

Appeal 2004



MOZAMBIQUE

Appeal no. 01.15/2004

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This document reflects a range of programmes and activities to be implemented in 2004, and the related funding requirements. These are based upon the broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products are either available through hyperlinks in the text¹, or can be requested through the respective regional department. For further information concerning programmes or operations in this or other countries or regions, please also access the Federation website at <http://www.ifrc.org>

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

Programme title	2004 in CHF
Strengthening the National Society	
Health and Care	1,170,815
Disaster Management	445,598
Organizational Development	271,431
Coordination, Cooperation, and Strategic Partnerships	
Coordination and Implementation	233,957
Total	2,121,801²

¹ Identified by blue in the text.

² USD 1,593,452 or EUR 1,365,820.

National Context

Since 1995, Mozambique has recorded an average economic growth rate of about 8%, with an estimated growth rate of 10% in 2002 compared with 13.9% in 2001, one of the highest in the world. The country once again confirmed its consistently high macroeconomic performance since the 1990s. Although the current political situation is stable, the forthcoming local, presidential and legislative elections, which are expected to take place in December 2004, can make it susceptible. Inflation dropped sharply from over 50% per annum in the early 1990s to 9% in 2002.

The impressive performance notwithstanding, the country continues to face daunting development problems and challenges with major impact on human development. The impact of the high growth rates has been limited partly because the growth rates represent recovery from very low base levels. The challenges facing the country include governance, expanding resource of economic growth, illiteracy, unemployment, gender inequality, relatively high incidence of HIV/AIDS, high rate of vulnerability to natural calamities as well as the need for legal and judicial reform and public sector reform. In the area of governance, UNDP is helping capacity building in the justice sector, parliament, police service, provincial governments and training in public administration.

Despite the above-mentioned developments, Mozambique remains one of the poorest countries in the world. The 2003 UNDP report indicates that 78.4% of the population lives below the poverty line of USD 2.00 per day. There is wide regional disparity in the incidence of poverty in the country. This ranges from 47% in Maputo city to 87.9% in Sofala. The rates for rural and urban areas are 71.3% and 62% respectively. UNDP Human Development Report for 2003 ranks the country 170 out of 175 countries.



Human development indicators, Mozambique	2001	2000
Population (millions)	18.2	18.3
Life expectancy at birth (years)	39.2	39.3
GDP per capita (Purchasing Power Parity-PPP USD)	1,140	854
Population living below one USD per day (%)	37.9	37.9
Population living below two USD per day (%)	78.4	78.4
Adult literacy rate (% age 15 and above)	45.2	44
People living with HIV/AIDS, adults (%)	13	-
Access to affordable essential drugs (%)	-	50-79
Access to water and sanitation (%)	-	43-57
Malaria cases (per 100,000)	-	18,115
TB cases (per 100,000)	125	104
Under-five mortality rate (per 1,000 live births)	197	200

Source: UNDP Human Development Reports 2002 and 2003

The government has initiated a national programme of poverty reduction through the implementation of a comprehensive strategy known as the Action Plan to reduce Absolute Poverty (PARPA). This constituted the basis for the IMF/World Bank supported Poverty Reduction Strategic Plan (PRSP). The government's programme clearly attempts to foster a people-centred policy framework to address the poverty problem. In partnership with NGOs, government has undertaken a number of initiatives to support people living in poverty, particularly those flood and drought-affected.

Mozambique is prone to a wide range of natural disasters with tremendous impact on the people, livestock, property and physical infrastructure. In 2000 and 2001, floods caused considerable disruption and devastation in southern and central parts of the country. The international community played a major role in mobilizing financial assistance to support the reconstruction and recovery programme. In 2003, Mozambique was once again hit by two cyclones and drought. Over 1.2 million people were affected by the cyclones which resulted in increased number of cases of diarrhoea, and cholera, and aggravated an already pre-existing high rate of malnutrition.

The food security situation in the southern and central parts of the country is serious after three to four years of crop failures due to floods and drought. According to FEWS³, the food security situation is seriously deteriorating in the southern and central regions owing to an almost totally failed harvest in the main season (February-April 2003). The short-season harvest in July 2003 will not offset the accumulated effects of two successive years of drought and a substantial worsening of nutritional indicators is now expected in the affected areas. Several factors, other than drought, have also worsened the current food security situation. The high rates of HIV/AIDS infection in the drought-affected areas have reduced the agricultural production capacity; the presence of foot-and-mouth disease is seriously hampering the income from livestock sales, and economic linkages with Zimbabwe have declined owing to its political and economic disruption. The surplus producing harvest experienced in the northern regions of Mozambique is not able to reach the southern drought-affected areas due to poor road infra-structures but is absorbed by the drought-stricken neighbouring countries in the north.

The main causes of death in the country are malaria, communicable diseases, epidemics, deliveries and maternity, malnutrition and diarrhoeal diseases. A study on demographic impact of HIV/AIDS in Mozambique⁴ estimated that, between 2002 and 2003, 1.36 million people will be living with AIDS: 43% men, 56% women. The projection is 1.6 million for 2004-2005, and 1.71 million for 2006-2007.

Red Cross and Red Crescent Priorities

Movement⁵ Context:

The **Mozambique Red Cross Society** adopted its first strategic plan at the general assembly in April 1999. In light of experiences gained during and after the devastating flood operations in 2000, coupled with a set of commitments made at the Pan-African Conference of September 2000, the national society elaborated its Co-operation Agreement Strategy 2002-2004 with the support of the Federation to include the a.m. priorities and revised its Strategic Plan in order to incorporate new factors such as:

- The fight against HIV/AIDS.
- Launching a 10-year campaign to reduce the vulnerability of Mozambican people against the most common health threats through ARCHI⁶.
- Prioritizing programmes in line with the Federation Strategy 2010 and its four core areas of disaster preparedness, disaster response, health and care, and the promotion of the International Red Cross and Red Crescent Movement's Fundamental Principles and Humanitarian Values.

³ FEWS - Famine Early Warning Systems Network of the U.S. Agency for International Development (USAID)

⁴ Prepared by the National Institute of Statistic, Ministry of Health (MoH), Ministry of Planning and Finance, Centre for Population Studies, National AIDS Council, Medical Faculty-Eduardo Mondlane University and Ministry of Education (2002: pp 31,32,33)

⁵ 'Movement' refers to the International Red Cross and Red Crescent Movement

⁶ ARCHI – African Red Cross and Red Crescent Health Initiative 2010 builds on its strength: a Red Cross and Red Crescent presence in each of 53 countries in Africa and, in all, more than 2 million volunteers. The overall goal of ARCHI 2010 is to make a major difference in the health of vulnerable people in Africa. (refer to <http://www.ifrc.org/WHAT/health/archi/>)

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The Mozambique Red Cross Society Co-operation Agreement Strategy 2004-2005 was also developed by the national society with the support of the Federation and with the participation of partner national society representatives in Mozambique

National Society Strategy/Programme Priorities:

The Mozambique Red Cross Society strategic plan 2003-2005 specifies that the main goals for the three-year period are to strengthen the capacity of the most vulnerable people in disaster preparedness and response, to play a major role in the fight against HIV/AIDS and to improve the health and social well-being of the people through community-based interventions. The target groups are rural population in the poorest districts (especially in areas prone to national disasters such as droughts or consecutive floods) and the urban poor.

In order to reach these goals, the Mozambique Red Cross will strengthen its own capacity and promote its sustainability. The national society has defined its priorities for 2003-2005:

- To become a strong member-based national society, able to cover at least its core costs from its own resources;
- To strengthen its structures from grass-root to headquarters levels with an emphasis on the local elected bodies, in order to maximize the impact of its interventions in the communities, especially in the areas of disaster preparedness and response;
- To support the development of the communities so as to reduce their vulnerability and increase their capacity to deal with disasters through an integrated policy of disaster preparedness and response;
- To respond to the HIV/AIDS pandemic through a major involvement of national society staff and volunteers in the areas of prevention, community-based care to people living with the disease as well as advocacy against HIV/AIDS related stigma and discrimination.
- To consolidate and strengthen the community-based health programme with emphasis on community involvement in health education, mother and child health care, education on malaria, cholera and other preventable diseases;
- To continue water and sanitation activities, in particular community education;
- To promote social support for vulnerable individuals or groups targeting children in difficult circumstances, widows in need, elderly, the disabled, through community-based initiatives;
- To mobilize massive participation of youths in Red Cross activities as a common strategy for all programmes;
- To improve volunteer management and to advocate volunteers as the heart of the organization.

Strengthening the National Society

Health and Care

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Background and achievements/lessons to date:

Community-based health

Mozambique, like many other African countries, suffers from a high prevalence of poverty-related diseases. The main health problems are HIV/AIDS, tuberculosis, malaria, cholera and other diarrhoeal diseases, and a high rate of malnutrition among children. Furthermore, the access to health facilities is poor.

The WFP/FAO crop and food supply assessment mission report (2003) estimated 788,000 people in 40 districts are highly vulnerable and food insecure. These figures are expected to increase to 949,000 from October 2003 to March 2004. The average rate of malnutrition in children under five is 6.4%. Although this figure is only slightly above the acceptable average rate of 5%, the malnutrition rates are severe in Gaza, Maputo, and Tete. The nutritional survey assessment carried out in June 2003 by Mozambique Red Cross in three districts of Gaza province found a malnutrition rate of 10.7%. The current food insecurity situation will certainly aggravate this already serious pre-existing situation.

The Mozambique Ministry of Health (MoH) requested UNICEF and the Mozambique Red Cross to implement supplementary feeding in six districts in the four provinces of Tete, Manica, Sofala, and

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Maputo. Furthermore, in response to the national society's internal drought appeal, the German Red Cross has been funding supplementary feeding in Gaza province in three districts to benefit 63,471 people (children under five, and pregnant and lactating women) and Belgian and Netherlands Red Cross have also started to support a similar project in Manica and Inhambane provinces for six to nine months.

In November 2002, the Ministry of Health reported that the prevalence of HIV/AIDS in the country is 13% . Due to the compounding effects of consecutive crop failures, near-chronic food insecurity, high rates of HIV/AIDS, and deteriorated income possibilities from migrant labour, PLWHA ⁷ are the most vulnerable in the drought-affected areas.

In the context of ARCHI 2010, the national society is already implementing health promotion, prevention and first aid activities at the community level both in long-term development projects and in emergency situations. The national society has an extensive network of approximately 2,600 volunteers who have been trained in community-based first aid.

In agreement with the Ministry of Health and ARCHI policies and guidelines , the Mozambique Red Cross has been implementing the following health initiatives during 2002-2003 in cooperation with its partner national societies (Belgian, Canadian, Danish, Icelandic, Italian, Netherlands, Norwegian and Spanish Red Cross Societies), the Federation, UNICEF, government and others:

- Malaria promotion, prevention, including the use of mosquito nets, and treatment of the cases.
- Nutritional activities: prevention and support in cooperation with the MoH in the treatment of moderate and severe malnutrition in children under five, and pregnant and lactating women (supplementary feeding)
- Promotion and prevention of HIV/AIDS, first aid and care to PLWHA.
- Information, education, water chlorination, latrine construction, ORS ⁸ promotion and distribution during cholera epidemics.
- Support to the government on the promotion of mass vaccination campaigns and routine immunization, vitamin A supplements to children.
- According to the community-based health care approach, construct and maintain national society first aid posts, improve community participation, prevent and treat the main endemic diseases.
- Provision of essential basic sanitation to reduce the level of faecal-oral transmissible diseases.

Achievements	Year 2002 Beneficiaries	Year 2003 (Jan-June) Beneficiaries
1. First aid and treatment of the most common diseases	23,191	500,062*
2. Water treatment (water chlorination)	342,653	Included in Home visits
3. Health Education (through lectures and theatre)	182,704	267,963
4. Home Visits	112,519	105,609
5. First aid posts (constructed and rehabilitated)	21	8
6. First aid post in functioning)	52	55
7. Volunteers trained in CBHC/CBFA ⁹	667	326
8. Volunteers trained in ARCHI toolkits	290	0
9. Volunteers active	2,300	2,602
10. Malaria cases treated in the first aid posts	27,845	16,173
11. Volunteers trained in cholera response and prevention	700	146
12. Mothers trained in supplementary feeding, hygiene and immunisation	107	50
Total beneficiaries	661,067	873,634

* Includes beneficiaries assisted during the Delphina and Japhet cyclones in the first quarter of 2003.

⁷ PLWHA - persons living with HIV/AIDS

⁸ ORS - oral re-hydration salts/solution

⁹ CBHC – Community-based health care; CBFA – Community-based first aid

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Despite initial funding problems causing delays in implementation, most of the national society's planned activities were successfully implemented in 2002 and 2003. Participatory approaches were used in programme planning and implementation and found to be largely effective. A very good basis has been established and substantial experience built up at the branch and headquarters levels of the national society. Nonetheless, monitoring, evaluation, information systems, and management (PIMES) need to be improved.

The 2004-2005 health programme will target children under five, pregnant and lactating women, youth between 10 to 24, and the vulnerable communities in the project areas where the MoH is not present. These include Nhamatanda district (Sofala), Chiuta district (Tete), Chibuto district (Gaza) and Catembe district (Maputo City).

HIV/AIDS

The Mozambique Red Cross has been implementing its five-year strategic HIV/AIDS plan since 2002, covering to date nine provinces :

Maputo City	-	Catembe and Urban District 4
Maputo Province	-	Ressano Garcia and Moamba
Tete	-	Tete City, Chiúta and Changara
Nampula	-	Nampula City, Meconta and Nacala
Gaza	-	Xai-Xai District, Chokwé, Manjacaze and Guijá
Manica	-	Sussundenga, Machaze, Mossurize,
Sofala	-	Nhamatanda and Búzi
Zambézia	-	Maganja da Costa and Mopeia
Cabo Delgado	-	Pemba City.

The main areas of focus of this programme are:

- Prevention through peer education;
- CHBC¹⁰ with focus on psycho-social support to the chronically ill;
- orphan care; and
- Advocacy on behalf of PLWHA, including national society staff and volunteers.

In the initial phase of the project (2001-2002), pilot projects for preventive activities were carried out in Maputo City, Maputo, Nampula and Tete provinces; CHCB activities were piloted in Gaza and Manica provinces. The strategy is to develop both prevention and CHBC in all target districts depending on the prevalence of the epidemic in a particular district.

To date, there are preventive activities (projects) running in all 22 of the above-mentioned districts. Apart from preventive activities, the following 13 districts are also running CHBC activities: Catembe, Ressano Garcia, Chiúta, Changara, Meconta, Nacala, Xai-Xai, Chókwe, Guijá, Manjacaze, Sussundenga, Machaze and Mossurize. CHBC activities will be gradually expanded to the remaining 19 districts, starting in 2004 with four new districts of Maganja da Costa, Mopeia, Nhamatanda and Buzi. In addition, preventive activities will also start in Mandimba district, Niassa province in 2004.

Provincial HIV/AIDS coordinators have been recruited in all provinces where the project is running except Manica and HIV/AIDS care facilitators have been hired. These care facilitators (sometimes also called district officers) are paid staff who are responsible for managing the HIV/AIDS programme at district level while activities in the field in several districts are carried out by the volunteers.

Baseline surveys, KAP¹¹ studies and PRA¹² have been carried out in several districts. Some 1,071 volunteers and AICM¹³ have been trained in prevention and community home-based care. To date, the national society has distributed:

- 720 wooden penis models;

¹⁰ CHBC – Community home-based care

¹¹ KAP - Knowledge, attitudes and practices

¹² PRA - Participatory rapid appraisal

¹³ AICM - Active influential community members

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- 316,493 condoms;
- 15,008 educational materials (leaflets and posters);
- 1,000 manuals on sexual health (for provincial officers and district facilitators and schools);
- 300 home-based care manuals from MoH;
- 2,000 training certificates;
- 92 video cassette tapes;
- Bags and uniforms for CHBC;
- 33 First Aid kits;
- Stage (theatre) materials; and,
- Working material and vehicles for use by the volunteers.

Between 2002 and July 2003, the HIV/AIDS programme received financial support from the Federation, British Red Cross, German Red Cross, Spanish Red Cross, and DANIDA¹⁴. Over 147,000 beneficiaries were reached in prevention activities and nearly 4,000 were counselled. Some 1,338 orphans were identified out of which 300 were supported with blankets and school material. On the other hand, 653 beneficiaries were registered under the CBHC of which 443 were referred to VCT¹⁵ and health centres. Almost 8,000 home visits were carried out. Monitoring and supervision visits were undertaken by the provincial and district officers as well as by headquarters staff. The Mozambique Red Cross central commission has also approved a policy on HIV/AIDS at the workplace. The national society has also been providing training and first aid kits to other NGOs in support of PLWHA. Training has also been given to families to grow vegetable gardens using biological and drought resistant methods in Catembe (Maputo City) in liaison with the CHBC activities. The national society has also participated in working group meetings to develop a proposal for a national anti-stigma campaign. The national society is also an active member of the steering committee created by the NAC (National HIV/AIDS Council) to define HIV/AIDS communication policy. During the visit of the U.S. Secretary of Health and Human Services, the Mozambique Red Cross participated in an exhibition organized by USAID.

The main constraints facing the national society include:

- Delays in programme implementations due to over-stretched responsibilities of several provincial HIV/AIDS coordinators (i.e. Maputo City, Nampula, Gaza, and Tete);
- Slow response concerning implementation and reporting on activities in some provinces; and,
- Inadequate coordination between the headquarters, provincial and district branches.

The existence of full-time provincial HIV/AIDS coordinators is integral for the progress and scaling-up of the programme at provincial level; the national society is in the process of recruiting for these positions. There is need for better coordination among the institutions and NGOs working in HIV/AIDS so as to avoid duplication of efforts.

Another challenge for the national society within HIV/AIDS is to speed up programme implementation and reporting. The constraints are by and large due to overstretched provincial HIV/AIDS coordinators. There is a strong need to strengthen the links between the headquarters, provincial and district branches. The existence of a full-time provincial HIV/AIDS coordinator is crucial for the progress and scaling-up of at provincial level. Strengthening of the coordination among the institutions and NGOs working within the field of HIV/AIDS is an ongoing challenge in order to avoid duplication of efforts.

The Mozambique Red Cross is planning to expand its work in securing food for AIDS-affected households through the promotion of community gardens as a solidarity network. There are positive experiences from a pilot project carried out in Catembe south of Maputo. Negotiations are taking place with WFP to include provision of a food basket for families composed of very ill patients, without any capacity to produce their own food or food for their children, as well as child-headed households. This is to complement the initiative of vegetable gardens to avoid total dependency on food baskets and to

¹⁴ DANIDA - Danish International Development Agency

¹⁵ VCT – Voluntary counselling and testing

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promote the spirit of solidarity and self-help initiatives coming from other relatives, neighbours or the community in general.

At the same time, the Mozambique Red Cross has plans to develop self-help groups among volunteers with support from the MoH Mental Health Department. The national society also wants to learn from similar experiences in the region (Zimbabwe, South Africa or other sister societies), and to see how to adapt these experiences to the Mozambique context.

Mozambique does not have as high a prevalence of HIV/AIDS as in the neighbouring southern African countries. Therefore, a lot of emphasis is still placed in prevention in the country; many of the CHBC projects started only recently (2002) in two pilot areas in Gaza and Manica, with additional projects only in 2003.

Water and Sanitation

The Mozambique Red Cross water supply, sanitation and hygiene promotion projects are supported technically through the Federation regional water and sanitation delegate based in Harare; national society general management is supported through the Federation Delegation in Maputo. Support for capacity building is also provided from Harare. Water and sanitation is an integral part of the Mozambique Red Cross development plan and the Cooperation Agreement Strategy. The national society coordinates its work with other agencies through participation in monthly national sector coordination meetings, and implements the activities in partnership with local government agencies.

In the last two years, the Mozambique Red Cross has been implementing water supply, sanitation and hygiene promotion development projects in Nampula and Cabo Delgado province. Improving access to safe water and adequate sanitation for the vulnerable is a vital component of poverty reduction as recognized in the UN Millennium Development Goals.

There will be a focus on working in small local government administrative units to increase the water supply and sanitation services to government-defined minimum service levels. Upon completion, the Mozambique Red Cross will exit from this unit and proceed to a new location. The sustainability of the project will be assessed one year after exit. This marks a change from the previous strategy of small interventions in scattered communities throughout the province. The change in strategy will reduce the cost per beneficiary and allow for improved sanitation/hygiene promotion, community management training, monitoring and evaluation due to reduced time/costs on travelling to the project sites.

The second change in focus is that the projects will be implemented in areas where the Mozambique Red Cross is providing home-based care services to people affected by HIV/AIDS. This way, the water supply and sanitation interventions will enhance synergy with other Red Cross health interventions.

The management capacity of the Mozambique Red Cross in the sector has been built up by means of training facilitated by the Regional Delegation. Additional staff have been recruited to improve the 'software'¹⁶ aspects of the projects.

¹⁶ 'Software' refers to the planning stage of a project where needs of a community are identified and defined, and capacities built so as to promote self-sustainability and ownership.

Goal: The lives and the general health conditions of vulnerable communities in Mozambique are improved.

Objective 1: Community-based health: Through promotion of community-based health care and first aid activities in line with the ARCHI 2010 principles, the general health situation in four priority districts has improved by the end 2005.

Objective 2: HIV/AIDS: The spread of HIV/AIDS is reduced and the quality of life of PLWHA, especially orphans, is improved, or at least maintained in the districts where Mozambique Red Cross Society carries out HIV/AIDS programme activities.

Objective 3: Water and Sanitation: Sustainable improvement in health and well-being for 100,000 vulnerable people in Nampula, Niassa, Cabo Delgado and Inhambane provinces.

Expected programme results; and related projects for this objective:

Project title	Expected results	Activities planned to meet results
Community-based health services	<ul style="list-style-type: none"> • Collaboration in promotion, prevention and first aid, has contributed to long-term reduction of HIV/AIDS impact and other sexually transmitted diseases (STDs) at household level. 	<ul style="list-style-type: none"> • Integrate refresher course on HIV/AIDS and STD in CBHC/CBFA in four districts. • Train 300 volunteers on home support and care for PLWHA. • Distribute condoms to the target communities through first aid posts and home visits • Distribute IEC (information, education and communication) material on HIV/AIDS and STDs to the volunteers. • Conduct refresher course for four health technicians in IEC methodologies on HIV/AIDS and STDs. • Train 24 supervisors for support and monitoring activities on the field.
	<ul style="list-style-type: none"> • The impact of malnutrition has been reduced by promotion, prevention and first aid measures in the target communities. 	<ul style="list-style-type: none"> • Train 300 volunteers on supplementary feeding for children under-five, pregnant and lactating women in four districts. • Detect cases of malnutrition for referral to facilitate therapeutic feeding services, and provides nutritional counselling to mothers. • Train 200 mothers on supplementary feeding, hygiene and immunization information in four districts. • Train 24 supervisor volunteers on nutritional survey, monitoring and support supervision

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Project title	Expected results	Activities planned to meet results
	<ul style="list-style-type: none"> • Promotion, prevention, first aid and curative intervention have decreased the prevalence and increased the care for people suffering from outbreaks of malaria, diarrhoea, and TB 	<ul style="list-style-type: none"> • Provide first aid and treatment of the most common diseases, such as malaria, diarrhoea, and others, to approximately 72,500 people • Provide training for 300 volunteers in CBHC/CBFA. • conduct introduction training for 300 volunteers on PIMES and refresher course on ARCHI 2010 • increase capacity of personnel and intensify technical support and supervision to the four priority districts • Rehabilitate four first aid posts • Provide IEC materials (40,000 pamphlets) on preventive measures about priority health topics such as malaria, cholera, diarrhoea, TB • Conduct 10,000 home visits to provide promotion, prevention, and first aid measures. • Support malaria control activities with MoH and other partners. • Detect cases of TB for referral to facilities access to the health centres. • Promote the construction for improved and traditional latrines with community participation • Educate communities on correct use and treatment of drinking water sources. • Acquire and distribute 100 first aid bags • Purchase 75 medical kits (55PS1, 20PS2) • Purchase and distribute 8,000 impregnated mosquito-nets • Produce 1,000 ARCHI tool kits in Portuguese. • Produce 600 T-shirts and 300 caps
	<ul style="list-style-type: none"> • Relief health intervention support has contributed to containing epidemics such as cholera 	<ul style="list-style-type: none"> • Provide refresher-training course to 300 volunteers on cholera prevention and cholera response. • Provide to the communities of the four districts IEC materials on transmission, prevention and first aid of cholera cases. • Plan, implement, monitor, and evaluate preventive and relief activities related to the cholera. • Train, mobilize and educate the community through door-to-door visits on preventive and relief activities related to the cholera outbreak. • Water chlorinating, latrines and waste disposal construction • Provide and distributed ORS to the affected communities. • Collaborate and coordinate with core institutions and organizations.

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Project title	Expected results	Activities planned to meet results
HIV/AIDS	<ul style="list-style-type: none"> • The impact of Mozambique Red Cross health programmes has been strengthened and institutional capacity to implement the programme and respond to health related disaster needs has been reinforced. • Community home-based care (CHBC) support provided to people living with HIV/AIDS (PLWHA) and their families, including the orphans and vulnerable children (OVC). 	<ul style="list-style-type: none"> • Carry out four detailed surveys in four districts (PRA assessment) • Reorganize and train four local committees in four priority districts • Provide refresher training on PIMES and ARCHI 2010 to the four provincial health technicians. • Provide training to the 24 volunteer supervisors on PIMES and ARCHI 2010. • Establish better cooperation with MoH, UNICEF, WHO and others. • Exchange experiences between provincial health coordinators. • Provide stock of materials and medical kits for response to disasters. • Disseminate to health technicians and supervisors Sphere knowledge on disaster response • Conduct eight supervision visits from HQ to the branches. • Conduct 96 supervision visits from the provincial technicians to the districts and communities. • Train 340 care facilitators (20 in each community) and 85 AICM volunteers (five in each community). • Provide support and services to 850 PLWHA (50 in each district) and their families • Establish 17 self support groups of PLWHA (one in each district) to improve their capacity • Provide community-based social support to 1,000 orphans • Improve access to food and quality of diet of 500 most vulnerable PLWHA and 500 OVC
	<ul style="list-style-type: none"> • HIV/AIDS preventive skills provided to target communities. 	<ul style="list-style-type: none"> • Distribute IEC materials on HIV/AIDS to the communities • Train 640 volunteers • Improve preventive skills through youth peer education among 120,000 youths/OVC (10-24 yrs) in and out of school • Improve preventive skills among community members • Promote the use of condoms
	<ul style="list-style-type: none"> • Stigma and discrimination related with HIV/AIDS reduced. 	<ul style="list-style-type: none"> • Promote awareness of the needs and rights of PLWHA • Increase willingness of communities to care for 850 PLWHA • Assist 850 PLWHA to accept and live with their condition positively

Project title	Expected results	Activities planned to meet results
Water and Sanitation	<ul style="list-style-type: none"> • Sound, sustainable environmental services have been established for 100,000 vulnerable people in Nampula, Niassa, Cabo Delgado and Inhambane provinces (one province per year) by 2008 in water supply, sanitation and hygiene promotion. 	<ul style="list-style-type: none"> • Hygiene promotion/ sanitation promotion volunteers effectively cover target population of 100,000 by year 2008 • Establish three sustainable sanitation promotion (hardware) units in target area which distribute no less than 4,000 SanPlats by 2008 • Install 50 viable and adequate latrines at households affected by HIV/ AIDS and at schools and health centres in target area by 2008 • Establish 200 viable, fully functioning and adequate community managed water supplies in low-income villages by 2008 • Establish and functionalize 200 community-based operation and maintenance and cost recovery systems by 2008 • Implement efficiently and effectively water supply, sanitation and hygiene promotion projects using demand responsive community managed approaches by 2008 • Mobilize resources for water/ sanitation and hygiene promotion projects, and contribute to sector policies, best practices, coordination and cooperation by 2008. • Increase capacity to respond to disasters requiring water, sanitation and hygiene promotion intervention.

[<Click here to access the Logical Framework Planning Matrix document for Health Care>](#)

Disaster Management

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Background and achievements/lessons to date:

Mozambique is one of the most disaster-prone countries in the Southern Africa region. Major floods affected the country in 2000 and 2001 and since 2002 it has also been affected by drought, which affected a large part of Southern Africa. According to the FAO/WFP crop assessment 2003, 788,000 people in 40 districts are estimated to be in emergency need of food aid during the period of April to September 2003. Taking into account the prevailing food insecurity situation in the southern and central provinces of the country due to the projection of continued poor yield, this figure is expected to increase to 949,000 people from October 2003 up to March 2004.

With the exception of Niassa province, all the northern provinces are prone to natural disasters such as cyclones and flash floods, whereas the southern and central provinces are prone to floods, cyclones and recurrent drought. The impact of these disasters on the population has been exacerbated by the prevailing HIV/AIDS pandemic in the whole country.

In addition to the prevalence of drought in the country since last year, several disasters have occurred, including:

- A train crash that occurred in Maputo province in May 2002 killing 148 people on the spot and injuring 124. Eight became physically handicapped and 67 children became orphans and 16 women widowed;
- Two tropical storms simultaneously hit the provinces of Sofala and Gaza (Beira and Chókwe) in October 2002, affecting 6,300 people and causing three deaths in Beira;
- Explosion of an ammunition store in October in Beira City affecting some 900 people;
- Tropical cyclone “Delfina” hit the provinces of Nampula and Zambézia on 31 December 2002, killing 54 people, affecting some 225,000 in Nampula and 28,000 in Zambézia;
- Tropical storm “Japhet” hit Southern Inhambane province in March 2003. This was associated with the flash floods that affected 100,000 people and killed 11.

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The Federation allocated DREF¹⁷ monies to support the Mozambique Red Cross to respond to the above mentioned emergencies. The Regional Delegation in Harare supported the elaboration of a contingency plan for population movements during the elections in Zimbabwe, and supported RDRT¹⁸ training for Mozambique Red Cross officers. Technical support was provided during this period by one Federation delegate and one Danish Red Cross delegate.

In addition, the Mozambique Red Cross is implementing CBDP¹⁹ projects in three out of the 11 provinces in the country, namely Inhambane, Zambezia and Sofala; these are being implemented in coordination with the National Institute for Disaster Management (INGC) and other institutions. In 2002, the DPDR²⁰ project was implemented with support from Norwegian Red Cross (update and implementation of the contingency plan for the rainy and cyclone season), Danish Red Cross (CBDP in Inhambane and Zambézia and DPDR at the headquarters level), and GTZ²¹-PRODER (CBDP in Sofala).

Achievements 2002-2003:

- Preparation, volunteers training and intervention during the rainy and cyclone season (including boat rescue activities) in Cabo Delgado, Nampula, Zambézia, Inhambane and Sofala (Tete and Maputo were not exposed to emergencies);
- Training and dissemination of the Early Warning System for tropical cyclones in Maputo, Zambezia, Sofala and Inhambane;
- Participatory Rural Appraisal in Manica, Inhambane and Zambezia;
- Development of community workshops and community plans on CBDP in Inhambane, Zambézia and Sofala;
- Preparation of a contingency plan for population movement in Gaza, Manica and Gaza;
- Approval of DP policy by the NS central commission;
- A volunteer training curriculum on CBDP was designed and tested at headquarters, Inhambane and Manica (with all DP officers);
- Development of a CBDP strategy at headquarters;
- Internal review of the CBDP activities in Inhambane and Zambezia;
- Assessments on disaster response capacity in eight provinces (Gaza, Inhambane, Manica, Sofala, Tete, Zambezia, Maputo City and Maputo Province);
- Pre-positioning of all DP stocks in all the provinces and community preparedness kits in Inhambane, Zambezia and Sofala;
- Construction of district commission offices with warehouses in ten disaster-prone provinces (excluding Maputo City); and
- The launch of an internal drought appeal.

It is recognized that baseline data and surveys are of paramount importance to allow effective monitoring of the impact of Red Cross interventions in disaster-prone communities. There is also a need to improve the quality of the CBDP activities through regular assessments, case studies, monitoring and other qualitative tools to assess the impact of the programme.

The main priorities are to strengthen The national society capacity to respond to disasters by reinforcing its human resource network (staff and volunteers) as well as to support training in disaster preparedness and response inside and outside the country including exchange of experiences with sister societies in the region. Other priorities are: general elections (2004), impact evaluations, collection of baseline data, and development of community micro-projects in new provinces and districts where CBDP activities are to be developed.

¹⁷ DREF - Disaster Relief Emergency Fund

¹⁸ RDRT – Regional disaster response team

¹⁹ CBDP - Community-based disaster preparedness

²⁰ DPDR – Disaster preparedness / disaster response

²¹ GTZ - Deutsche Gesellschaft für Technische Zusammenarbeit, GmbH (German Technical Cooperation)

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Currently there are DP officers in seven out of the 11 provinces, namely Maputo City, Maputo Province, Inhambane, Sofala, Tete, Zambezia and Niassa. The strategy is to contract three more officers for Gaza, Manica and Nampula (and Cabo Delgado) provincial branches. In total there will be 10 provincial officers to cover the 11 country provinces and 32 communities (eight new and 24 with ongoing operation, nine in Inhambane, nine in Zambézia and six in Sofala).

Goal: The vulnerability of the populations living in disaster-prone areas is reduced.

Objective: The vulnerability of the communities in disaster-prone areas in all provinces is reduced and their capacity to respond to disasters strengthened.

Expected programme results; and related projects for this objective :

Expected results	Activities planned to meet results
Knowledge and skills of Mozambique Red Cross Society officers & volunteers in disaster management (DM) increased	<ul style="list-style-type: none"> • Standardize all DP training courses following the CBDP curriculum by the end of 2004 • Carry out one ToT course for the 10 provincial DP officers, based on the CBDP curriculum • Carry out one national training course on the first module of the DP curriculum which consists of the Red Cross Movement, first aid and basic disaster management).
The community-based disaster preparedness (CBDP) expanded to cover nationally, so as to reduce the levels of vulnerability in disaster-prone areas	<ul style="list-style-type: none"> • Hire three DPR officers for the provinces of Nampula (and Cabo Delgado), Manica and Gaza • Disseminate in seven more provinces (Nampula, Cabo Delgado, Tete, Manica, Gaza and Maputo City, and Niassa) the new early warning system • Conduct participatory rural appraisal in the seven provinces • Identify micro-projects by the communities • Produce training materials • Procure preparedness kits for the CBDP target communities • Conduct water rescue training courses for volunteers • Conduct simulation exercises • Conduct drought mitigation actions
Assistance provided to the population during presidential elections	<ul style="list-style-type: none"> • Pre-position relief supplies and allocate funds in 11 provincial branches • Conduct 50 refresher training sessions to about 1,600 participants (60 officers and 1,540 volunteers) in 11 provinces (five courses in each province).
Coordination with public entities working in the area of disaster management strengthened, particularly with the INGC	<ul style="list-style-type: none"> • Participate in co-ordination meetings and disaster management related information sharing initiatives
The impact of Mozambique Red Cross interventions in emergency situations increased	<ul style="list-style-type: none"> • Create an adequate disaster management information system • Prompt implementation of contingency plans (floods, cyclones and drought) • Update data on the Mozambique Red Cross response capacity • disseminate the new early warning system in disaster-prone communities • Train staff and volunteers on the code of conduct in emergencies • Hold a national meeting on disaster management in emergencies with the participation of 11 DPR officers from provincial branches • Encourage information sharing among the various provincial branches • Hold regular assessment meetings

Expected results	Activities planned to meet results
Mozambique Red Cross effective response capacity strengthened through consolidation of local structures for prompt and adequate response to disasters	<ul style="list-style-type: none"> • Establish local committees in 10 CBDP target communities • Revitalise non well-functioning district commissions • Build and equip 10 Red Cross district commission offices/warehouses in disaster-prone districts in 10 provinces

[<Click here to access the Logical Framework Planning Matrix document for Disaster Management>](#)

Organizational Development

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Background and achievements/lessons to date:

Since the post-war restructuring process of the Mozambique Red Cross in 1997 and 1998, organizational development (OD) has been a major concern of the National society, in order to strengthen the foundation, structures and operation at all levels and to increase its degree of sustainability. The operations during and after the severe floods of 2000 and 2001 reinforced the crucial need to incorporate capacity building in all its programmes to ensure successful implementation.

Strengthening of Mozambique Red Cross local, district and provincial branches has become the priority area. Databases have been established on volunteers, and district and provincial commissions. The regional branch development manual has been translated, improved and adapted to the Mozambican context. Governance and management training for district committees has also been carried out in five of 11 provinces. Tools for volunteer management and the assessment of the functioning of branches have been developed and used on an experimental basis. The implementation of the youth policy and the improvement of membership management are also areas in development.

A finance development programme, supported by the Federation since 1999, initially concentrated on Mozambique Red Cross headquarters, now seeks to improve financial management in all 11 provinces. Since 2001, all finance and programme staff of Mozambique Red Cross headquarters and provincial branches, including provincial presidents and treasurers, have received training in finance management. The National society still needs to update its finance software and extend its use to the provincial branches. The internal financial control systems are now in place and the follow-up of the global audit findings has been undertaken. Namely, a financial supervision guide is established and headquarters finance staff have traveled to all the branches to follow up on the audits findings and develop the branch financial officers capacity. A finance management manual has been drafted. Global external audits have been conducted annually. Meanwhile, an internal audit unit is being set up.

During the past years, the Mozambique Red Cross has greatly improved its information systems with support from the regional LISN project as well as from various bilateral partners. The headquarters has now a well functioning network. All provincial branches have computers and are electronically linked to the headquarters. Computer literacy and use particularly in the provinces still needs to be enhanced.

An overall review of human resources policies and systems took place in 2002. Implementation of the recommendations has started and will continue in 2004 and 2005.

With regard to financial resource development, an income generation policy was drafted and approved. The Mozambique Red Cross is now working on a finance resource development strategy that should lead the National society to a minimum level of sustainability.

Apart from the support through the Federation, the Mozambique Red Cross has received bilateral support from Norwegian Red Cross in general, (finance development and governance in particular); Canadian Red Cross (in branch development, governance and management training), British Red Cross (in human resources review, income generation, branch development manual and reprint of youth manual), Danish Red Cross (establishment of an internal audit unit). Various other bilateral programmes (community-based home care or community-based disaster preparedness/response) have also included OD aspects, which is a great achievement.

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All the above-mentioned areas need further attention and development. Mozambique is vast geographically and communications are difficult. In addition, qualified human resources in the organizational development area are limited and very often over-stretched with different responsibilities. At the provincial level there is no specific officer for OD. Progress is observed but slowly. A more systematic follow-up is needed.

The area of most concern, however, is the lack of financial sustainability of the National society. In spite of all efforts, the Mozambique Red Cross covers only about one third of its core costs at present.

Goal: The lives of vulnerable people in Mozambique are improved and their vulnerability to disasters reduced.

Objective: Quality services responsive to local vulnerability, focussed on the four core areas, have been provided by the Mozambique Red Cross Society in a sustainable manner.

Expected programme results; and related projects for this objective :

Project title	Expected results	Activities planned to meet results
Governance & branch development	<ul style="list-style-type: none"> • The Mozambique Red Cross governing bodies better understand and practice their governance role • The branch structure and service-delivery capacity at national, provincial, district and local levels is developed or improved. 	<ul style="list-style-type: none"> • Hold a national governance workshop • Hold annual central commission meeting • Conduct a ToT (training of trainers) training for provincial officers • Organize six provincial branch development seminars
Volunteer management development	<ul style="list-style-type: none"> • The ability of the Mozambique Red Cross to develop, manage and retain volunteers is improved. 	<ul style="list-style-type: none"> • Undertake follow -up visits to all provinces and on the spot support the database and volunteer management at provincial level
Youth development	<ul style="list-style-type: none"> • The Mozambique Red Cross youth structure is strengthened and youth members are elected to be part of governing bodies. 	<ul style="list-style-type: none"> • Conduct three regional (north, centre and south) youth leaders workshops • Identify 10 youth leaders per province, including at least one from each priority district • Draw up a three year strategic plan
Finance development	<ul style="list-style-type: none"> • Mozambique Red Cross finance management is improved at national, provincial and district levels. 	<ul style="list-style-type: none"> • Update finance software • Introduce new software at provincial branch level • Hold annual training workshops for provincial administrators and secretaries • Conduct follow-up visits to all provinces • Undertake internal audits in all provinces
Programme management skills development	<ul style="list-style-type: none"> • The day-to-day management skills of senior and programme staff are improved. 	<ul style="list-style-type: none"> • Organize planning and coordination workshop for senior and programming staff
Information systems development	<ul style="list-style-type: none"> • Mozambique Red Cross telecommunications, radio and computer systems are improved. 	<ul style="list-style-type: none"> • Draw up telecommunications and radio policy • Draw up computer policy • Train provincial focal points

Project title	Expected results	Activities planned to meet results
Human resources development	<ul style="list-style-type: none"> Human resources management and development is improved at all levels. 	<ul style="list-style-type: none"> Complete implementation of recommendations of 2002 human resources review, particularly, with regards to performance appraisal, new job grading system, salary table and benefits, and staff development policy. Train provincial secretaries and administrators, and national coordinators
Finance resource development	<ul style="list-style-type: none"> Mozambique Red Cross ability to generate financial resources and broaden its income base is improved. 	<ul style="list-style-type: none"> Hold marketing strategy workshop Draw up finance resource development plan Draw up provincial finance resource and plans Draw up specific plan for agreements with corporate sector develop annual membership and membership fee payment campaigns Lobby for exemption of income taxes on income-generation activities.

[<Click here to access the Logical Framework Planning Matrix document for Organizational Development>](#)

Coordination, Cooperation, and Strategic Partnerships

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The floods in 2000 and 2001 received a comprehensive international response. From the International Red Cross and Red Crescent Movement, a large number of partner national societies engaged in bilateral programmes and the Federation established a delegation to implement a big relief operation and coordinated the multi-faceted Red Cross interventions. In the post floods recovery phase, the number of PNS with representations in Mozambique gradually diminished and the programmes moved slowly towards support for development activities. At present, Austrian, Belgian, Danish, German, Icelandic and Spanish Red Cross Societies have their in-country delegations in Mozambique. The Federation scaled down its delegation in the course of 2002 and only maintains a minimal presence in the country.

The major role of the Federation delegation in Mozambique in times without any major sudden onset disasters is to facilitate coordination and continued strategic dialogue amongst the National society, the Federation, partner Red Cross societies and ICRC within the framework of the National society CAS (Cooperation Agreement Strategy) while supporting It in organizational development, water and sanitation, HIV/AIDS, community-based health and disaster management.

Together with Mozambique Red Cross, the Federation participates in coordination with the government, UN agencies, NGOs and other humanitarian actors. The national society has a well-established cooperation with the National Disaster Management Institute and with the UN, in particular the UNICEF. The potential of a partnership is being explored between the WFP and Mozambique Red Cross in building up community safety nets in the food security and HIV/AIDS context. In addition, Mozambique Red Cross participates in the government technical council for disaster management meetings. Both the Federation and Mozambique Red Cross participate in the UN/government jointly-organized disaster management partner group meetings which are called on an ad hoc basis as the situation requires.

The Mozambique Red Cross coordinates at all levels (national, provincial and district) with government departments, in particular with the INGC, the ministry of health, the ministry of women affairs and the coordination of social action and the ministry of public works and housing (water department).

The Mozambique Red Cross has a well developed network of volunteers countrywide, who can be mobilized when disasters strike. Being present in all 11 Provinces with volunteers in most districts, the

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national society is often the first to respond, when a disaster strikes. The Mozambique Red Cross provides invaluable support to the government in disaster response to assist the victims. Often the disasters are of a scale that can be handled locally without the need for major external input. In this respect, the Federation ensures support for the national society response through mobilization of resources and information sharing through the established Federation channels.

In the event of large-scale disasters which draw massive international assistance, the Federation offers a platform for a coordinated response within the International Red Cross and Red Crescent Movement in support of national society through the Federation disaster coordination and response tools such as the deployment of FACT and ERU²² in order to maximize the quality, effectiveness and appropriateness of the assistance to the beneficiaries. The national society has a number of RDRT trained staff who will be an integral part of the assessment and coordination mechanism. The Federation together with Mozambique Red Cross ensures that partner national societies with interest in bilateral operations are allocated tasks and integrated within the general framework of the operation in accordance with Mozambique Red Cross priorities.

International Representation and Advocacy

The Mozambique Red Cross Society is a well-respected humanitarian actor in the country. This provides an excellent opportunity for advocacy on key agenda of the Red Cross, in particular, the promotion of humanitarian values and core intervention areas of HIV/AIDS, community-based health care, water and sanitation, and the integration of these within the context of food insecurity, extreme vulnerability and HIV/AIDS. Other important themes are disaster preparedness and response, dissemination of IHL (International Humanitarian Law) and the Movement's Fundamental Principles. The national society is recruiting a communication officer to enhance the visibility and credibility for the Society's community-based humanitarian work.

Its financial resource development strategy is built on the respect the national society earns in the country. Increased visibility of the national society's humanitarian activities in the communities will promote interest from private enterprises to support Mozambique Red Cross financially.

In 2004, Mozambique Red Cross will elect a new executive council and a new president. This will be used as an opportunity to raise awareness about the national society, the fundamental principles and humanitarian values, and to promote a membership campaign.

The Federation has a status agreement with the Government of Mozambique, and represents the Federation in the international humanitarian community alongside Mozambique Red Cross. The Federation representative will use the position to promote the work of the national society within the donor community and UN.

Country Office Management

In 2002, the Federation Delegation in Mozambique was downsized; since early 2003, there has been only one Federation delegate present in Mozambique. The finance development delegate has been providing technical support to the national society in the field of finance development and management. The financial management capacity of the Mozambique Red Cross has been strengthened to such a degree that further external assistance is no longer deemed necessary. However, the need for other delegates will be assessed together with the national society. Meanwhile, the national society has been coordinating its activities of water and sanitation, health, HIV/AIDS, and organizational development with the regional delegation for Southern Africa based in Harare.

²² FACT – Field Assessment and Coordination Teams rapidly assess and coordinate humanitarian response to large-scale emergencies. The system is designed to form and deploy teams of highly trained Red Cross and Red Crescent response practitioners to a disaster site within 12 to 24 hours. Refer to <http://www.ifrc.org/what/disasters/fact/>

ERU – Emergency Response Unit is part of the Federation's disaster response tools. It provides specific support or direct services when local facilities are either destroyed, overwhelmed by needs, or do not exist. Using a standardized modular system of equipment and pre-trained teams of national society technical specialists, an ERU can be deployed within 48 hours. Refer to <http://www.ifrc.org/what/disasters/eru/>

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From August 2003, the Federation has a country representative in Mozambique who assists the national society's senior management team with a focus on organizational development issues. The Regional Delegation (Harare) will continue to support the national society in the areas of disaster management, health, water and sanitation, and HIV/AIDS. The main objective of the Federation assistance is to build up the Mozambique Red Cross capacity to develop quality programme intervention through:

- improved management structures at all levels;
- effective planning, implementation, evaluation and reporting;
- strengthened disaster coordination, response and preparedness capacity;
- improved communications between the Mozambique Red Cross, the Federation and partner national societies;
- improved coordination within the international humanitarian community;
- effective finance resource development strategy; and
- enhanced resource mobilization.

The premises of the previous Federation delegation have been rented out as part of the national society self-financing strategy. The Federation representative has an office at the Mozambique Red Cross headquarters and receives assistance from the national society support staff such as secretary, drivers, and finance staff on a cost-sharing basis.

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BUDGET 2004

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.15/2004

Name: Mozambique

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	0	0	0	0	0
Clothing & textiles	45,920	0	0	0	0	0	45,920
Food	0	0	0	0	0	0	0
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	76,160	0	0	0	0	0	76,160
Medical & first aid	78,450	0	0	0	0	0	78,450
Teaching materials	37,000	0	0	0	0	0	37,000
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	6,240	0	0	0	0	0	6,240
SUPPLIES	243,770	0	0	0	0	0	243,770
Land & Buildings	5,600	112,000	0	0	0	0	117,600
Vehicles	51,800	0	0	0	0	0	51,800
Computers & telecom	7,990	0	0	0	0	0	7,990
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	11,400	0	0	0	0	0	11,400
CAPITAL EXPENSES	76,790	112,000	0	0	0	0	188,790
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	119,820	32,640	0	32,640	21,700	0	206,800
TRANSPORT & STORAGE	119,820	32,640	0	32,640	21,700	0	206,800
Programme Support	76,103	28,964	0	17,643	15,207	0	137,917
PROGRAMME SUPPORT	76,103	28,964	0	17,643	15,207	0	137,917
Personnel-delegates	0	0	0	36,000	91,800	0	127,800
Personnel-national staff	278,324	109,854	0	54,084	24,000	0	466,262
Consultants	0	0	0	0	0	0	0
PERSONNEL	278,324	109,854	0	90,084	115,800	0	594,062
W/shops & Training	116,170	97,300	0	75,000	0	0	288,470
WORKSHOPS & TRAINING	116,170	97,300	0	75,000	0	0	288,470
Travel & related expenses	86,170	4,200	0	12,300	38,770	0	141,440
Information	37,230	5,200	0	4,560	8,400	0	55,390
Other General costs	136,438	55,440	0	39,204	34,080	0	265,162
GENERAL EXPENSES	259,838	64,840	0	56,064	81,250	0	461,992
TOTAL BUDGET:	1,170,815	445,598	0	271,431	233,957	0	2,121,801