

# Report 2006-2007



## Mozambique

Appeal No. MAAMZ001

This report covers the period of 01/01/2006 to 31/12/2006 of a two-year planning and appeal process.

In a world of global challenges, continued poverty, inequity, and increasing vulnerability to disasters and disease, the International Federation with its global network, works to accomplish its Global Agenda, partnering with local community and civil society to prevent and alleviate human suffering from disasters, diseases and public health emergencies.



Women and girls waiting for their turn to draw water from a hand pump rehabilitated by the Mozambique Red Cross Society in Ribaué, Nampula Province. International Federation.

### In brief

**Programme Summary:** The Mozambique Red Cross Society<sup>1</sup> (CVM) is implementing a food security programme, combined with water and sanitation (WatSan) interventions, in drought prone regions as well as a HIV and AIDS programme, mainly focusing on prevention and home-based care (HBC). Support for the latter is provided through the Federation Regional Delegation in Harare under a consortium of donors. CVM is the implementing partner for the Disaster Risk Reduction programme funded by the British government's Department for International Development (DFID), through the Federation, for three years. In 2006, the National Society also implemented a community-based health programme (CBHC) with support from various bilateral and multilateral partners.

**Goal:** CVM aims to scale-up all its programmes – which include WatSan, CBHC, support to people living with HIV (PLHIV) orphans and vulnerable children (OVC) and effective disaster preparedness – to reach more vulnerable people in all provinces of Mozambique. This will be achieved by strengthening the organizational capacity development and volunteer management, as well as efficient coordination, cooperation and strategic partnerships at all levels.

**Needs:** Total 2006-2007 budget CHF 4,610,048 (USD 3,791,158 or EUR 2,845,709), out of which 16.9 per cent covered. **Click here to go directly to the attached financial report.**

For more detailed information on 2006 activities, please see Programme Update 1 and 2.

Programme Update no. 1: <http://www.ifrc.org/docs/appeals/annual06/MAAMZ00101.pdf>

Programme Update no. 2: <http://www.ifrc.org/docs/appeals/annual06/MAAMZ00102.pdf>

<sup>1</sup> In Portuguese: Cruz Vermelha de Moçambique

**Number of people we help:** Approximately 452,383 people benefited from basic health care, improved conditions for deliveries, supply of essential drugs for the most common diseases, and access to health education. A total of 5,400 people have benefited from the WatSan project which covered clean water supply and sanitation, through construction of latrines and hygiene promotion campaigns. The disaster management programme reached thousands of people, mainly through emergency response programmes and community-based disaster preparedness initiatives.

#### Our Partners:

Red Cross Partners	Summary of activities
ICRC	Information, promotion of Humanitarian Values and Fundamental Principles.
Federation	Technical support to all projects, coordination and management, finance management and control, monitoring and evaluation, OVC project since 2006 through Consortium funding.
American Red Cross	Community-based health – keep up.
Belgian Red Cross	Integrated community-based health, including HIV and AIDS and WatSan in Manica and Tete provinces.
British Red Cross	Water and sanitation.
Canadian Red Cross	Community-based health – distribution of ITNs.
Danish Red Cross	Community-based health and care - Inhambane province Community-based disaster preparedness – in Zambézia and Inhambane.
Finnish Red Cross	Community-based health and care –Cabo Delgado (through the Federation) Nampula, Tete, Sofala, Gaza, and Maputo city and Zambézia provinces; bilaterally in Niassa Province.
Icelandic Red Cross	Community-based health and care – Maputo province.
Netherlands Red Cross	Disaster management – climate change.
Norwegian Red Cross	Keep-Up Malaria (Preparation) – Manica and Sofala provinces. Water and Sanitation – drilling rig. Resource mobilization. Organizational development.
German Red Cross	HIV and AIDS, Water and Sanitation in Gaza.
Austrian RC	Water and Sanitation in Sofala.
Spanish Red Cross	HIV and AIDS in Maputo Province and Cabo Delgado, (finished in June 2006), Water and Sanitation – a new proposal has been submitted to the European Union.
<b>Other Partners</b>	
Consortium funding (Irish, Swedish and Netherlands Embassies)	HIV and AIDS.
DFID	Disaster risk reduction.
World Food Programme	Food distribution.
Government - National Aids Council (CNCS)	HIV and AIDS – home-based care in all provinces except Zambézia, Cabo Delgado, Niassa, Nampula.
WFP	Food parcels to OVC and HIV and AIDS home-based clients.

## Current context

Waterborne diseases such as cholera and dysentery are endemic in Mozambique, as are climatic phenomenon such as floods and cyclones. In 2006, Mozambique recorded over 6,000 cholera cases and a total of 29 deaths. Floods, which started in December 2006, are likely to lead to an increase in vector breeding, increasing the risk of malaria. The unclean flooding water could potentially contribute to rapid outbreaks of cholera and diarrhoea.

The flood situation in the central and northern parts of Mozambique mostly affected Tete, Sofala, Manica and Zambézia provinces. Approximately 285,000 people are affected in the Zambezi valley, and the government has placed over 80,000 of those in accommodation centres and 46,000 in resettlement areas. CVM mobilized 200 volunteers to be involved in the floods emergency operation.

Mozambique is one of the countries in southern Africa where the HIV and AIDS pandemic is still on the increase. The Joint United Nations Programme on HIV and AIDS (UNAIDS) estimates that 1.8 million people in Mozambique are living with HIV. There are several factors driving the pandemic, among them socio-cultural factors (which influence sexuality and sexual behaviour), poverty, migration, traditional practices, a high unemployment rate, gender inequalities and food insecurity.

Rising food and fuel prices, coupled with the fall in the exchange rate, pushed inflation up in early 2006. Poverty remains very high, particularly in areas prone to natural disasters and in the peripheral areas of urban centres. Endemic health problems such as malaria, HIV and AIDS, and tuberculosis continue to plaguing the community, reducing life expectancy, and putting at risk all the efforts made for sustainable development. It is estimated that only 40 per cent of the population has access to clean water.

## Progress towards objectives

### Health and Care

**Goal:** The Red Cross ensures a sustainable improvement in health and well-being of the vulnerable population in 11 districts by 2007.

**Objective:** The incidence and impact of major health problems on the vulnerable population in 11 provinces and 25 districts is reduced by 2007.

In 2006, community-based health activities included the Malaria Keep-Up Project, integrating Expanded Programme on Immunization (EPI) and Roll Back Malaria (RBM) activities. These activities aimed at maintaining high community coverage rates for immunization and mosquito net use.

Malaria strategies implemented in the districts defined as a priority by the CVM included: promotion of early home treatment for fever among children aged under five years; referral of serious cases to local health centres; and promotion and use of long lasting insecticide-treated mosquito nets (LLITNs).

Regarding immunization, strategies included: identification of newborns and infants at household level; follow-up to ensure that immunization series are started and completed among children aged under five years; and referral of pregnant women to pre-natal facilities for intermittent preventive treatment (IPT) and tetanus toxoide vaccinations.

The project is funded by the Norwegian Red Cross through the Federation, in cooperation with the American and Belgium Red Cross societies. The community-based health programme requires more funding in order to roll-out to the Northern Province where vulnerability to common diseases is increasing. Long distances that have to be travelled by CVM volunteers from remote areas (up to 35km) are hindering service delivery in most project areas.

### Water and Sanitation (WatSan)

**Goal:** Poverty reduction and sustainable improvement of living conditions in rural areas of Ribaué and Malema districts of Nampula province.

**Objective:** Establishment of sustainable community-based water supply, sanitation and hygiene promotion services for 42,000 rural vulnerable people by 2010.

WatSan interventions had a positive impact, especially on HIV and AIDS affected households. The WatSan programme has expanded in terms of coverage and monetary value in order to keep pace with growing needs. CVM has maintained community participation in planning and implementing water supply, sanitation and hygiene promotion activities.

The British Red Cross, in collaboration with Nestlé, has been supporting WatSan activities from July 2006; this support will continue until June 2007. CVM has been responsible for direct implementation of the project while technical support is provided by the Federation regional delegation in Harare and partner national societies. The areas targeted by the project (Malema and Ribaue in Nampula province) were chosen using the following criteria: There is less than 10% safe water coverage in both districts (the figure in Malema could be as low as 4.8% due to non-functioning facilities); there are no governmental or other organizations working in the WatSan sector in the two districts; people have inadequate information and resources on the use of WatSan facilities and are unaware of proper hygiene practices, thus the risk of cholera outbreaks in the region; there is a reasonably high number of target beneficiaries, making the action cost-effective.

Flooding in the project areas affected implementation by delaying drilling activities since roads were rendered impassable. This had a negative impact on both the project and the beneficiaries due to the limited project timeframe. The National Society is expected to rehabilitate 11 water-points (boreholes) and to drill 28 more. In total, 39 fully functional and community managed water supply points will be available for low income villages by June 2007. A total of nine boreholes, with aprons and hand pumps, have been constructed so far.

The beneficiary families contribute in the construction of own family latrine and ensure proper use of the latrines. The traditional design of the latrine is improved by providing sanitary platforms (SanPlats), which add hygiene and safety components, which were lacking. A total of 400 families will benefit from the distribution of slabs and latrine construction by end of the project.

The water committees for the 39 water-points have been chosen and training in maintenance started in 2006, with three sessions conducted in Mucolova, Mahequele and Cunle. The community-based training and that of the water-point caretakers will continue during drilling and rehabilitation of the boreholes. A total of 32 communities have been mobilized to participate in the WatSan activities as a way of guaranteeing their ownership. In addition, mapping has been carried out in 26 communities to identify drilling sites as well as access roads in need of improvement.

A total of 19 volunteers have been trained on the participatory hygiene and sanitation transformation (PHAST) methodology. The volunteers are now using their skills to mobilize communities in the project areas. In total, 2,900 people have benefited from hygiene promotion activities conducted by four water committees.

## Disaster Management

**Goal:** The impact of disasters on target communities in disaster-prone areas is reduced.

**Objective:** CVM capacity to respond to disasters is strengthened to reduce vulnerability of the communities in disaster-prone areas.

The Federation regional delegation in Harare continued providing technical support and field reviews of food security interventions in Mozambique. With the closure of Emergency Appeal no. [\(05EA023\)](#) on 30 September 2006, CVM integrated livelihood support activities such as vegetable production, livestock restocking and provision of agricultural inputs into existing long-term disaster management projects. For this purpose and with support from the Federation, CVM has drafted a food security exit strategy focusing on integrating food security activities into existing disaster risk reduction (DRR), HBC and WatSan projects. In an effort to increase its capacity in food security interventions, CVM food security officers conducted a lesson-learning mission to Baphalali Swaziland Red Cross Society's integrated food security and HIV and AIDS programme, linked to the HBC project.

The budget for the DRR programme was adjusted to cover increases in personnel, supplies and administration charges. DRR projects funded by DFID focus on developing community resilience to impact of disasters. In 2007, focus will be on preparedness with emphasis on contingency planning

and strengthening community-based risk reduction approaches. The strategies are relevant due to the fact that Mozambique is prone to slow on-set disasters such environmental degradation and drought. Concerted effort will be put in rolling out vulnerability capacity assessment (VCA) as a key planning instrument in the context of community-based risk reduction.

Capacity in disaster response has been strengthened as evidenced by a well coordinated response to the cholera outbreak, supported by the Federation. CVM also responded to damages caused by an earthquake, of a magnitude of 7.5 on the Richter scale, which had an epicentre in Manica Province, through local resource mobilization. CVM provincial branches are equipped with relief supplies to respond to emergency situations and disasters. Among other items, the supplies include tents, blankets, kitchen sets, tarpaulins, buckets, mosquito nets, mats and jerry cans.

## Organizational Development

**Goal:** The capacity of CVM to provide services that improve the lives of the most vulnerable people is improved.

**Objective:** The National Society's structure, systems and human resource skills has been strengthened at all levels in order to increase its capacity for sustainable and quality service delivery.

CVM reviewed its constitution during the last quarter of 2006 and submitted it to the Federation Joint Commission for consideration and comments. The National Society's governance structures are well coordinated and it has a wide network of volunteers throughout the country. Thus, CVM has strong community-based projects and attracts a lot of bilateral support. In accordance with the [Algiers Plan of Action](#), much work was done in 2006 to improve and strengthen governance at all levels, to enhance volunteer management, to strengthen branch structures and to improve financial management capacity. In 2007, focus will be on strengthening the capacity for the implementation of recovery and long-term initiatives.

With the assistance of a Microsoft consultant, the Federation regional delegation in Harare introduced Navision accounting software to CVM. Monitoring visits were conducted to assess progress in using the Navision accounting software, among other financial management issues.

CVM hosted a national planning meeting, attended by all provincial secretaries, district officers and headquarters project managers from headquarters. A three-day, planning and reporting workshop was part of the national meeting, which was facilitated by the Federation regional delegation. The National Society developed reporting formats for the district, provincial and national levels. A new monitoring and evaluation system, including reporting writing and strategic analysis of data, was developed for volunteers, supervisors, field officers, and provincial health technicians. The tools for volunteers were tested in three provinces and discussed at the national technical meeting held in Chimoio in November 2006.

## Working in partnership

CVM has the largest number of bilateral partners in Southern Africa region. The partners include the American, Austrian, Belgian, British, Canadian, Danish, Finnish, German, Icelandic, Netherlands, Norwegian and Spanish Red Cross societies. CVM is also supported by the European Union (EU) and Nestle in WatSan projects and works in collaboration with United Nations (UN) agencies such as World Health Organization (WHO) and World Food Programme (WFP). Locally, CVM has a commendable partnership with the government, mainly through the department of health and disaster management. In response to cholera, earthquake and flooding in 2006, CVM received support from the National Disaster Management Institute, the Ministry of Health and humanitarian organizations in the country. CVM health department is part of the coordination system of the government, and participates in daily meetings, which are led by WHO.

The Finnish Red Cross and Norwegian Red Cross play important roles in the recruitment of staff and monitoring of the WatSan project. However, no non-governmental organizations are working in the field of WatSan projects at community level. At the national level, CVM coordinates and shares lessons learned from community-based projects with other agencies in the WatSan sector, such as the United Nations Children's Fund (UNICEF).

## Contributing to longer-term impact

During 2006, CVM worked with communities affected by a cholera epidemic so as to contribute to the reduction of the impact of the epidemic. In 2007, CVM will streamline activities in health emergency responses into long-term community-based projects to strengthen the capacity of the community. This is aimed at reducing the impact and number of deaths, in line with the Second Global Agenda Goal.

For 2006 to 2010, CVM developed a five year Integrated HIV and AIDS programme ([MAA63003MZ](#)). The HIV and AIDS programme is part of the Southern Africa regional HIV and AIDS programme which is a component of the International Federations Global HIV and AIDS Alliance. The Appeal for the Southern Africa regional HIV and AIDS programme ([MAA63003](#)) was launched on 1 November 2006. through this programme The response to HIV is being scaled up and there is commitment to reduce vulnerability to HIV and its impact through:

- Preventing further infections;
- Expanding care, treatment, and support;
- Reducing stigma and discrimination.

The HIV and AIDS programme of the CVM targets to reach four million people with HIV prevention, and 36,000 PLHIV and 51,000 OVC with care, treatment and support by 2010. The programme is seeking a total of CHF 77,498,248 over a period of five years.

## Looking Ahead

The absence of decent latrines has had a negative impact on HBC clients and OVC, particularly where clients are bedridden. This increases the burden on care givers, especially women and children. The integration of HBC and WatSan project will ensure that health and hygiene standards of these clients and their families are not compromised. The training of caregivers as health and hygiene promoters ensures that there is a combined approach to service provision.

With direct support from the Federation regional delegation, CVM will continue strengthening external relations and expanding its funding base. The Federation will also continue to seek programme funding for disaster risk reduction, including HIV and AIDS, primary health care and capacity building.

CVM is currently developing a detailed plan of action on resource mobilization in order to increase its financial base. This is a follow-up on the technical support from the Federation regional resource mobilization delegate on how to manage its core costs.

### **For further information please contact:**

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International Federation of Red Cross and Red Crescent Societies

MAAMZ001 - MOZAMBIQUE

Financial Report 2006

Selected Parameters	
Reporting Timeframe	2006/1-2006/12
Budget Timeframe	2006/1-2007/12
Appeal	MAAMZ001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
<b>A. Budget</b>	3,350,253	800,777	0	459,018	0	4,610,048
<b>B. Opening Balance</b>	72,346	67,703	0	2,347	0	142,396
<b>Income</b>						
<u>Cash contributions</u>						
<i>British Red Cross</i>	238,655	0				238,655
<i>Finnish Red Cross</i>	237,651					237,651
<b>C1. Cash contributions</b>	<b>476,306</b>	<b>0</b>				<b>476,306</b>
<u>Outstanding pledges (Revalued)</u>						
<i>British Red Cross</i>		96,242				96,242
<i>Finnish Red Cross</i>	63,859					63,859
<b>C2. Outstanding pledges (Revalued)</b>	<b>63,859</b>	<b>96,242</b>				<b>160,101</b>
<b>C. Total Income = SUM(C1..C6)</b>	<b>540,165</b>	<b>96,242</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>636,406</b>
<b>D. Total Funding = B + C</b>	<b>612,510</b>	<b>163,945</b>	<b>0</b>	<b>2,347</b>	<b>0</b>	<b>778,802</b>

## II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
<b>B. Opening Balance</b>	72,346	67,703	0	2,347	0	142,396
<b>C. Income</b>	540,165	96,242	0	0	0	636,406
<b>E. Expenditure</b>	-469,015	-141,396		-2,347		-612,758
<b>F. Closing Balance = (B + C + E)</b>	<b>143,496</b>	<b>22,548</b>	<b>0</b>	<b>-0</b>	<b>0</b>	<b>166,044</b>

**International Federation of Red Cross and Red Crescent Societies**

MAAMZ001 - MOZAMBIQUE

Financial Report 2006 - 2007

Selected Parameters	
Reporting Timeframe	2006/1-2006/12
Budget Timeframe	2006/1-2007/12
Appeal	MAAMZ001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

### III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A		B					A - B	
<b>BUDGET (C)</b>		<b>3,350,253</b>	<b>800,777</b>	<b>0</b>	<b>459,018</b>	<b>0</b>	<b>4,610,048</b>	
<b>Supplies</b>								
Construction Materials	12,241							12,241
Water & Sanitation	1,468,136							1,468,136
Medical & First Aid	66,820							66,820
Teaching Materials	944							944
<b>Total Supplies</b>	<b>1,548,140</b>							<b>1,548,140</b>
<b>Land, vehicles &amp; equipment</b>								
Vehicles	169,390							169,390
Computers & Telecom	24,515				2,131		2,131	22,384
Office/Household Furniture & Equipm.	11,225							11,225
<b>Total Land, vehicles &amp; equipment</b>	<b>205,130</b>				<b>2,131</b>		<b>2,131</b>	<b>202,999</b>
<b>Transport &amp; Storage</b>								
Storage	7,692		59				59	7,633
Distribution & Monitoring	1,221							1,221
Transport & Vehicle Costs	232,954				40		40	232,915
<b>Total Transport &amp; Storage</b>	<b>241,867</b>		<b>59</b>		<b>40</b>		<b>98</b>	<b>241,769</b>
<b>Personnel Expenditures</b>								
Delegates Payroll	215,640							215,640
Delegate Benefits	59,400							59,400
Regionally Deployed Staff	46,440							46,440
National Staff	79,012							79,012
National Society Staff	780,696							780,696
Consultants	32,664							32,664
<b>Total Personnel Expenditures</b>	<b>1,213,852</b>							<b>1,213,852</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	572,885							572,885
<b>Total Workshops &amp; Training</b>	<b>572,885</b>							<b>572,885</b>
<b>General Expenditure</b>								
Travel	140,269	215					215	140,054
Information & Public Relation	65,218							65,218
Office Costs	130,072							130,072
Communications	22,205							22,205
Professional Fees	36,339							36,339
Financial Charges	8,141	-864			24		-840	8,981
Other General Expenses	126,277	6,789			0		6,789	119,488
<b>Total General Expenditure</b>	<b>528,521</b>	<b>6,139</b>			<b>24</b>		<b>6,163</b>	<b>522,358</b>
<b>Federation Contributions &amp; Transfers</b>								
Cash Transfers National Societies		255,993	132,147				388,140	-388,140
<b>Total Federation Contributions &amp; Tr</b>		<b>255,993</b>	<b>132,147</b>				<b>388,140</b>	<b>-388,140</b>
<b>Program Support</b>								
Program Support	299,653	30,486	9,191		153		39,829	259,824
<b>Total Program Support</b>	<b>299,653</b>	<b>30,486</b>	<b>9,191</b>		<b>153</b>		<b>39,829</b>	<b>259,824</b>
<b>Operational Provisions</b>								
Operational Provisions		176,396					176,396	-176,396
<b>Total Operational Provisions</b>		<b>176,396</b>					<b>176,396</b>	<b>-176,396</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>4,610,048</b>	<b>469,015</b>	<b>141,396</b>		<b>2,347</b>		<b>612,758</b>	<b>3,997,290</b>
<b>VARIANCE (C - D)</b>		<b>2,881,238</b>	<b>659,381</b>		<b>456,670</b>		<b>3,997,290</b>	

**International Federation of Red Cross and Red Crescent Societies**

MAAMZ001 - MOZAMBIQUE

Selected Parameters	
Reporting Timeframe	2006/1-2006/12
Budget Timeframe	2006/1-2007/12
Appeal	MAAMZ001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**IV. Project Details**

Project	Name	Opening Balance	Income	Expenditure	Closing Balance	Budget	Variance
		A	B	C	A + B + C	D	D - C
<b>Health &amp; Care</b>							
PMZ002	Health Programme	67,709	301,510	-307,677	61,542	511,367	203,690
PMZ003	Water Sanitation	0	0		0		0
PMZ403	Water & Sanitation 2	0	0		0		0
PMZ405	WatSan Phase II	4,636	238,655	-161,338	81,953	2,838,886	2,677,548
PMZ406	Community Based Heal	0	0		0		0
PMZ411	HIV Non Consortium	0	0		0		0
PMZ520	Social Welfare Progr	0	0		0		0
<b>Sub-Total Health &amp; Care</b>		<b>72,346</b>	<b>540,165</b>	<b>-469,015</b>	<b>143,496</b>	<b>3,350,253</b>	<b>2,881,238</b>
<b>Disaster Management</b>							
PMZ160	Disaster Preparedness	0	0		0		0
PMZ501	Technical Support	0	0		0		0
PMZ515	Disaster Management	67,703	96,242	-141,396	22,548	800,777	659,381
<b>Sub-Total Disaster Management</b>		<b>67,703</b>	<b>96,242</b>	<b>-141,396</b>	<b>22,548</b>	<b>800,777</b>	<b>659,381</b>
<b>Humanitarian Values</b>							
PMZ301	Humanitarian Values	0	0		0		0
<b>Sub-Total Humanitarian Values</b>		<b>0</b>	<b>0</b>		<b>0</b>		<b>0</b>
<b>Organisational Development</b>							
PMZ001	OD	2,347	0	-2,347	-0	459,018	456,670
PMZ006	OD Programme	0	0		0		0
PMZ015	Youth	0	0		0		0
<b>Sub-Total Organisational Development</b>		<b>2,347</b>	<b>0</b>	<b>-2,347</b>	<b>-0</b>	<b>459,018</b>	<b>456,670</b>
<b>Coordination &amp; Implement</b>							
PMZ101	Closing Down Delegat	0	0		0		0
PMZ601	Federation Coordinat	0	0		0		0
<b>Sub-Total Coordination &amp; Implement</b>		<b>0</b>	<b>0</b>		<b>0</b>		<b>0</b>
<b>Total</b>	<b>MOZAMBIQUE</b>	<b>142,396</b>	<b>636,406</b>	<b>-612,758</b>	<b>166,044</b>	<b>4,610,048</b>	<b>3,997,290</b>