

# Revised Plan 2011



International Federation  
of Red Cross and Red Crescent Societies

## Mozambique

### Executive Summary

Climate change is 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. The HIV and AIDS pandemic is also negatively affecting development, exacerbating poverty, malnutrition, poor school attendance and worsening gender inequalities.

Mozambique Red Cross Society<sup>1</sup> (CVM) has significantly achieved in local resource mobilization and through the International Federation of Red Cross and Red Crescent Societies (IFRC), is only seeking support for its organisational development and disaster management initiatives. IFRC technical support will be directed at organisational development (OD) process at branch level aimed at improving service delivery to the expanded vulnerable community. The IFRC support to CVM plan for 2011 will be through its Southern Africa Regional Representation Office (SARRO) based in Johannesburg. Through its membership service mandate, SARRO concentrates on coordination, representation, facilitation, humanitarian diplomacy and NS capacity development.



CVM is committed to contribute to the International Federation of the Red Cross and Red Crescent Societies (IFRC) 's [Strategy 2020](#) and to meet the objectives of the [Johannesburg Commitments](#), signed at the 7<sup>th</sup> Pan African Conference held in Johannesburg under the theme 'Together for Action in Africa', and attended by representatives from all African National Societies. The Africa National Societies leadership re-affirmed their commitment to the development in Africa. The theme "Together for action in Africa" underscores a renewed focus on capacity-building including infrastructural development for addressing challenges at national, regional and local levels. The priority areas for African National Societies, have advised the IFRC secretariat in modelling its membership support programmes.

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

This CVM plan for 2011 also focuses on resourcing for long-term programmes whose funding is ending in 2010 such as the HIV and AIDS programme, integrating HIV and AIDS programming under the Health and Care portfolio, consolidating activities under the Zambezi River Basin Initiative, rolling out the new concept for national society development adopted in June 2010 and aligning the new strategic plans to the priorities of the Johannesburg Commitment

**The total 2010-2011 budget is CHF 2,224,938**

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

## Country context

**Table 1: Statistics from the Human Development Report 2007/2008<sup>2</sup> for Mozambique**

Population, total (million), 2005	20.5
Life expectancy at birth, annual estimates (years), 2005	42.8
Adult literacy rate (% aged 15 and older), 1995-2005	38.7
Under-five mortality rate (per 1000 live births), 2005	145
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 \$2 a day (%), 1990-2005	74.1
Population using improved water source (%) 2004	43
Population using improved sanitation (%) 2004	32

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 socio-economic 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. Despite the progressing economic growth, poverty levels remain high, particularly in disaster prone areas. 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. Poverty and some local customs and practices condemn many families to a very delicate way of life, by living in flood risk and land eroded areas, in vulnerable houses and practicing non-sustainable income generating activities. Although male literacy rate has risen from 49 percent in 1990 to 77 percent in 2004 and the female literacy rate from 18 percent to 49 percent over the same period, overall adult literacy remains extremely low, estimated at just 38.7 percent in 2005 – well below the sub-Saharan average of 60.3 percent. An estimated 500,000 children aged between six and twelve are not attending school.

<sup>2</sup> UNDP, Human Development Report 2007 - 2008

The main causes of mortality are HIV and AIDS related illnesses, malaria, tuberculosis and diarrhoeal diseases. According to the UNDP-commissioned National Human Development report for the country launched in December 2007, HIV and AIDS represent a challenge to Mozambique on a “devastating scale.”<sup>3</sup> 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. Approximately, 1.2 million people are living with HIV with the number of children orphaned due to AIDS estimated at 273,000. It is also predicted that 800,000 Mozambicans will die from AIDS related illnesses between 2004 and 2010

Malaria is also highly endemic throughout Mozambique and it is one of the leading causes 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. 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.

Water-borne diseases such as cholera and dysentery are also endemic and periodic, as are climatic phenomenon such as floods and cyclones. It is estimated that only 43 percent of the population has access to safe drinking water and 32 percent to adequate sanitation. In 2008/2009 the country was affected by floods and cyclones, which resulted in a huge response operation by CVM. The recurrent calamities such as drought, floods and cyclones have contributed to making Mozambique the most vulnerable country to the consequences of climate change in southern Africa.

One of the main thrust as recognized by the government, is the need to build a self-reliant environment at community level, where the government and the civil society would create in a participatory manner the necessary initiatives to alleviate problems and find appropriate local solutions. In many cases the communities feel marginalized in the decision making process, which does not help in the generation of the required self-reliance. The limited capacities and resources at local and national level of both civil society organizations and the government, and the high dependency on external financial support reduces the possibilities of building more sustainable, participatory, preventive and risk reduction approaches.

## NS priorities and current work with partners

The NS actively contributes to the sustainable development and advocacy for vulnerable communities, satisfying elementary rights, such as the right to food, water, health, education and job opportunities. The programmes will focus on the rural population in the poorest districts of the country, particularly in areas prone to natural disasters such as successive floods and droughts, in addition to the urban poor. Among these groups, particular attention will be paid to women, children and young people, as well as to the chronically ill, the disabled and unaccompanied elderly people.

### Disaster Management Priorities

As a result of the recurrent hazards, CVM is faced with many challenges in supporting the most vulnerable populations. Considerable experience has been gained during the emergency and rehabilitation phases of the previous disaster response operations. In order to strengthen its response mechanism, CVM consistently and regularly reviews the priorities and objectives as to how best to assist the vulnerable people.

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<sup>3</sup> National Human Development Report for Mozambique, UNDP December 2007

In disaster preparedness, CVM will continue strengthening the components by developing and implementing its National Disaster Management Master Plan (DMMP) developed with the assistance of the IFRC Sub-office and partners. Primarily, attention will be on enhancing institutional capacity by training volunteers, prepositioning relief stocks and creating strategic partnerships with sector agencies.

The Zambezi River crosses seven countries in southern Africa among which is Mozambique and in the past eight years, flooding in the basin has resulted in mass displacements, caused outbreaks of water-borne and vector-borne diseases, and has devastated crops and livestock, as well as damaging the environment. This represents a humanitarian challenge amongst southern Africa National Societies, who have also a common vision of maximising the impact of Red Cross interventions in an integrated and holistic way. Whilst Red Cross flood operations had managed to avert loss of life and livestock and to prevent disease outbreaks, it was argued that the challenges faced by affected communities were beyond the scope of emergency relief. Sequential to this review, the ZRBI project was developed aimed at reducing vulnerability and building community resilience against hazards and threats. The ZRBI project was endorsed by the seven affected countries (Angola, Botswana, Malawi, Mozambique, Namibia, Zambia and Zimbabwe)<sup>4</sup> in June 2009. The initiative is in line with the IFRC's *Framework for Community Safety and Resilience*, which provides a foundation upon which Red Cross Red Crescent integrated community-level risk reduction can be planned and implemented.



CVM erected health post for the people displaced by the floods (2008/2009); including the HBC clients.

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<sup>4</sup> For more information on ZRBI refer to: [http://www.ifrc.org/Docs/pubs/disasters/160400-Zambezi\\_River\\_Project\\_LR3.pdf](http://www.ifrc.org/Docs/pubs/disasters/160400-Zambezi_River_Project_LR3.pdf)

## Health and Care Priorities

HIV and AIDS remains a priority for National Societies in sub-Saharan Africa which is at the epicentre of the epidemic. According to the UNAIDS outlook report, 70 percent of the burden of the disease, new infections and deaths all occur in the southern Africa region and countries with the highest infection rate in the world are in southern Africa. A total of 11.4 million PLHIV are found in the region and about 5 million children have lost one or both parents due to AIDS.

In April 2010, the Southern Africa Regional Representation Office (SARRO) conducted a midterm review of the 2006–2010 regional HIV and AIDS implemented under the Global Alliance on HIV framework. The results of the review indicated that the Global Alliance on HIV has been well understood and adopted by all National Societies in the form of the 'seven ones'.<sup>5</sup> However, the implementation of the Global Alliance is at different levels among National Societies, with many National Societies appreciating the benefits of the 'regionality' concept, especially the sharing of common materials, manuals, good practices and lessons. Weaknesses were highlighted in branch and volunteer management, capacity building efforts at branch levels and sustainability. It was also noted that the targets and budgets for the programme were very ambitious in terms of National Societies' absorption capacities and resource mobilisation prospects.

In 2009, an HIV and AIDS budget was developed as part of the 2010-2011 Mozambique country plan. The assumption then was that the HIV and AIDS programme ([MAA63003MZ](#))<sup>6</sup>, which is part of the southern Africa Regional HIV and AIDS programme ([MAA63003](#)) would continue into 2011. As it became clearer that the appeal MAA63003, which ends in December 2010 was not going to be re-launched, a decision was made for all National Societies in the region to come up with four year (2011-2014) HIV and AIDS country plans which were subsequently presented at a meeting of the regional HIV and AIDS working group (SARAWO) held in September 2010.

The budget from the original plan will be revised through an update in the first quarter of 2011. However, for this revised 2011 plan, the CVM' HIV and AIDS activities will be guided by the priorities espoused in the four year plan and the recommendations of the 2009 rapid assessment and the HIV and AIDS programme mid-term review.

Taking into consideration the findings and recommendations of the midterm review and in line with the Global Alliance approach, CVM has developed a four year HIV and AIDS plan and budget. The plan and budget is also aligned to the recommendations of the rapid assessment<sup>7</sup> conducted in 2009 and decisions made by secretaries general and presidents from the region in June 2009 to scale-down or maintain existing beneficiary targets. The four year plan also takes into perspective the country priorities with regard to the magnitude of the epidemic by ensuring that under prevention activities, CVM will focus on the most at risk populations and key drivers of the epidemic.

Under treatment, care and support, it was recognised that with the advent of antiretroviral treatment, the need for nursing care has gone down and the four year plans will focus on treatment literacy and adherence, nutrition, psychosocial support and livelihoods support. Nursing care will be for a reduced number of clients with chronic illnesses as many PLHIV are no longer bed-ridden and are living normal healthy lives.

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<sup>5</sup> The Global Alliance and its partners abide by the 'seven ones', namely: one set of working principles, one national HIV and AIDS plan, one set of objectives, one division of labour understanding, one funding framework, one performance tracking system and one accountability and reporting system.

<sup>6</sup> 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/MAA63003MZ.pdf>. The original budget figures are adjusted annually based on NS implementation rate and result of the resource mobilisation efforts.

<sup>7</sup> A Rapid Assessment was conducted in November 2009 in response to the recommendations of the June 2009 SAPRCS meeting attended by Secretaries General and Presidents of the southern Africa National Societies. The rapid assessment results recommended the need to scale down or maintain the 2006 – 2010 appeal and integrate into Health and Care.

CVM will also strengthen its efforts to reducing stigma and discrimination by engaging in advocacy, promotion of human rights, tackling sexual and gender-based violence at community level including promotion and implementation of work place programmes for staff and volunteers.

Support for **orphans and vulnerable children (OVC)** remains a critical aspect of the HIV and AIDS programme. CVM will focus on quality rather than quantity in the provision of services for OVC, which support include educational, material, livelihoods, psychological and social support. The NS will place more emphasis on building the capacity of families and communities to support the children and to build the resilience of children to cope with the challenges they face. CVM will also strengthen community structures such as the grannies/guardians clubs and Red Cross child care committees and advocate for the rights of children. Child protection will become a priority and a key activity will be the implementation of the Child Protection Strategy.

The integrated community-based health and care programme will continue focusing on 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, pandemic preparedness and response. 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 for immunization and bed net use.

CVM will continue putting more emphasis on scaling-up and improving commercial First Aid activities with solid support from the Belgian Red Cross-Flanders. The water and sanitation activities will also continue being implemented in Nampula province with funding support from the European Union, Finnish and Norwegian Red Cross.

### **National Society Development/Capacity Building Priorities**

In June 2010, as signatory to the Rundu Commitment, CVM committed itself to the new concept of NS Development which is which is framework through which the sustainable development of the NS will be determined and driven by the NS Itself. CVM has adopted the new approach towards its sustainable development that *inter alia* emphasises the use of national, sub-regional and regional capacities to address humanitarian and development challenges.

A key aspect of this approach is the establishment of sub-regional groupings that will bring together National Societies with similar challenges and historic ties to work more closely but within the greater objectives of the Southern African Partnership of Red Cross Societies (SAPRCS). The sub-regional groupings will utilise the capacities and competencies within a group of three to four NS to enable a common definition and prioritisation of challenges, joint approaches as well as the sharing of resources. It works with and compliments the objectives of SAPRCS while ensuring CVM takes ownership of its own development in a sustainable manner. Whilst it is the responsibility of CVM to be accountable for its own development, a small sub-group offers opportunities for synergies and learning.

CVM is in the same sub-group with Malawi, Zambia and Namibia Zimbabwe Red Cross<sup>8</sup>. The group will have a technical person who will be a staff on loan from any one of the members of the group. The sub-regional groupings will take full responsibility of their own coordination and management. The IFRC and PNS will financially support the salary of the staff on loan, the operational activities and coordination meetings of the sub-regional groupings. The staff on loan while contractually being a national society staff will have a dual reporting line to the sub-group committee and to the IFRC Southern Africa regional representative. The focus for NS development in 2011 will be on rolling out the new concept for national society development adopted by CVM in June 2010 and at the same time developing strategies to deal with existing and predicted vulnerabilities.

CVM is also one of the National Societies 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), CVM 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.

To achieve these objectives and the basic requirements of the characteristics of a well-functioning NS, the organisational development and capacity building programme is focused on developing the skills and capacities of staff. All these facets are intended to ensure efficiency and effectiveness in programming, so as to realise its goals and aspirations in serving the most vulnerable communities

CVM actions are guided at all times by the Red Cross Red Crescent Fundamental Principles of humanity, impartiality, neutrality, independence, voluntary service, unity and universality. As such, the NS will ensure that the regional branches are strengthened and have capacity to disseminate the Red Cross principles, values and mandate. 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 the P&V is indispensable if the NS is to be perceived as an impartial, neutral and independent actor, and furthermore to facilitate the RC/RC to carry out its mandate. CVM operational programming based on, and in conformity with, the P&V is key to demonstrating the comparative advantage of the NS versus other humanitarian actors. The dissemination programme has been supported by the ICRC, local media at regional and national levels. However, the programme is in the process of repackaging the activities on the operationalization of the P&V, through close consultation with the ICRC. In addition, the ICRC supports the tracing activities in three areas with refugee programmes.

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<sup>8</sup> The New Approach to Sustainable Development of National Societies in Southern Africa (June 2010)

# Secretariat supported programmes in 2011

## Disaster Management

### a) The purpose and components of the programme

<b>Programme purpose</b>
Save lives, protect livelihoods, and strengthen recovery from disaster and crises.

The Disaster Management programme budget for 2011 is CHF 908,155.

<b>Programme component: Disaster Preparedness</b>	
Outcome 1	Human, financial and material resources and disaster management systems are enhanced through the implementation of a Disaster Management Master Plan (DMMP).
Outcome 2	CVM has efficient disaster management mechanism and improved capacity to ensure optimal disaster preparedness.
<b>Programme component: Disaster Response</b>	
Outcome 1	Disaster response mechanisms are improved to ensure timely response to minimise the impact of emergencies and disasters on affected populations.
Outcome 2	CVM capacity for the provision of assistance and restoration of sustainable livelihoods is improved.
<b>Programme component: Disaster Risk Reduction (DRR)</b>	
Outcome 1	Community knowledge and awareness of the hazards and risks is enhanced; and local risk reduction strategies built on traditional coping mechanisms.
<b>Programme component: Zambezi River Basin</b>	
Outcome 1	The risk and impact of disasters among communities living along the Zambezi River basin is reduced through community preparedness.
Outcome 2	Access to adequate and nutritious food commodities is increased among communities along the Zambezi River basin.
Outcome 3	The number of deaths, illnesses and impact from diseases is reduced among communities along the Zambezi River basin.
Outcome 4	CVM capacity to implement disaster preparedness, response and recovery operations is increased.

### b) Potential risks and challenges

The core costs have a potential risk of being unfunded, thus jeopardising the operations of the NS. The current global financial crisis is another limiting factor to achieving targets in fundraising for disaster preparedness and response initiatives. However, measures will be put in place to ensure effective stakeholder management and resource mobilization, as well as community involvement in all programmes. Local partnership with all the relevant stakeholders will be strengthened to ensure continuity and sustainability.

## Health and Care

### a) The purpose and components of the programme

<b>Programme purpose</b>
Enable healthy and safe living

The Health and Care programme budget for 2011 is CHF 1,151,151.

The budget for the HIV and AIDS component of the programme will be revised in the first quarter of 2011.

<b>Programme component: Community-based Health</b>	
Outcome 1	Communities' capacity to reduce their own vulnerability to health hazards and injuries through knowledge of community-based health and first aid (CBH&FA).
Outcome 2	Women, men and children are protected from malaria through adequate surveillance, preparedness, prevention and response measures.
Outcome 3	Women, men and children are protected from tuberculosis (TB) through adequate surveillance, preparedness and response measures.
Outcome 4	Mother and child health is improved through immunisation services targeting children and mothers in areas in which CVM is operating.
<b>Programme component: Emergency Health</b>	
Outcome 1	Communities have access to curative, preventive and promotional health services during emergency and/or disaster situations.
<b>Programme component: Human Pandemic Preparedness (H2P)</b>	
Outcome 1	Human pandemic preparedness plan developed in collaboration with Government and other stakeholders.
Outcome 2	Linkages with other partners developed for information sharing at district and national levels.
<b>Programme component: Water and sanitation<sup>9</sup></b>	
Outcome 1	Access to safe water, sanitation facilities and hygiene promotion is increased among identified most vulnerable communities.
<b>Programme component: HIV and AIDS</b>	
Outcome 1	Prevent further infections through targeted community based peer education and information education and communication activities for specific most at risk populations, key drivers of the HIV epidemic and promote uptake of services including male circumcision, voluntary counselling and testing (VCT), parent to child transmission (PPTCT) and mother and child health (MNCH).
Outcome 2	Provide nursing care in homes and communities for chronic illnesses that still require it. Provide support for PLHIV and children who are on antiretroviral therapy (ART) through counselling on adherence, ART literacy, nutrition, psychosocial support, Livelihoods and support groups. Provide holistic support for orphans and vulnerable children including educational, material, livelihoods, psychological and social support and ensure implementation of the regional Child Protection Strategy.
Outcome 3	Reduction of stigma and discrimination by engaging in advocacy, promotion human rights, tackling sexual and gender based violence at community level including promotion and implementation of work place programmes for staff and volunteers.
Outcome 4	Strengthen planning, monitoring, evaluation and reporting (PMER), training in resource mobilization, strengthen branch and volunteer management systems, establish relevant partnerships at regional and country level, developing guidelines, good practices, organizing country and regional meetings and facilitating participation in regional and international conferences and seminars.

## **b) 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. The leadership continues to place emphasis on improved and more effective programme management and service delivery. However it is important that health and care programme be strengthened, especially in the areas of communication between the headquarters, provinces and districts, and reporting on programme activities.

Since H2P project has never been implemented before in Mozambique, communities at large may not actually appreciate and understand the magnitude of the problem since it has never happened before. CVM may not also get all the necessary technical support on H2P from the government and other partners due to its limited capacity in terms of staff.

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<sup>9</sup> Global WatSan Programme supported by EU under the Federation ACP-EU Water Facility Initiative

## National Society Development/Capacity Building

### a) The purpose and components of the programme

<b>Programme purpose</b>	
Increase local community, civil society and Red Cross capacity to address the most urgent situations of vulnerability.	

The NS Development/Capacity Building programme budget for 2011 is CHF 165,632

<b>Programme component: Leadership and Management Development</b>	
Outcome 1	CVM leadership (governance and management) capacity has increased in developing and implementing policies and strategies for optimal organisation performance and accountability.
<b>Programme Component: Well-functioning organisation</b>	
Outcome 1	CVM has well defined statutes, 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 officer corps.
Outcome 3	Effective financial management systems, procedures and tools are in place and systematically used.
Outcome 4	CVM capacity in performance tracking and reporting meets standards stipulated in the Federation's "Performance and Accountability Framework".
Outcome 5	CVM has a well functioning internal and external communication system, supported by a reliable information technology infrastructure.
<b>Programme Component: Branch Development and Volunteer Management</b>	
Outcome 1	CVM branches are viable, and vibrant with sound volunteer and local youth network management systems.
<b>Programme Component: Resource Development</b>	
Outcome 1	CVM capacity to mobilise resources for sustainability is enhanced through the implementation of well designed income generating programmes.

### b) Potential risks and challenges

The main challenge is implementing capacity building programme at all levels due the vastness of the country, thus projects are far apart from each other. It is therefore costly to conduct support visits to all provinces as well as to conduct national training workshops. More resources are hence required to support the capacity building initiatives.

## Principles and Values

### a) The purpose and components of the programme

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

Since all Principles and Values activities are integrated in the Disaster Management, Health and Care and NS Development programmes, there is no specific budget for the activities.

<b>Programme component: Promotion of Fundamental Principles and Humanitarian Values</b>	
Outcome 1	Knowledge, understanding and application of the Fundamental Principles and Humanitarian Values are enhanced at all levels of the organisation (including non-discrimination, non-violence, tolerance and respect for diversity and gender).
Outcome 2	Fundamental Principles and Humanitarian Values are internalised and practised at all levels of the organisation (leadership, management, staff, volunteers and communities served).

<b>Programme component: Operationalization of Fundamental Principles and Humanitarian Values</b>	
Outcome 1	The dissemination of Fundamental Principles is incorporated into all NS programmes and activities.
<b>Programme component: Sexual and Gender Based Violence</b>	
Outcome 1	CVM mainstreams gender issues in all its programmes.

## **b) Potential risks and challenges**

Not many donors are interested in allocating funding support on this initiative, except for the technical and funding support from the ICRC. In order to meet its expected results, activities on promotion and operationalization of the Fundamental Principles and Humanitarian Values should be incorporated into the other programme components such as community-based health and care, disaster management, branch development and volunteer management.

## Role of the Secretariat

### **The Secretariat's budget for its support role in 2010-2011 is integrated in NS Development budget.**

#### **a) Technical programme support**

The IFRC's mandate is to provide technical support and co-ordination to CVM and the tasks are geared towards strengthening branches, increasing membership, restructuring and developing various policies, procedures and guidelines. Other supports include those for logistics, information, and planning, reporting and human resource management. Technical support is provided by the programme departments and support service units at IFRC Sub-Zone Office through guidance from the country representative in Mozambique, whose presence will continue in 2010, but revised in 2011 based on the NS needs.

#### **b) Partnership development and co-ordination**

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, EU in cooperation with Finnish, Spanish, and German Red Cross Societies). Partners outside the Red Cross Movement include the National Aids Council (CNCS), National Institute of Disaster Management, Mozambican Technical University/Cape Town University, SA; International OXFAM, Terre des Homens/German chapter, World Food Programme (WFP), United Nations Development Programme (UNDP), Save the Children Fund - UK, Adopt-a-Minefield and ARCI-Svillupo).

The office of the Federation Representative advises and coaches the Secretary General and other senior members of the NS on strategic directions and coordinate effective response to their local partners. CVM will seek to formalise relationships with the local partners through the signing of the Memorandum of Understanding which specifies roles and responsibilities. A partnership forum will be created for all the stakeholders to come together and explore ways of collaborating and coordinating.

#### **c) Representation and Advocacy**

The leadership supported by the IFRC will ensure the NS is well represented at all strategic national fora on humanitarian issues and social development. In that regard, the IFRC provides guidance in media and public relations.

## Promoting Gender Equity and Diversity

Gender sensitivity, anti-stigma and discrimination elements are incorporated in programme planning and implementation. CVM ensures that the vulnerable people it serves live in dignity and its activities 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

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 performance and accountability unit. An annual donor consultative meeting will be held to create a platform for programme review and planning by all stakeholders.

[click here to view the budget summary below](#)

How we work	
<p>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".</p>	<p><b>Global Agenda Goals:</b></p> <ul style="list-style-type: none"> <li>• Reduce the numbers of deaths, injuries and impact from disasters.</li> <li>• Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.</li> <li>• Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.</li> <li>• Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.</li> </ul>
Contact information	
<p><b>For further information specifically related to this plan, please contact:</b></p>	
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## MAAMZ002 - Mozambique

### Budget 2011

#### Budget 2011

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	Total
Supplies	448,517	148,400				596,917
Land, vehicles & equipment						
Transport & Storage	51,194	6,000				57,194
Personnel	96,000	154,132	27,200			277,332
Workshops & Training	151,500	95,012	31,600			278,112
General Expenditure	101,914	91,152	96,066			289,131
Depreciation						
Contributions & Transfers		581,631				581,631
Programme Support	59,030	74,825	10,766			144,621
Services						
Contingency						
<b>Total Budget 2011</b>	<b>908,155</b>	<b>1,151,151</b>	<b>165,632</b>			<b>2,224,938</b>