reporting and supervision guidelines from community to Headquarters in 2002.
- Assist in developing and supervision of collected data to measure programme progress in 2002-03.
- Copy 2000 ARCHI tools in Portuguese for volunteers in 2002.
- Produce and disseminate IEC materials on priority health topics such as malaria, cholera, malnutrition, TB, HIV/AIDS in 2002-03.
- Intensify information, education and communication on Tuberculosis prevention in the community in 2002.
- Advocate for increase and accurate access to treatment of malaria in 2002.
- Provide relief health intervention support to counter epidemics such as diarrhoea/cholera.
- In 2002, improve level of advocacy for malnourished children, pregnant and lactating women.
- During 2002-03, provide health promotion, disease prevention and First Aid activities in line with ARCHI 2010.

Objective 2 To improve the health of vulnerable communities by providing Community Based First Aid activities in line with the ARCHI principals.

In 3 priority districts not supported by PNSs with a population of approximately 350.000 inhabitants.

Activities to reach this objective are:

- Conduct 3 Participatory Rural Appraisal (PRA) training sessions in the priority districts together with the 3 Provincial Health technician in 2002.
- Train 3 Health technicians in the training of trainers (TOT) on ARCHI health activities in 2002.

- Train 60 volunteers on ARCHI health activities annually during 2002-03.
- Introduce and distribute 24000 impregnated mosquito nets on community level and promote education on the proper use of bed nets during 2002.
- Purchase and distribute 60 Medical kits and 90 First Aid bags to volunteers in 2002-03.

Capacity Building for Health/HIV/AIDS/WatSan

Objective 1 Development of CVM National Health/HIV/AIDS/WatSan Policy and associated standards and procedures.

Over the first 6 months of 2002, the headquarters staff will accomplish the following:

Activities to reach this objective are:

- Prepare Mission Statement encompassing areas of Health, HIV/AIDS, and WatSan.
- Define role and responsibilities during the emergency, rehabilitation/recovery, and development phases in each technical sector.
- Establish managerial and technical standards within the framework of Red Cross principles, CVM mandate and government regulations in each sector.
- Establish official partnership with government bodies where applicable for each sector.
- Compilation of the above works in a comprehensive policy document.
- Dissemination and distribution of the policy document at various relevant co-ordination meetings and to all CVM provincial offices, the Federation, and PNSs and other relevant organizations.

Subsequent to the above activities the policy document will be reviewed at every 6 months, that is at the end of 2002 and mid 2003:

- Application and modification to the policy document to improve its relevancy to providing the foundation of the CVM Health/HIV/AIDS/WatSan programme.

Objective 2 Training of CVM Health/HIV/AIDS/WatSan personnel to improve their understanding and performance at work.

During the first six months of 2002, a 10-day ARCHI/Management course will be developed and given to a minimum of 22 participants.

Activities to reach this objective are:

- Identify topics to include areas of ARCHI, programme planning, budget management, personnel and resource management, proposal and report preparation, project management, monitoring and evaluation.
- Liaison with in-house expertise to participate in this training such as finance and logistics.
- Prepare written and presentation materials.
- Prepare logistical support to deliver the training.
- Identify and notify participants to attend the training. The projected number of participants is projected to a minimum of 25.
- Deliver course to attendees from headquarters and provincial levels in the second quarter.
- Evaluate course and incorporate necessary changes to improve the course content and its delivery.

In 2003, the 10-day ARCHI/Management course will be given again with the following activities:

- Review and revise course content to include new developments in the ARCHI/Management areas.
- Identify new and returning participants.
- Deliver and evaluate the course and modify as needed.

Capacity Building for WatSan

Objective 1 WatSan specific training for CVM volunteers to increase the WatSan skilled volunteer base. The volunteers will be trained on a 5-day CVM WatSan course developed and pilot tested in the previous year of 2001.

Activities to reach this objective are:

- Scheduling of three training course for the provinces of Tete, Zambezia, and Manica among the total of 10 provinces. The other provinces are assumed to be supported by the PNSs operating in them.
- Identification and selection according to established criteria of 20 CVM volunteers in each of the provinces.
- Set up logistical arrangement of each training course with respect to course and presentation materials, class room venue, transportation, room and board where necessary, etc.
- Delivery of the 5-day training courses.
- Evaluation and correction to course content and delivery method employed.
- Establish a training database so that a resource base of WatSan skilled CVM volunteers can be maintained.
- Follow up supervision, monitoring, and infield refresher training as the need is identified.

In 2003, the course will be revised to include any new technical areas. Two such courses will be delivered in two provinces not already supported by PNSs. The activities will follow closely those described above.

Objective 2 WatSan disaster preparedness (DP) with an in-country ERU established through the joint effort of CVM, the Federation, and the Spanish Red Cross. In 2001, the first in-country ERU training will take place in November along with the pre-positioning of equipment and materials at three sites. Candidates for training will be those WatSan technicians employed with CVM and PNSs.

Activities to reach this objective are:

- During the first quarter, procurement and pre-positioning of 3 sets of WatSan DP stocks at three determines locations along with the mobile water treatment plants and associated equipment provided by Spanish Red Cross.
- Identification and selection of new and return candidates for ERU training. The number is projected at 10 participants.
- Update of ERU resource database to include trained personnel, equipment and materials.
- Regular monitoring of potential disasters in co-ordination with CVM DP sector.

Expected results

HIV/AIDS

Results for objective 1

- Improved knowledge of the nature of the HIV virus, it's transmission, and of the impact that AIDS has on individuals, misconceptions about persons living with HIV/AIDS dispelled.
- Positive changes in risky personal and interpersonal sexual activities and behaviours
- Increase in the consistent use of condoms.
- Distribution of 3,000,000 condoms. Distribution designed by the volunteers and AICM.

Results for objective 2

- Level and consistency of care of Chronically ill persons within the community increased.
- Increase in social support accessible to PLWAs and their families within the community.

Results for objective 3

- District Coaches and volunteers supported in the implementation and oversight of planned activities on a regular basis at the community level.
- Social networks identified and orphaned children integrated into this network.
- Friendly policies and activities for PLWA within the National Society to include Staff and Volunteers, are created and institutionalised.
- Increased knowledge about the situation, potential and opportunities available for Persons living with and affected by HIV / AIDS.

Results for objective 4

- Decreased stigmatisation and discriminatory practices amongst target groups.
- Increase the prioritisation and finite implementation of existing and new policies and legislation. aimed at improving social, economic and physical well being of persons living with and affected by HIV and AIDS.

Results for objective 5

- Structure of the ZRCS reorganized with defined reporting structures and clear lines of communication for all levels in the HIV/AIDS programme.
- Branch Executive Committee members and Volunteer Leaders trained in management and leadership skills.
- Provincial Technicians and District Coaches employed and retained.
- Quality financial and narrative reports produced according to donor requirements.

Community Based First Aid

Results for objective 1

- Extended network of approximately 1,500 trained volunteers in ARCHI 2010 tools in Portuguese by the end of 2003.
- Volunteers distributing IEC materials such as approximately 5000 pamphlets on malaria, cholera, tuberculosis, malnutrition, HIV/AIDS and 1000 first aid manuals by the end of 2003.
- During 2002 new reporting and supervision formats and guidelines for the 11 Health Provincial technicians are in place.
- Collected data will better measure programme progress during 2002-03.
- Through participation in co-ordination meetings with other NGOs intensive lobbying activities and discussions have started in 2002 against the actual MOH policy of malaria treatment in Mozambique.
- Other NGOs such as UNICEF and the MOH will be better aware of nutritional problems in the priority districts where CVM are working.

Results for objective 2

- Improved participation of the community in the development of health activities
- Approximately 200 volunteers have received and been trained in the ARCHI 2010 tools in Portuguese for volunteers.
- Decreased morbidity, mortality of the most common diseases such as malaria (by 20-5% respectively) and diarrhoea (25- 3% respectively) among children.
- Improved quality of preventive and promotional health activities undertaken in the 3 target districts during 2002-03 which guarantee the future sustainability of these health activities.

Capacity Building for Health/HIV/AIDS/WatSan

Results for objective 1

- One mission statement giving clarity of direction and focus for each sector and jointly.

- Well-defined strategic areas for each programme related to the 3 phases of emergency, rehabilitation/recovery, and development.
- Well-defined guidelines including specific standards and procedures to minimized confusion and differences in approach and implementation to all participating partners.
- Creation of opportunities for linkages and improved awareness building and co-ordination among participating partners.
- Through establishment of vulnerability criteria/index, improved targeting and delivery to the most vulnerable in the affected communities.

Results for objective 2

- A minimum of 22 better skilled and motivated CVM staff in each of the two years.
- Improved mutual understanding, respect and communication between headquarters and field offices, and between the CVM and the Federation.
- Creation and better management of realistic and practical programme/project budgets.
- Improved resource management and allocation of skilled personnel, equipment and materials with systematic monitoring and updating.
- With regular and useful reporting, timeliness of problem identification and corrective measures taken.
- More knowledgeable, receptive and responsive CVM personnel to needs of affected community.
- More effective knowledge/skills/technology transfer to community and individual levels.

Capacity Building for WatSan

Results for objective 1

- 80 better skilled CVM volunteers in WatSan over the two years in three to five provinces.
- Increased ability of CVM to attract and retain good quality volunteers since this training is a form of incentive and gratuity.
- Better mobilization and response capability to emergency relief.
- Reduced technical support and associated deployment costs needed from CVM WatSan personnel who are then available to address needs in elsewhere.
- Trained WatSan volunteers become a conduit or immediate interface with the community to identify needs or problems and give effective support.

Results for objective 2

- Well-equipped Mobile ERU base at three locations for immediate and effective in-country disaster response.
- Well trained and skilled ERU CVM personnel for immediate and effective deployment to disaster areas .
- Reduced dependency on the external, large scale and highly costly ERU.
- Increased response capability at the zone level to provide emergency relief.
- Zone headquarters and individual personnel empowered with the training, equipment, and supplies to respond effectively.
- Opportunities created to jointly address clean water needs during emergency situations with other organization.
- Demonstrated possibility to have a successful trilateral arrangement (CVM/Federation/SRC).
- Reduced risk of cholera outbreak in communities since WatSan emergency response is more timely.

Indicators

HIV/AIDS

Indicators for objective 1

- Number of Youth Peer Educators, CHBC Volunteers and AICM trained.

- Number of respondents who correctly identify means to protect against methods for HIV Infection.
- Number of sexually active youths who negotiate for safe sex.
- Number of respondents with misconceptions about HIV transmission or prevention.
- Number of people expressing attitudes of acceptance towards people with HIV.
- Median age at first sexual encounter.
- Number of respondents aged 10-14, 15-19 and 20-24 indicating multiple sexual partners.
- Number of women aged 10-14, 15-19 and 20-24 who have had non marital sex with an man 10 year or more older than herself in the past 12 months.
- Number of respondents who report using a condom the last time they had sex.

Indicators for objective 2

- Number of households with a chronically ill adult receiving training in basic home care and first aid
- Number of recipients reporting improved quality of life based on country specific indices (e.g. improved self reliance).
- Number of communities establishing support groups for PLWA's.
- Number of households in the selected communities with a chronically ill adult aged 15-49 who have received external help caring for a patient or replacing lost income.
- Number of households with chronically ill adults who have received "Care kits".
- Number of households with a chronically ill adult receiving nutritional supplements.
- Number of chronically ill people referred to health centers by Red Cross volunteers/branch workers.
- Number of orphaned children who are adopted by family or community members (not UNAIDS indicator).
- Number of foster families receiving financial or material support based on adoption (not UNAIDS indicator).

Indicators for objective 3

- Number of AICM recruited and trained.
- Target populations identified and other relevant information available as per Baseline Data Collection Instrument.
- Successful implementation of Youth Peer Education activities (using indicators for YPE).
- Successful implementation of Community Based Home Care activities (using indicators for CHBC).
- Number of condoms available for distribution in the community which meet WHO guidelines divided by the population aged 15-49.
- Presence of health facilities with drugs to treat opportunistic infections.
- Number of orphaned children who have been integrated into an existing community structure.

Indicators for objective 4

- Number of awareness workshops/seminars for national society staff and volunteers.
- national society Policy available.
- Access to VCT and Availability to treatment for Opportunistic infections.
- Radio and television Messages on Advocacy for PLWA.
- Number of people openly discussing about status and opportunities available.
- Number of people expressing attitudes of acceptance towards people with HIV.

Indicators for objective 5

- High quality reports.
- Improved programme implementation.
- Improved project management.
- Reduced staff turn over.
- Number of posts filled.
- Active and trained volunteers and AICM in place.

Community Based First Aid

Indicators for objective 1

- Number and quality of reports submitted by the provinces.
- Number of feedback comments to the Provinces from the Headquarters on reports.
- Number of volunteers trained in ARCHI 2010 and number of distributed ARCHI tools for volunteers.
- Number of people reached by IEC on preventive measures.
- Number of co-ordination meetings carried out where advocacy, lobbying for better access and treatment of malaria have been a topic.

Indicators for objective 2 in the 3 target districts

- Number of beneficiaries attended in the target communities.
- Number of Participatory Rural Appraisal training sessions.
- Number of volunteers trained in ARCHI 2010 and number of distributed ARCHI tools for volunteers.
- Number of impregnated mosquito nets distributed.
- Number of Medical kits and First Aid bags distributed.
- Number of people reached by IEC material on preventive measures.

Capacity Building for Health/HIV/AIDS/WatSan

Indicators for objective 1

- Existence of a clear mission statement encompassing all three areas.
- Documentation of specific strategic areas for each program related to the 3 phases.
- Documentation of specific standards and procedures.
- Existence of Memorandum of Understanding between CVM and relevant government authorities.
- Existence of a comprehensive policy document.
- Record of distribution of the policy document.

Indicators for objective 2

- Existence of a comprehensive course curriculum and presentation materials.
- Number of CVM staff members trained in ARCHI/Management course.
- Number of budgets prepared that are realistic and practical to implement, especially against project deadline.
- Feed back from community leaders and members receiving assistance from CVM.
- Field observation of CVM activities in targeted communities.

Capacity Building for WatSan

Indicators for objective 1

- Number of CVM volunteers successfully trained in WatSan.
- Number of CVM volunteers retained for possible emergency deployment.
- Timeliness and effectiveness of CVM WatSan volunteers mobilized for emergency relief response.
- Cost reduction of dispatching headquarters staff to deliver WatSan assistance in the field.
- Field observation of CVM activities in targeted communities.
- Feed back from community leaders and members receiving assistance from CVM.

Indicators for objective 2

- Number of WatSan DP locations equipped and ready to respond to a disaster.
- Number of CVM trained with ERU skills.
- Timeliness of in-country disaster response to provide WatSan assistance.

- Cost reduction in deploying an in-country ERU as opposed to external ERU.
- Effectiveness of a multilateral arrangement to empower CVM to respond to future disasters.

Critical assumptions

Internal factors

- All participants understands and respects the roles and responsibilities of each other.
- Adequate resources are made available in a timely manner.
- Reports and plans are submitted on time and responded promptly.
- Different CVM programmes are proceed and develop in an integrated and collaborative approach.

External factors

- Cooperation and support from government authorities and beneficiary communities is received.
- Disasters and epidemics occur on a scale and frequency that is manageable for CVM.
- Adequate funding is attracted for the proposed CVM and Federation health and care programme for 2002-2003.
- Effective co-ordination is established with other implementing agencies.

Monitoring and evaluation:

In addition to revising the existing monitoring and evaluation systems, monitoring and evaluation of this programme will be carried out in the following ways:

- Where feasible, regular biweekly field monitoring visits by CVM Provincial Health and WatSan technicians to assess progress of the activities and findings reported monthly to Zonal and/or directly Maputo Headquarters.
- Periodic field visits by CVM Headquarters programme coordinators and technicians to select districts to assess progress of the activities and collect feedback directly from the beneficiaries at the community level.
- Monthly reports submitted from Provincial Delegations to Maputo Headquarters.
- Quarterly reports, both narrative and financial, prepared by Maputo Headquarters programme sectors.
- Revision of programme annual plan and budget every six months taking into account the various development of activities during the year.
- At the beginning of 2002, an external evaluation of programme elements will take place, involving the Health and WatSan technical advisors of the Federation's Regional Harare Delegation and possibly the technical staff from other National Societies. The evaluation report will be made available to the Federation, donors, and other interested parties.

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4. Promotion of the Fundamental Principles and Humanitarian Values

Background and progress to date

The promotion of the Fundamental Principles and Humanitarian Values has been an important activity of the Mozambique Red Cross Society (Cruz Vermelha de Mozambique, CVM) since its foundation. Especially during the years of war this area was greatly reinforced with the support of the ICRC, when disseminators were trained all over the country and each provincial branch had an information and dissemination officer. With the restructuring process this post had to be abolished, and information became a task of all. However, ICRC continued supporting the information and dissemination department at headquarters level.

There is a need to reactivate and strengthen the dissemination volunteer network in the provinces, and build the capacity of the national department, in order to achieve more quality and consequently greater impact of the dissemination activities.

Taking into account that the CVM is primarily funded by the ICRC for the following activities:

- Dissemination of the Fundamental Principles and International Humanitarian Law (IHL) amongst CVM staff and members, armed forces, police, journalists, students and public at large.
- Promotion of the implementation of the International Red Cross Movement's resolutions by the national authorities.

Additional support is needed in terms promoting the image of the CVM both at the national and international level.

Goal To assist the CVM in raising the awareness of the Fundamental Principles of the Red Cross and the International Humanitarian Law and promote the image of Mozambique Red Cross and the Movement in general.

Objective To raise awareness and enhance the image of the Mozambique Red Cross Society at national and international levels.

Activities to reach this objective are:

- Produce and distribute a bi-monthly CVM newsletter.
- Produce and have broadcasted 50, 15 minutes radio programmes annually.
- Produce and have transmitted 1 TV spot per year.
- Produce and have broadcasted 2 radio spots per year.
- Organise commemorations of the World Red Cross and Red Crescent Day and CVM Day.
- Produce and publish CVM annual reports.
- Produce press releases on main CVM and Movement events.
- Organise press conferences on specific occasions.
- Organise exhibitions during the annual Maputo Agricultural and Industrial Exhibition, and on other occasions.

Expected results

- Members, volunteers, partners, donors, and the general public better informed on the activities of CVM.

Indicators

- Regular production of CVM newsletter and radio programmes.
- Increased knowledge on CVM activities amongst volunteers all over the country and the public in general.

Critical assumptions:Internal factors

- Effective information flow between headquarters and provincial branches.
- Efficient use of information technology.
- Close collaboration between programmes and information/dissemination department.

External factors

- Adequate funding is secured.

Monitoring and evaluation arrangements:

Monitoring of this programme will be carried out by the headquarters co-ordinator and the OD/RD director. Programme implementation and monitoring will be supported by the Mozambique delegation delegates, particularly the Programme Co-ordinator and Finance Development Delegate. Technical support will be requested from the Regional Delegation when required. Quarterly reports will be drafted by headquarters co-ordinator and delegates respectively.

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5.Organizational development

Background and progress to date

Since the post-war restructuring process of the Mozambique Red Cross (Cruz Vermelha de Mozambique, CVM) in 1997 and 1998, Organizational Development (OD) has been a major concern of the CVM, in order to strengthen the foundation and structures of the society at all levels and increase its degree of sustainability.

Due to the floods in both 2000 and 2001, and the difficulties in recruiting an OD/RD Director, the new OD/RD department only began functioning in mid-2001. Even so, various activities have been taking place in the OD/RD area.

Precisely because of the floods, which over the last two years have affected vast areas in 8 out of the 11 provinces in Mozambique, great demands have been placed on the affected provincial and district branches and the volunteer network. This has resulted in significant growth in CVM's role and a big boost to its image that would be advantageous to capitalize on.

Since 1999 the International Federation has been assisting the CVM with a finance development programme aiming to strengthen the National Society's financial management of programmes and institutional accountabilities. Having concentrated initially on the CVM's headquarters in Maputo, the programme now seeks to support financial management in all eleven provinces. In the beginning of year 2000 the first general audit of the CVM was carried out, which showed that although the integrity of the National Society's financial procedures was intact, they required improvement countrywide.

The Federation also supports the CVM's Information Technology (IT) development through the LISN project, managed through the Harare Regional Delegation. Through this project funds have been received for equipment and infrastructures, training, and a consultancy survey. The project also includes records management training. With the support of the LISN project and various national societies (Norwegian, Danish, German, Icelandic and Spanish Red Cross Societies) all provincial branches now have computers and are electronically linked to the headquarters in Maputo. From 2001 onwards the CVM has also actively participated in the regional Branch Development project.

The priority OD/RD development areas for the CVM are the following:

- Governance;
- Volunteer Management and Development, including Youth;
- Branch Development;
- Financial Management and Financial Resource Development;
- Human Resources Management and Development
- Programme management, including planning and reporting.

Goal The overall goal of the CVM's organizational development programme is to strengthen the National Society's structures at all levels in order to increase its capacity for quality service provision in a sustainable manner.

Objectives and activities

Objective 1 To consolidate the institutional foundation and improve the governance of the CVM.

- To publish and disseminate the new CVM statutes.
- To strengthen the capacity of CVM's national, provincial, district and local commissions as regards their mastery of the Red Cross principles, transparency and good governance.
- To disseminate and implement the CVM volunteer and youth policy adopted in 1999.

Activities to reach this objective are:

- Have the new CVM statutes published in the Government Gazette.
- Publish and distribute 5000 copies of the new CVM statutes.
- Carry out training in governance at national and provincial levels, including district committees of all priority districts.
- Set up databases with information on volunteers at provincial and national levels.
- Set up local committees in all CVM priority districts.
- Publish and distribute 2500 Volunteer Management Manuals.

Objective 2 To develop CVM's operational and managerial capacity.

- To upgrade the financial management of the CVM, especially in the provincial branches.
- To implement an information technology policy and plan established in 2001.
- To establish a fully professional human resources management system with appropriate job descriptions, reward system, staff appraisal format and procedures, discipline and grievance procedures, annual results-oriented individual work plans and staff training plans.
- To establish and implement a coherent, modular volunteer training system.
- To improve programme planning and management.

Activities to reach this objective are:

Financial management

- Carry out internal audits in all branches to reinforce CVM's finance management procedures and follow-up on recommendations of the external audits of 2000/2001;
- Establish and implement procurement procedures to be followed by all CVM staff by mid 2002;
- Develop procedures for asset registration and management and set up a database by 2002;
- Produce a CVM Finance Management Manual to include standard finance, accounting, reporting, procurement, and assets registration and management procedures ;
- Improve branch financial and administrative capacity through refresher training for provincial and national staff and through support visits to the provincial branches;
- Improve the existing computerised accounting software package or install new software to improve financial reporting;

Information management and technology

- Provide additional and refresher training and technical support to national and provincial staff on information technology to strengthen their capacity to implement the IT policy and plan, as well as the records management procedures adopted in 2001.

Human resources and training

- Finalise the human resources review initiated in 2001, in 2002;
- Adopt (2002) and implement by 2003 a human resources management system with appropriate job descriptions, reward system, staff appraisal format and procedures, discipline and grievance procedures, annual results-oriented individual work plans and staff training plans;
- Finalise the CVM Administrative Norms and Procedures Manual and distribute it to all sectors at headquarters and all provincial branches and CVM institutions (2002);
- Train the headquarters and provincial staff to strengthen their capacity to implement the above system and norms;

- Establish result-oriented individual work plans for/by all CVM staff by the end of 2002;
- Make an inventory of all volunteer training courses of the different sectors and develop a coherent volunteer training system organised in training modules (2002 - 2003);
- Recruit and train six OD/RD staff for national headquarters and zonal support, to strengthen support to OD/RD and upgrade CVM training and training methodologies in all programmes and at all levels.

Programme planning and management

- Carry out baseline studies in CVM priority districts;
- Develop and supervise the collection of data to measure programme progress;
- Train CVM staff in using the Logical Framework Approach at headquarters, and the Participatory Rural Appraisal methodologies at headquarters and provincial levels.
- Develop new reporting and supervision formats and guidelines.

Objective 3 To increase the financial sustainability of the CVM

- To establish and implement a revenue generation policy of the CVM;
- To produce and implement fund-raising guidelines.

Activities to reach this objective are

- Set up CVM national and provincial financial resource development committees to advise the headquarters and branches;
- Analyse current national donors, identify potential ones and develop regular contacts with both groups;
- Set up a database of donors at both provincial and national levels;
- Review current revenue-generating projects;
- Prepare and adopt a policy revenue-generation and the use of revenue generated;
- Prepare and introduce practical fund-raising guidelines;
- Upgrade CVM RD staff revenue generation, fund-raising and promotion skills through exchange visits and participation in workshops and training.

Expected results

For objective 1

- At least 8 out of 11 provincial Executive Councils actively and regularly monitor provincial planning, implementation, resource development and reporting;
- At least 33 district committees regularly develop monthly plans, manage and monitor activities and volunteers, and timely send reports to the provincial branches;
- The volunteer and member database is operational at headquarters and all of the provinces, and volunteer management and support is of a good standard;
- All 11 provinces have a strong youth sector led by a volunteer;
- A youth representative (≤ 25 years of age) in at least half of all governing bodies at district, provincial and national level.

For objective 2

Financial management

- Upgraded or new accounting software is installed and in use;
- All programme staff and provincial branch administrators and secretaries understand and follow CVM procedures as stipulated in the CVM Finance Management Manual by the end of 2002;
- All provincial branch administrators will be able to use spreadsheets and by August 2002, at least 80% of them will be submitting monthly reports on receipts, disbursements, budget variances, bank statements and assets management.

Information management and technology

- All programme, finance and administrative staff at national and provincial level use computers effectively for planning, reporting, databases, e-mail communication and knowledge sharing;
- The network at headquarters is used efficiently and effectively;
- All programme, finance and administrative staff at national and provincial level implement the records management system introduced in 2001, both for paper and electronic records.

Human resources and training

- Appropriate job descriptions, staff appraisal format and procedures in place and practised;
- Staff benefit system in place and functioning;
- Results-oriented individual work plans for/by all CVM staff by the end of 2002;
- Draft volunteer training system by the end of 2002 and in use in 2003.

Programme planning and management

- By the end of 2002 baseline studies will have been carried out in at least one priority district in all 11 provinces;
- All CVM's national co-ordinators and provincial branch officers familiar with Logical Framework Approach and able to apply their knowledge;
- New reporting and supervision formats and guidelines are understood and fully applied by all staff at provincial and national level.

For objective 3

- Assets and donor databases are in place;
- To have developed a core group of institutional and private sector supporters and partners contributing to CVM's core institutional costs;
- National and provincial RD committees are in place and functioning;
- National revenue generation policy and fund-raising guidelines are referred to and applied in practice by all CVM staff and elected bodies;
- MRCS' meets 50% of all core institutional costs from CVM's own resources by the end of 2003;
- To have established a series of service contracts with the Mozambican Government providing programme funding and operational and institutional support costs for the CVM in the areas of disaster preparedness, community health and HIV/AIDS services.

Indicators**Foundation and governance**

- Minutes of Provincial Executive Councils;
- The number of youth members (≤ 25 years of age) in elected bodies;
- District Commission plans and reports;
- Accurate information on volunteer network at district, branch and provincial level.

Operational and managerial capacity

- All staff have individual detailed result-oriented work plans;
- Well organised staff files with valid contracts and all essential documentation at provincial branches and headquarters;
- Human resources' system and policies in line with national legislation;
- Timelines of reports at all levels;
- District, provincial branch and headquarters reports on implementation(i.e. the degree to which planned activities have been carried out);
- Need to correct provincial branch financial reporting decreases;
- Judgements made in internal audit reports;

- Efficient and effective financial management;
- Provincial branches able to process computerised monthly narrative and financial reports to the headquarters;
- Accounting software upgraded;
- Efficient use of computers at Headquarters and provincial branches.

Financial sustainability

- Increase in CVM coverage of core costs;
- Income generation assessment policy and fund-raising guideline referred to and used in practice by CVM staff, both centrally and at branch level;
- Number of provincial branches submitting assessed revenue generating projects;
- Regular active follow-up on national donors traceable in database.

Critical assumptions

Internal factors

- Close collaboration between the organizational, human resource, resource development, information and financial CVM departments and staff achieved.
- PNS delegations ensure that they support and are as committed to capacity development and sustainability as they are to implementing their programmes.
- Quality CVM programme delivery is achieved

External factors

- Adequate long-term funding is secured.
- No disruptive disasters occur in Mozambique as occurred in 2000/2001.
- Political stability continue to exist.

Monitoring and evaluation arrangements

- Monitoring of this programme will be carried out by the zonal OD/RD officers (where in place) and their headquarters co-ordinators in collaboration with the CVM finance department.
- Programme implementation and monitoring will be supported by all Mozambique delegation delegates and the RD, FDD and the Programme Co-ordinator in particular. Technical support will be requested from the Regional Delegation when required.
- Monthly reports will be provided by CVM branches and zonal officers. Quarterly reports will be drafted by headquarters co-ordinators and delegates respectively.
- Supervision reports will be followed by regular OD/RD management meetings comprising both the CVM, the Federation and PNS delegates to discuss findings and appropriate actions.
- It is recommended that an external review be carried out in selected provinces in the Northern zone in 2003 to assess conditions and make immediate term recommendations to guide implementation.

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6. Co-ordination and management

Background and Achievements / Lessons to date

The year 2001 turned out to be another tumultuous one for the Mozambique Red Cross (Cruz Vermelha de Moçambique, CVM) following the record floods of 2000. This time flooding devastated the Zambeze valley in the central provinces of the country, affecting over half a million persons and displacing 223,000 of them from their homes, forcing them to take shelter in 65 recognized temporary accommodation centres. According to the Government and United Nations, over 200,000 square kilometres of land was destroyed in the Zambeze river basin's four provinces: Sofala, Manica, Tete and Zambezia, which is 70,000 more square kilometres than the floods further south last year.

The relief activities launched by the CVM and the International Federation were substantial, dominating co-ordination and management activities for the first six months of 2001. They had already pre-positioned parts of 4,000 family kits in central, provincial and district warehouses across the whole country as part of the disaster preparedness contingency plans developed the previous year and funded at the end of 2000 by a number of National Societies. In addition, CVM staff and technicians had attended DP workshops in January to prepare them for possible emergency situations. As a result, in Zambezia, then Sofala, Tete and Manica, the CVM and Federation were able to progressively scale up their disaster response as the situation unfolded, utilizing fully the emergency stocks and trained personnel at their disposal.

The arrival of the bulk of the remainder of the ordered DP stocks in time for the start of the crisis enabled the Federation to rush the entire consignments to the emergency areas for immediate distributions. In addition, human resources available within the Partner National Societies implementing rehabilitation projects from last year's floods in Mozambique were also used in a completely integrated and efficient way. Following a needs assessment by the Federation, CVM and PNS staff working in Mozambique in February, the Federation and Mozambique Red Cross focussed their major emergency response action on seven of the largest temporary accommodation centres in three provinces. The Red Cross agreed to manage or jointly manage with other humanitarian organizations these camps, providing a full basket of services, shelter and non-food items for internally displaced people taking refuge in the centres.

The relief operation was carefully managed and increased in scope as the scale of the disaster unfolded and the capacities of the collective Red Cross/Red Crescent efforts grew. An initial ceiling of 30,000 was placed on the total number of beneficiaries to be assisted by the Federation and CVM in the seven centres, with this being increased to 46,324 in mid March and then 53,000 in April as the number of inhabitants in the targeted centres grew larger. It was then agreed to give further relief assistance to two non-Red Cross managed centres in Mandua and Nensa (total beneficiaries 14,342) as non-food needs there were not covered by other humanitarian organizations. In June, the Federation and CVM distributed Relief/ Resettlement Kits to a further 4,000 vulnerable flood affected families (some 20,000 people) living in non-Red Cross-managed camps who had not received these items from other organizations. Consequently, the total targeting number of beneficiaries who received relief items from the Federation and CVM was over 87,000. A further 136,000 people received support in other accommodation centres from CVM staff and volunteers including health, water and sanitation and tracing services.

The co-ordination and management challenges of this operation were extensive for many reasons:

- The scale of the disaster and the continual growth over several months of those in need of assistance made operational planning extremely difficult;

- The disaster occurred in a remote, difficult to access area which made the logistical operation to support the beneficiaries very difficult. All roads leading to the affected zones were frequently blocked by flooding, making air transport, multiple handling and warehousing tasks complex, expensive and time-consuming.

The in-country presence of PNS delegations made it important that their capacities were effectively utilized in an efficient and effective way, making the best use of human, material and financial resources available to and through them. Substantial in-kind donations were vitally important in the success of the operation, but had to be carefully managed to ensure an even and appropriate range of relief goods were distributed throughout the length of the operation. This task was made even more complicated by the logistical constraints mentioned above.

Despite these challenges, the CVM and the Federation's flood relief and rehabilitation operations successfully achieved their objectives but they did reduce the progress that was made in other co-ordination and management objectives which had been set at the beginning of the year. These were as follows:

- 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 organizational change. To attract and co-ordinate 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 organize, 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 CVM's Country Assistance Strategy.
- To implement programmes directly with the CVM 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.

Expected results

- The successful completion of organizational change within the Mozambique Red Cross and of a revised, comprehensive National Society strategic plan and budget for 2001- 2003. The Federation continued to give intensive assistance and support to the CVM senior management in its organizational change process begun in 2000. New programme co-ordinators were appointed, a zonal structure for the Northern provinces agreed.
- The production of a comprehensive Country Assistance Strategy for the CVM for 2001 - 2003. The second generation Country Assistance Strategy 2002-2004 for the CVM was produced during 2001 as scheduled involving extensive work by CVM and Federation staff, and an intense process of consultation and discussion with Participating National Societies, ICRC and other donors.
- A rise in the profile of the Mozambique Red Cross and the International Federation's work in Mozambique. As a result of the floods in Zambeze valley and the extensive and successful relief and rehabilitation operations, the profile of the CVM and the Federation in Mozambique reached new heights. The National Society is now recognized as one of the most important disaster preparedness and disaster response organizations in Mozambique by the Government and other actors alike.

- Completion of the status agreement between the International Federation and the Mozambican Government. By early September the Federation were awaiting confirmation of the final draft by the Mozambique Government of the Status Agreement which would then be given swift approval by the Council of Ministers and come into force.
- Efficient co-operation and complementarity of programme approaches and outputs by the PNS, Federation and other contributors to the CAS. All programme support by PNS, the Federation and other donors - with the exception of ongoing rehabilitation programmes from the 2000 floods - were during 2001 brought fully within the framework and the strategic programme objectives of the CVM.
- All bilateral agreements including programme proposals signed between PNS and the CVM fall within the CAS strategic framework set by the International Federation and support its overall implementation. See above.
- PNS delegation satisfaction with Federation delegation service delivery increases. The Federation delegation 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. Satisfaction with these services increased still further during 2001, evidenced by PNS willingness to support the continuance of a Federation water and sanitation co-ordinator in 2002 because of the added value given to the CVM and their own programming.
- More effective transmission of best practices in operational and institutional support.
- Successful completion of Federation implemented programmes on time and within budget. Federation rehabilitation programmes from the rehabilitation appeal in 2000 were completed in 2001. The relief operation achieved its objectives on time and budget, and towards the end of the year, the Federation delegation was working hard on fully resourcing and then implementing its rehabilitation and organizational development programmes.

The Federation delegation in Mozambique therefore successfully advised and supported the CVM through its ongoing process of organizational change; supported it in a major relief and rehabilitation operation; assisted in-country PNS delegations with direct and support services; and continued to run with the CVM programming supported by other PNS. It led the successful completion of a second generation CAS for the Mozambique Red Cross for the period 2002-2004. It continued to run, with the CVM, co-ordination 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.

From 1 January 2002, the Mozambique Delegation will report directly to the Harare Regional Delegation as part of the Action Research initiative of the International Federation. This will develop further the already close relationship between the two delegations and as increasing authority is devolved by the Geneva Secretariat to the field delegations, provide the Mozambique country delegation with greater power and responsibility for its own operations. All delegates in Mozambique in 2002 and beyond will be 'regional' delegates too, in the sense that they will be available for use in their managerial and technical areas of specialisation for short or longer-term missions and placement in other parts of Southern Africa as required. This ensures that maximum cost-effectiveness and value is gained for the work of both the Mozambique country and Harare Regional delegations.

It is anticipated that from the end of 2002, into early 2003, the country delegation in Mozambique will be reduced further to the in-country presence of only two or three delegates working with the CVM in specific areas of managerial and technical support. All other Federation support will be drawn from the Regional Delegation in Harare.

Goal To assist the development of the Mozambique Red Cross through the co-ordination, 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

Throughout 2002-2003, the Federation Mozambique Delegation's general management objectives will be:

- To advise and assist the Mozambique Red Cross in its general operational and institutional management and growth, including the formation and implementation of National Society programme strategies and the process of organizational change.
- To attract and co-ordinate 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 organize, manage, monitor, evaluate and report against the funding received through the Federation or from the ICRC, PNS or other donors directly for its health and care (including water and sanitation), disaster preparedness, promotion of fundamental principles and humanitarian values, and institutional and resource development 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 CVM's Country Assistance Strategy 2002-04.
- To implement programmes directly with the CVM 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 CVM - with government ministries and other state bodies, NGOs and the media.
- To achieve these general management and other operational objectives in the most cost-effective and efficient way possible.

Activities to reach these objectives are:

- Detailed action plans to achieve the specific objectives in each programme area are outlined separately in the individual Federation's 2002-2003 appeal documents. However, the activities specifically oriented to achieve the general management objectives of the Federation Delegation in Mozambique will be as follows:

General management support, and formation and promotion of the CAS

- Provide technical advice to the Secretary General of the CVM on the process of organizational change management of the National Society.
- Assist and advise the Secretary General and programme managers within the CVM on fund-raising and implementation of the National Society's Country Assistance Strategy (CAS) for 2002-2004.
- 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 co-operation with the CVM, 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 organize, manage, monitor, evaluate and report against the agreed results, indicators and funding received through the Federation or from PNS directly for its health and care (including water and sanitation), disaster preparedness, promotion of fundamental principles and humanitarian values, and institutional and resource development programmes.
- To represent and attract support for the work of the Mozambique Red Cross with government ministries and other state bodies, embassies, Non-Governmental Organisations, foundations and the media.

Co-ordination and quality assurance of international contributions to the CAS

- To co-ordinate, with the National Society, international contributions to the CAS, particularly the coherence and complementarity of PNS implemented programmes.
- To work with the CVM 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 CVM, the collective co-ordination mechanisms at both Head of Delegation and technical department levels; constantly seeking to improve them and, where necessary, introduce new co-ordinating 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 CVM so that best practice and appropriate knowledge is transmitted to all relevant stakeholders.

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 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 CVM are managed in an effective, efficient and professional fashion, meeting their operational objectives.

Expected results

- The successful implementation in year one of the comprehensive Country Assistance Strategy for the CVM for 2002 - 2004.
- A rise in the profile of the Mozambique Red Cross and the International Federation's work in Mozambique.
- Efficient co-operation and complementarity of programme approaches and outputs by the PNS, Federation and other contributors to the CAS.
- All bilateral Memoranda of Understanding including programme proposals signed between PNS and the CVM 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.
- CVM 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 CVM's Country Assistance Strategy 2002-04.
- Level of financial support for the Federation's Appeal 2002-03.
- 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 CVM and International Federation in the national media.
- Perceived effectiveness by CVM 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 in the follow-up audit to the full audit of September 2001.
- The degree to which Federation Delegation staff and data are used in evaluations, assessments, programme proposal formulation, etc.

Critical assumptions

Internal

- The excellent working relationship between the existing Federation delegation and CVM leadership is maintained.
- The CVM leadership remains committed to organizational development; finds and appoints well-qualified personnel to headquarters and zonal vacancies; and delegates programmatic authority and responsibility accordingly.
- Regular, appropriate and timely technical support is received as part of the Federation's Action Research 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:

- Feedback from CVM counterparts.
- Field reports, quarterly and annual reports.
- Visits and general monitoring by Regional Delegation, Harare, and Geneva Secretariat general management and technical staff.
- Partnership meetings involving PNS and other stakeholders.
- A follow up audit by the Federation's Internal Audit Department to the full audit it conducted in September 2001.

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| PROGRAMME BUDGETS - 2002 | | | | | | | |
|---|----------------------|----------------------|--------------------------|----------------------|----------------|---------------------------|------------------|
| Delegation : Mozambique | | | | | | | |
| PROGRAMME | Disaster Resp | Disaster Prep | Health & Care | Human. Values | IDRD | Co-ord. & Mgmt | TOTAL |
| Shelter & Construction | 0 | 0 | 19'380 | 0 | 0 | 0 | 19'380 |
| Clothing & Textiles | 0 | 0 | 216'135 | 0 | 0 | 0 | 216'135 |
| Food & Seeds | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Water | 0 | 0 | 40'155 | 0 | 0 | 0 | 40'155 |
| Medical & 1st Aid | 0 | 0 | 328'270 | 0 | 0 | 0 | 328'270 |
| Teaching Materials | 0 | 0 | 181'202 | 0 | 0 | 0 | 181'202 |
| Ustensils & Tools | 0 | 0 | 2'520 | 0 | 0 | 0 | 2'520 |
| Other Relief Supplies | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Subtotal Supplies | 0 | 0 | 787'662 | 0 | 0 | 0 | 787'662 |
| Land & Buildings | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Vehicles | 12'000 | 0 | 249'175 | 0 | 0 | 0 | 261'175 |
| Computer & Telecom | 0 | 12'000 | 49'040 | 0 | 0 | 0 | 61'040 |
| Medical Equipment | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Capital Equipment | 0 | 28'000 | 36'540 | 0 | 0 | 5'250 | 69'790 |
| Subtotal Capital | 12'000 | 40'000 | 334'755 | 0 | 0 | 5'250 | 392'005 |
| Programme Management | 38'715 | 66'579 | 163'861 | 2'793 | 50'880 | 27'253 | 350'082 |
| Technical Services | 11'589 | 19'930 | 49'051 | 836 | 15'231 | 8'158 | 104'796 |
| Professional Services | 12'852 | 22'103 | 54'398 | 927 | 16'891 | 9'047 | 116'218 |
| Subtotal Programme Support | 63'157 | 108'612 | 267'310 | 4'556 | 83'002 | 44'458 | 571'096 |
| Warehousing/Inspection | 55'875 | 0 | 6'816 | 0 | 0 | 0 | 62'691 |
| Transport & Vehicles | 99'560 | 53'690 | 126'130 | 0 | 81'858 | 12'940 | 374'178 |
| Subtotal Transport & Storage | 155'435 | 53'690 | 132'946 | 0 | 81'858 | 12'940 | 436'869 |
| Delegates & Expatriates | 106'980 | 236'395 | 193'790 | 0 | 204'510 | 227'360 | 969'035 |
| National Societies and Local Staff | 161'400 | 199'574 | 340'997 | 0 | 207'197 | 40'646 | 949'814 |
| Subtotal Personnel | 268'380 | 435'969 | 534'787 | 0 | 411'707 | 268'006 | 1'918'849 |
| Travel & Related Expenses | 5'000 | 23'460 | 33'508 | 0 | 41'960 | 8'000 | 111'928 |
| Information | 0 | 12'000 | 92'924 | 26'866 | 10'822 | 0 | 142'612 |
| Consultants | 0 | 24'000 | 13'243 | 0 | 21'000 | 3'186 | 61'429 |
| General Expenses | 49'182 | 90'752 | 159'198 | 10'000 | 55'520 | 40'926 | 405'578 |
| Training Workshops & Seminars | 21'000 | 198'900 | 70'960 | 0 | 48'695 | 2'500 | 342'055 |
| Security | 0 | 0 | 2'800 | 0 | 0 | 18'900 | 21'700 |
| Subtotal Training, Information & General | 75'182 | 349'112 | 372'633 | 36'866 | 177'997 | 73'512 | 1'085'302 |
| TOTAL BUDGET | 574'154 | 987'383 | 2'430'093 | 41'422 | 754'564 | 404'166 | 5'191'783 |