

Plan 2009-2010



MOZAMBIQUE

Executive Summary

According to a December 2007 United Nations Development Programme (UNDP) report, HIV and AIDS represent a challenge to Mozambique on a “devastating scale.”¹ There are an estimated 500 new adult HIV infections every day and life expectancy is expected to drop from 42 years to 36 years by 2010 as a result of the disease. The pandemic is negatively affecting development, exacerbating poverty, malnutrition, poor school attendance and worsening gender inequalities. Mozambique is also among the Southern African countries worst affected by tuberculosis (TB): TB is the third largest cause of hospitalization, following acute respiratory infection and malaria.

Climate change is also having a severe and tangible impact on Mozambique. In recent years, an increase in the ferocity and intensity of natural hazards such as droughts, floods and cyclones have devastated communities and destroyed infrastructure across the country.



In today's competitive environment, emphasis will be on showing more clearly the benefits of the Red Cross and Red Crescent programmes and how our actions and advocacy contribute to achieving the [Millennium Development Goals](#)² and other major global efforts to reduce poverty and inequity and promote sustainable human development. To accomplish this goal, the International Federation of Red Cross and Red Crescent Societies (IFRC) General Assembly adopted a new plan called the [Federation of the Future](#)³ (FoF) in 2005 aiming at achieving the [Global Agenda](#)⁴, with [four goals](#) aligned to the core areas of [Strategy 2010](#)⁵. The Global Agenda demonstrates commitment to increasing the impact of our work by committing to scaling-up and improving the quality of our programming at both domestic and international level. As such, Mozambique Red

¹ National Human Development Report for Mozambique, UNDP December 2007

² **Millennium Development Goals** – The UN Millennium Goals charter – states that by the year 2015, all 191 United Nations Member States have pledged to meet eight goals, thus, eradication of extreme poverty and hunger; achievement of universal primary education; promotion of gender equality and empowerment of women; reduction of child mortality; improvement of maternal health; combating HIV and AIDS, malaria and other diseases; ensuring environmental sustainability; development of a global partnership for development.

³ **Federation of the Future** - <http://www.ifrc.org/Docs/pubs/who/fof-en.pdf>

⁴ **Global Agenda Goals:** Link: <http://www.ifrc.org/who/fof.asp#globalagenda>

⁵ **Strategy 2010** - Is the IFRC's guideline framework for the decade 2000 to 2010. This overall strategy identifies the following four CORE areas as the cornerstone upon which the International Federation will continue to build its collective expertise and reputation: Humanitarian values; disaster preparedness; disaster response; and health and care in the community. Refer to <http://www.ifrc.org/who/strategy.asp>

Cross (CVM)⁶ plans for 2009-2010 are developed from National Strategic Development Plan 2005 – 2010 at the same time are aligned to the Global Agenda's goals.

The 6th Pan African Conference convened in Algiers, Algeria, in September 2004, under the theme 'Consolidating the role of Red Cross Red Crescent as a reliable civil society partner', with delegates from 53 African National Red Cross and Red Crescent Societies in attendance. The National Societies (NS) assessed and reviewed the progress made since the [Ouagadougou Declaration](#)⁷ of 2000, and reaffirmed through the [Algiers Plan of Action](#)⁸ the following key interventions and decided to pursue them with renewed commitments, vigour and focus, to be implemented within the next four years: Food Security; Health; HIV and AIDS; Institutional Capacity Building as a cross-cutting issue. Essentially, the focus of the CVM will be on building its institutional capacity aiming for a firm degree of sustainability by 2010 when most of the bilateral partner's agreements will be coming to an end. The aim is to improve the living conditions of the most vulnerable by eliminating and reducing the risks through community participation and volunteer mobilization. Specifically, CVM priorities include addressing the impact of HIV and AIDS and other public health problems, and responding to and helping communities prepare for the natural disasters that strike Mozambique every year.

This plan for 2009-2010 is seeking a total of CHF 5,166,444 (EUR 3,290,727 or USD 4,722,527)

[Click here to go directly to the attached summary budget of the plan](#)

Country Context

At the end of the civil war in 1992, Mozambique was ranked among the poorest countries in the world. It still ranks among the least developed countries with very low socioeconomic indicators. In the last decade, however, Mozambique has experienced a notable economic recovery. Between 1994 and 2006, average annual GDP growth was approximately eight percent. Mozambique achieved this growth rate even though the devastating floods of 2000 - 2001 and 2007 - 2008 slowed GDP growth to 2.1 percent. The World Bank is predicting average growth of eight percent through 2008. Although economic growth is progressing in Mozambique, poverty levels remain high, particularly in disaster prone areas.

Population, total (million), 2005	20.5
Population, urban (% of total population), 2005	34.5
Population, under age 15 (% of total population), 2005	44.2
Life expectancy at birth, annual estimates (years), 2005	42.8
Adult literacy rate (% aged 15 and older), 1995-2005	38.7
Combined gross enrolment ratio for primary, secondary and tertiary education (%), 2005	52.9
GDP per capita (PPP US\$), 2005	1,242
Population undernourished (% of total population), 2002/04	44
Under-five mortality rate (per 1000 live births), 2005	145
Infant mortality rate, poorest 20% (per 1000 live births)	143
One-year olds fully immunized against tuberculosis (%), 2005	87
One-year olds fully immunized against measles (%), 2005	77
HIV prevalence (% aged 15-49), 2005	16.1
Human Development Index value, 2005	0.384
Human Development Index rank, 2005	172
Human Poverty Index (HPI-1) value (%)	50.6
Human Poverty Index (HPI-1) rank	101
Population living below \$1 a day (%), 1990-2005	36.2
Population living below \$2 a day (%), 1990-2005	74.1
Population living below the national poverty line (%), 1990-2004	69.4

Source: UNDP, Human Development Report 2007/2008¹

According to the UN Development Programme (UNDP) 2005 estimate, the total population of Mozambique is 20.5 million, with life expectancy of 42.8 years. In 2004, it was estimated that 32

⁶ In Portuguese Cruz Vermelha de Moçambique

⁷ **Ouagadougou Declaration** – The 5th Pan African Conference convened in Ouagadougou, Burkina Faso, from 21 to 25 September 2000 with delegates from 52 African National Red Cross and Red Crescent Societies in attendance. The conference focused on the key themes of the African Red Cross/Red Crescent Health Initiative (ARCHI 2010) and food security in Africa.

⁸ <http://www.ifrc.org/docs/pubs/events/algiers04/algiers-action.pdf>

For background on APA visit <http://www.ifrc.org/meetings/regional/africa/6thpac/index.asp>

and 43 percent of the population were using improved sanitation and improved water source respectively. The table above briefly summarises the socioeconomic indicators for Mozambique.

According to the UNDP statistics, GDP per head was estimated at just US\$804 in 2007, and an estimated 74 percent of the population live on an income of less than US\$2 per day. Although male literacy rate has risen from 49 percent in 1990 to 77 percent in 2004 and the female literacy rate has climbed from 18 percent to 49 percent over the same period, overall adult literacy remains extremely poor, estimated at just 38.7 percent in 2005 – well below the sub-Saharan average of 60.3 percent. Moreover, at least 500,000 children aged between six and twelve are not attending school.

The main causes of mortality are HIV and AIDS related illnesses, malaria, tuberculosis and diarrhoeal diseases. HIV and AIDS are officially recognized as a major problem on a “devastating scale”. It is predicted that 800,000 Mozambicans will die from AIDS related illnesses between 2004 and 2010. The latest epidemiological surveillance round showed that HIV prevalence has increased from 13.6 percent in 2002 to 16.1 percent in 2005. Approximately, 1.2 million people are living with HIV with the number of children orphaned due to AIDS estimated at 273,000.

Malaria is also highly endemic throughout Mozambique. It is a leading cause of morbidity and mortality with approximately six million cases reported each year. Malaria accounts for approximately 40 percent of all outpatient visits, increasing to 60 percent if only paediatric cases are considered. Malaria transmission takes place year round with a seasonal peak extending from December to April. More than 18 million people in Mozambique are considered to be at-risk of malaria, including an estimated 3.6 million children under five years old and 900,000 pregnant women.

Moreover, water borne diseases such as cholera and dysentery are endemic and periodic, as are climatic phenomenon such as floods and cyclones. In 2007 and 2008 the country was affected by floods and cyclone to which CVM had huge response operation. These recurrent events, like drought, floods and cyclone, have contributed to make Mozambique the most vulnerable country affected by the consequences of climate change.

As a result of the above mentioned recurrent hazards, CVM is faced with many challenges in supporting the most vulnerable populations. The NS regularly reviews its priorities and objectives as to how best serve the vulnerable people. Considerable experience was gained during the emergency and rehabilitation phase during the disaster response operations.

National Society priorities and current work with partners

CVM continues to align its programmes with the Millennium Development Goals and National Poverty Eradication Plan (PARPA II 2006-2009) based on full realisation of the battle to eradicate poverty, and the need to halt the spread of the HIV and AIDS pandemic. In addition, CVM respects the fact that Mozambique is a country which, because of its geographical location and the way it is affected by climate change, is prone to natural disasters.

The priority in disaster management (DM) is strengthening the components by developing and implementing a National Disaster Management Master Plan (DMMP) with the IFRC Zone office and partners’ support. The primary objective is to strengthen the institutional capacity within disaster management on a national scale, and in mitigating the impact of disasters, as well as reducing risk.

CVM has implemented disaster risk reduction (DRR) project with support from DFID through the IFRC in three provinces (Sofala, Gaza and Cabo Delgado), and starting from June 2008 to August 2009 in Nampula with German RC support. CVM is also implementing a climate change project with emphasis on adaptation and mitigation measures with funding from the Netherlands Red Cross.

The food security programme component is being implemented in Cabo Delgado funded by the Spanish Red Cross, in Zambezia funded by American Red Cross (closed end of September 2008 and taken over by Finnish Red Cross). The project is improving food security at community level, and assisting them to start agricultural activities aimed at addressing food insecurity. In cases of Zambezia province the project is integrated with disaster risk reduction and home-based care (HBC) projects as the entry point.

This plan also draws strategic direction from African Red Cross/Red Crescent Society Health Initiatives (ARCHI 2010)⁹ and the Algiers Plan of Action, as well as MRCS Strategic Plan. ARCHI 2010 goal is '*Better health for Africa's vulnerable individuals and groups served by the RC/RC in Africa by mobilizing the power of humanity*'. Consensus was reached on the major public health interventions which African NS should address as priorities during the next decade, which include community level promotion and prevention activities focused on: HIV and AIDS; childhood preventable diseases; women and pregnancy related issues; initial responses to accidents and injuries. By 2010, CVM will be recognized for its "niche" relating to public health priorities including emergencies. Country-wide networks of volunteers will effectively be the major vehicle for addressing community health problems at the district level and beyond.

CVM will continue implementing the five year integrated HIV and AIDS programme (2006-2010) (MAA63003MZ¹⁰), which is part of the Southern Africa Regional HIV and AIDS programme (MAA63003) and a component of the IFRC Global Alliance on HIV. The NS is scaling-up its response to HIV and is committed to reducing vulnerability and increasing its impact by preventing further infections, expanding care, treatment and support and reducing stigma and discrimination. In order to achieve these three outputs, the capacity of CVM is to be further strengthened through a fourth enabling output area on capacity development, designed to ensure expansion of effective service delivery to the most affected communities. The programme represents a quadrupling of the Red Cross effort in the country and targets to reach four million people with messages on prevention and reducing stigma/discrimination; provides services for 36,000 people living with HIV and 51,000 orphans and vulnerable children by 2010; representing approximately 10 percent of the current caseload in Mozambique.

The integrated community-based health and care programme includes malaria prevention, social mobilisation, referral for treatment, First Aid, tuberculosis prevention and adherence to treatment, nutrition, supplementary feeding schemes, promoting the routine vaccination with emphasis on measles and polio, management of diarrhoeal diseases including administering oral rehydration solutions (ORS) and cholera prevention. These are being implemented in the Maputo Ciudad, Maputo province, Inhambane, Sofala, Manica, Zambézia, Niassa with funding from Austrian American, Finnish, Belgian -Flanders, Icelandic and Norwegian Red Cross.

Since 2006, CVM has been implementing Keep-Up Malaria programme activities in two provinces (Manica and Sofala provinces), with funding from the Norwegian Red Cross and American Red Cross. The main objective is integrating the Expanded Programme on Immunization (EPI) and Roll Back Malaria (RBM) activities. These activities are aimed at maintaining high community coverage for immunization and mosquito nets using integrated EPI and RBM strategies in order to maintain high community coverage rates concerning immunization and bed net use.

The water and sanitation activities are being implemented in Nampula province with funding from the European Union, Norwegian Red Cross, and Finnish Red Cross. For the last year, CVM has been putting more emphasis on scaling-up and improving commercial First Aid activities with solid

⁹ The decisions and experiences of the National Societies led to a formal ARCHI 2010 strategy approved at the 5th Pan African Conference in Burkina Faso in September 2000 and again reviewed and endorsed at the 6th Pan African Conference in Algiers in October 2004. Refer <http://www.ifrc.org/what/health/archi/>

¹⁰ For more information please refer to the Southern African Regional HIV and AIDS Appeal (MAA63003) and country plan (MAA63003MZ) or follow the link <http://www.ifrc.org/appeals/annual06/logframes/africa/MAA63003MZ.pdf>. The original budget figures are adjusted annually based on NS implementation rate and result of the resource mobilisation efforts.

support from the Belgian Red Cross-Flanders. During this year the capacity of the First Aid unit in terms of human and material resources has strengthened, with the training of staff and volunteers on First Aid.

CVM is one of the NS in the region with good corporate governance and management systems. Upon joining the initiative of New Partnership of African Red Cross and Red Crescent Societies (NEPARC), the NS submitted itself to regular evaluations and endeavours to implement their recommendations, with a view to attain higher standards of functioning, particularly with regards to the principles of good governance. Through NEPARC initiative, CVM ensures:

- To create a synergetic capacity building process leading to an efficient delivery on the commitments contained in the Algiers Plan of Action and thus the Millennium Development Goals;
- To increase sustainability and decrease dependency;
- To improve coordination among the Partner National Societies (PNS), operational in Mozambique.
- To demonstrate learning within the Movement by putting identified lessons into practice.

The main objective of the organisational development and capacity building programme is to enhance the performance and capacity development of the NS, so that it meets the basic requirement of the characteristics of a well-functioning NS.

Our actions are guided at all times by our Fundamental Principles of humanity, impartiality, neutrality, independence, voluntary service, unity and universality. The purpose of promoting the Movement's Fundamental Principles and Humanitarian Values (P&V) is not simply to ensure that people – staff, volunteers, public and private authorities, or the community in general know of these P&V, but to influence their behaviour through developing an understanding and raising awareness.

While the promotion of P&V is a core area in its own right, their integration into all activities of disaster management and health and care in the community is also seen as an essential part of what makes a well-designed Red Cross Red Crescent (RC/RC) intervention. Promoting and respecting our P&V is indispensable if the RC/RC is to be perceived as an impartial, neutral and independent actor, and furthermore to facilitate the RC/RC to carry out its mandate. CVM's operational programming based on, and in conformity with, our P&V is key to demonstrating the comparative advantage of the RC/RC versus other humanitarian actors.

Information and promotion of the Humanitarian Values and Fundamental Principles activities are supported by the ICRC, and technically by the IFRC Secretariat Zone Office. CVM has defined its position as the credible humanitarian organisation in Mozambique and hence, has increased collaboration with the government at all levels. The IFRC Secretariat through the NS will pay particular attention to the Fundamental Principles of the Red Cross and Red Crescent Movement, giving special emphasis on voluntary service and humanity during implementation of the intervention activities. This should help build a better understanding of Red Cross and also encourage a better understanding of the humanitarian relief surrounding emergencies.

Secretariat supported programmes in 2009-2010

Disaster Management

a) The purpose and components of the programme

Programme Purpose
To reduce the number of deaths, injuries and impact from disasters.

The Disaster Management programme budget for 2009-2010 is CHF 526,485 (EUR 335,341 or USD 481,248)

Programme Component: Disaster Preparedness
Outcome 1: CVM capacity is improved in skilled human, financial and material resources for effective disaster management.
Programme Component: Disaster Response
Outcome 1: CVM disaster response interventions are improved to meet the needs of the vulnerable people in the 11 provinces.
Outcome 2: CVM has increased capacity in providing assistance to restore the sustainable livelihood of the population affected by disaster and reducing the risk to future disasters.
Programme Component: Disaster Risk Reduction (DRR)
Outcome 1: Communities have in place local risk reduction strategies building on traditional coping mechanisms as well as contemporary knowledge on the cause and effect of common natural phenomenon due to climate change.
Outcome 2: Food security among the targeted vulnerable groups is improved (people living with HIV, orphans and other vulnerable children, child-headed families, elderly, disabled people) in CVM project areas.

b) Profile of target beneficiaries

The target population of this programme will be 185,500 people in 11 provinces who are living in disaster prone, plus 88 district committees, 5,000 community volunteers and 540 staff and volunteers. Approximately 137,500 community members will receive information, education and communication material on disaster prevention and response. Another 32,000 beneficiaries affected by disasters will receive assistance on time, including non-food items such as blankets, shelter kits, kitchen set and other emergency relief.

Relief items will also be pre-positioned in the strategic areas for the communities who are likely to be affected by disaster. The staff and volunteers of CVM will benefit from capacity building initiatives in disaster preparedness and response. Tools such as Vulnerability Capacity Assessment (VCA) would be used to maximise community involvement, and enhance ownership. The disaster management master plan for the NS will be developed with the support of IFRC and Danish Red Cross. Improved NS and community disaster management capacity will result in a reduction in the impact of disasters.

c) Potential risks and challenges

CVM's core cost low coverage is one of the potential risks of most of these programmes. The other problem is lack of long term funding which makes it difficult to measure success and define sustainability. However, measures have been put in place to ensure an effective stakeholder management and resource mobilization system, and this will be a challenge for the NS. Local partnerships with all the relevant stakeholders will be strengthened to ensure continuity and sustainability of the interventions.

Health and Care

a) The purpose and components of the programme

Programme Purpose
Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

The Health and Care programme budget for 2009-2010 is CHF 3,536,751 (EUR 2,252,708 or USD 3,232,862)

Programme Component: Community-Based Health
Outcome 1: Knowledge and skills in identifying and effectively managing signs and symptoms of most communicable diseases including; diarrhoeal diseases, respiratory tract infections, skin diseases and malnutrition is enhanced.
Outcome 2: Women and children are protected from malaria through adequate CVM surveillance, preparedness and response measures.
Programme Component: Emergency Health
Outcome 1: Well developed First Aid, psychosocial support and WatSan programmes are incorporated in emergency operations protocols.
Programme Component: Water and Sanitation (WatSan)
Outcome 1: Access to safe water and sanitation facilities in identified vulnerable communities is improved.
Programme Component: HIV and AIDS
(Refer to Link http://www.ifrc.org/appeals/annual06/logframes/africa/MAA63003MZ.pdf)
Outcome 1: Prevent further infections through targeted community-based peer education information and communication (IEC) activities, and promote uptake of services including voluntary counselling and testing (VCT) and parent to child transmission prevention services (PPTCT).
Outcome 2: Scale-up community home-based care and support for vulnerable children with holistic support to address education, food and nutrition, psychosocial support, social inclusion, and economic support.
Outcome 3: Address stigma and discrimination with targeted communication and advocacy activities.
Outcome 4: Build the NS capacity to plan, implement, and manage the programme.

b) Profile of target beneficiaries

The total number of beneficiaries is approximately 1.3 million people, which is equivalent to 31,7 percent of the total population in the target districts; 50,6 percent of the inhabitants are women. Beneficiaries belong to the lowest social categories with poor economic situations due to limited income opportunities. Pregnant women and children under five are especially targeted by the health and nutrition activities. The HIV and AIDS prevention and awareness raising is targeting the whole population with the special focus on youth. Approximately, 33 percent of the population are youth, between the ages ten to 24 years. On average five percent of the population are pregnant women and 17 percent are children between the ages zero to five years. CVM has an extensive network of approximately 5,000 active volunteers trained in community-based First Aid, involved in the health and care activities

c) Potential risks and challenges

CVM is a well respected development agent with an excellent reputation and track record in providing basic preventative and promoting health and care, and related services for vulnerable communities in rural districts in all of the 11 provinces. However, limited funding affects the scaling up of activities required to widen outreach.

Organisational Development/Capacity Building

a) The purpose and components of the programme

Programme Purpose
Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

The Organisational Development/Capacity Building programme budget for 2009-2010 is CHF 1,004,494 (EUR 639,805 or USD 918,185)

Programme Component: Leadership and Management Development
Outcome 1: CVM leadership and management have the capacity to develop and implement policies and strategies for optimal organisational performance and accountability.
Programme Component: Well-functioning Organisation
Outcome 1: CVM has well defined policies, systems and procedures in place for the effective management of the NS.
Outcome 2: CVM performance is optimal through a stable staff establishment and a dedicated and competent management and staff corps.
Outcome 3: Effective financial management systems, procedure and tools are in place and systematically used.
Outcome 4: CVM has capacity in planning, monitoring, evaluation and reporting (PMER) and programme design, monitoring, evaluation and reporting meet standards stipulated in the IFRC's "Performance and Accountability Framework".
Programme Component: Branch Development and Volunteer Management
Outcome 1: CVM branches are viable and vibrant and with sound volunteer and local youth network management systems in place and routinely implemented.
Outcome 2: CVM has sound systems and procedures for the provision of systematic managerial and technical support to the branches by the headquarters.
Programme Component: Resource Development
Outcome 1: CVM capacity to mobilise resources for sustainability is enhanced through the implementation of well designed income generating programmes.
Outcome 2: CVM has a well-functioning internal and external communication system, supported by a reliable information technology infrastructure.

b) Profile of target beneficiaries

The targeted beneficiaries of the programme will be the governing board, management, staff and volunteers of CVM. Indirectly, all the beneficiaries of the NS will benefit from the improved services. Branch development and volunteer management activities will target 320 staff and 5,000 volunteers in all provinces.

c) Potential risks and challenges

The main challenge is implementing capacity building programme at all levels. The main risk is to raise the resources required to improve the institutional capacity to implement with high quality the programmes to meet the increasing needs of vulnerable communities.

Principles and Values

a) The purpose and components of the programme

Programme purpose
Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

The Principles and Values programme budget for 2009-2010 is CHF 98,713 (EUR 62,875 or USD 90,231)

Programme Component: Promotion of Humanitarian Values and Fundamental Principles
Outcome 1: Knowledge, understanding and application of the Fundamental Principles and Humanitarian Values is enhanced at all levels of the organisation (including non-discrimination, non-violence, tolerance and respect for diversity and gender).
Outcome 2: The Fundamental Principles and Humanitarian Values are internalised and practised at all levels of the organisation (leadership, management, staff corps and the communities served).
Programme component: Operationalization of Fundamental Principles and Humanitarian Values
Outcome 1: The dissemination of the Fundamental Principles is an integral component in all NS programmes and activities
Programme Component: Prevention of Sexual and Gender-Based Violence
Outcome 1: BRCS mainstreams gender issues in all its programmes.

b) Profile of target beneficiaries

The promotion of Humanitarian Values programme targets staff, volunteers, beneficiary communities and the general public by providing training, education, and dissemination to improve awareness and knowledge of the Red Cross and related subjects.

c) Potential risks and challenges

The absence of a national information and communication coordinator creates potential risks to the management and implementation of the activities.

Role of the Secretariat

The Secretariat's budget for its support role in 2009-2010 is covered under the Organisational Development programme.

a) Technical Programme Support

Since early 2008, the IFRC has placed a country representative in Mozambique whose main role is to provide the required technical support and to foster the humanitarian agenda. Increased co-ordination of activities among Red Cross Movement partners will be implemented together with monthly in-country co-ordination meetings. Systematic field monitoring visits are conducted by the IFRC representative and technical support provided in an efficient and professional manner. Additional technical support provided is on logistics, information, planning, reporting and resource mobilisation using the Zone office team of experts as necessary.

b) Partnership Development and Coordination

The Movement partners supporting CVM are the IFRC, ICRC, Austrian, American, Belgian - Flanders, Danish, Finnish, German, Icelandic, Norwegian, Netherlands and Spanish Red Cross. Other partners include the local Embassies (German, Swedish, Canadian, and European Union in co-operation with Finnish, Spanish, and German Red Cross Societies). Partners outside the Red Cross Movement include the National Aids Council (CNCS), WFP, UNDP, Disability and Development Partners (DDP - formerly Jaipur Limb Campaign), Save the Children Fund - UK, Adopt-a-Minefield and ARCI-Svillupo). The office of the IFRC representative has an advisory and co-ordination role to play and coached the NS on the same. CVM also seeks to formalise its local partnership through the signing the Memorandum of Understanding, which are specific on the roles and responsibilities of each partner.

c) Representation and Advocacy

CVM has welcomed the support of the IFRC representative, to provide technical advice in order to enhance capacities in the NS service delivery systems, and advocacy with local authorities, UN counterparts and other stakeholders.

Promoting Gender Equity and Diversity

Gender sensitivity, anti stigma and discrimination elements are incorporated in programme planning and implementation. The NS ensures that the vulnerable people it serves lives in dignity and services are compliant to the Sphere minimum standards, at the same time contributing to the Millennium Development Goals.

The Red Cross activities will enlist the participation of women and children as they are key actors in family health, and more specifically, water and hygiene-related issues. WatSan interventions have decreased the amount of time spent by women and girls collecting water from distant water points. This has improved their quality of life and they have more time for school activities and income generating projects.

Quality, Accountability and Learning

CVM reporting systems include narrative and financial report to donors and partners. Accountability within programme implementation areas is enforced at various levels. The management will ensure that well trained staff and volunteers are in place at all levels of the NS. The impact and improved quality of life for beneficiaries will be monitored through a PMER unit that CVM will be established. An annual donor consultative meeting will be held to create a platform for programme review and planning by all stakeholders.

How we work

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

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