J. BORN
Médicos Sem Fronteiras-França
Rua Comand. Augusto Cardoso. 345
Maputo
República de Maçambique
Tel. Fax 420056 — Tel. 423598
Tlx 6-855

MEDECINS SANS FRONTIERES

PD-ABN-~~080~~ 098
90928

FINAL REPORT

CAIA DISTRICT
SOFALA PROVINCE
MOZAMBIQUE
August '93 - May '94

GRANT AOT-1067-G-00-3136-00

Table of Contents

INTRODUCTION: 2

FIRST SEMESTER OF THE PROJECT, JULY TO DECEMBER 1993 4

1- PROJECT DESCRIPTION 4
1.1- Caia Health Center: 4
1.2- Cholera isolation: 5
1.3- Sena 6
1.4- Murraça: 6
2- M'TOPA: 6
3- DESCRIPTION OF PROBLEMS. 7
4- - PERSPECTIVES AT THE END 1993 7

SECOND SEMESTER OF THE PROJECT, JANUARY TO MAY 1994 8

1- GENERAL SITUATION 8
2- MEDICAL PART 8
2.1- Caia 8
2.2- Murraça 9
2.3- Sena 10
2.4- M'TOPA 10
3- LOGISTIC SITUATION IN CAIA 11
3.1- water 11
3.2- The drilling 11
3.3- Cholera camp (see annex 2) 11
CONCLUSION 12

INTRODUCTION:

In October 1992, the both main Mozambican parties, Frelimo and Renamo, had signed a peace agreement after 15 years of fight. The war destroyed the country economy and forced population to be dislocated inside and outside the country (about 5 millions).

Médecins Sans Frontières France (MSF) had been present in Sofala Province since October 1992, working on medical supervision of the province. The team was based in Beira. They traveled to the province to check the health situations and to prevent cholera epidemics.

Caia district is located at the north of Sofala province, along the Zambezi river. The population estimation is about 140,000 people which 28,000 refugees from Malawi and around 35,000 displaced who will transit through Caia before returning in their original area. The district includes Murraça and Sena, respectively 20 Km and 50 Km from Caia.

After evaluation of the emergency returnees' needs, and due to the weakness of Health infrastructures, MSF decided to operate in Caia district, on an emergency program for 6 month period (August to December 1993).

The health ministry defined Caia health center as a priority. The hospital of Caia has a capacity about 45 beds. Due to the lack of regular supply because of an un-demined road, and the shortage of personnel, it seemed urgent to establish an expatriate team to provide a medical and logistic support, and primary health care access to displaced population.

In January 1994, MSF realized an evaluation of the population's needs in the Caia district, of Sofala Province. This district had been chosen because of the returnees.

At the end of 1992, the district had been confronted by the main cholera epidemic. Nothing and nobody were ready to assume it. The MSF objective was to build a durable structure.

Table 1 Figures about cholera in Caia district December 1992

	Caia	Murraça	Sena
NB pop	27,000	11,000	26,000
NB cases	570	?	216
Death rate	5.26%	?	18.52%

The first part of the project, financed by USAID (270,000 USD) was programmed for 6 month duration. It was previously medical support to the Caia hospital and surrounded area (Murraça and Sena, principally). The logistics were concerned with water supply and sanitary improvement.

After 6 months work, we decided to continue until May 1994 (please refer to the first report). This date allowed us to build a durable structure for cholera, within the Caia hospital.

AISPO, an Italian NGO, came to Caia in March 1994. The team was composed of a doctor and a mid-wife. They took over the MSF medical project. The MSF medical team had left the hospital at the end of February 1994, after a hand over period to the AISPO doctor.

AICF, French medical NGO, set up their teams in Murraça and Sena. The teams are composed of a nurse and a logistic officer. We continued medical supervision until the arrival of the AISPO doctor. AICF would work on health structure building, and a water program.

First Semester of the project, July to December 1993

1- Project Description

The main MSF objective was to provide an emergency assistance to displaced people in all the district.

1.1- Caia Health Center:

1.1.1- Construction and logistic:

Sanitation parts of the hospital was partially destroyed due to the lack of water and maintenance.

The logistics built:

- Construction of 8 latrines,
- 4 Water closets with cesspools for evacuation of used waters,
- 1 incinerator for medical wastes,
- 1 waste cesspool,
- 1 2 m^3 tank to collect raining water.

We didn't do any concrete rehabilitation to the hospital. On the other hand, RRR, a religious organization, assume this part of the project. We limited our work to replace most of important windows (chemist store).

The logistician supervised the daily logistic and water supply. Support to transport (patients transfer, drugs supply) was organized in liaison with the administrator based in Beira.

Although, it is essential to get a regularly control of drilling.

1.1.2- Medical program:

In July 1993, MSF based in Caia was composed as followed: 1 doctor, 1 nurse and 1 logistic officer. At the beginning, as the road from Beira was not accessible due to mines, we used plane (Air Serv). The road has been cleared in September 1993.

The team was living in a Health house that has been rehabilitated by our logistician. They use a car to supply water needs. All furniture came from Beira or France, by Antonov.

An administrator based in Beira was in charge of all supply and transport organization.

The MSF nurse, in liaison with the doctor, did a medical staff training program to improve the quality of hospital treatments. The program includes chemistry management, sterilization and hygiene rules, public health.

Home visiting program: 4 first aid workers and 1 nurse for supervision.

Each day, the team was visiting families to inform about sanitary measures. They teach mothers first notions to fight against diarrhea and other child skills. They use animated scenes to show family planing and vaccination procedure.

In July/August 1993, we executed 3 vaccination campaigns about measles for children between 6 months and 5 years.

- Caia: 1823 children which 718 was under 1 year and 1105 upper.
- Murraça: 588 children which 128 under 1 year and 460 upper.
- Sena: 2700 children.

In according with the local vaccination responsible, MSF was in charge of the supervision and gives a logistic support. The MSF nurse provided also, a training about cold chain and sterilization.

Survey of extern and intern patients visit, and pregnancies.

Survey and control of population movements, in according with the Caia authorities: administration and education sectors.

1.1.3- Supply of material:

According to the Health Ministry, MSF supplied basic drugs that are usually in shortage.

Distribution of material and equipment:

- 25 beds
- 37 mattresses
- 2 secretaries
- 3 cupboards
- 24 chairs
- 2 examination tables
- 5 tables

1.2- Cholera isolation:

- 4 latrines
- Cesspool dust
- A fence was erected around the future cholera camp.

First, the camp would be operational with tents, in case of disease. 30 special beds (with a hole at the middle), could be used as normal bed for hospital or elsewhere, 50 beds with plastic sheeting were made to cover all the district needs.

MSF is waiting for the Health Department agreement to begin the construction of 2 isolation rooms in concrete and galvanized metal sheet roof.

Constitution of cholera kits for 30 people during 1 week: drugs and material (see list in annex 2).

1.3- Sena

The road was not demined, and the only way to go to Sena was by air (Air Serv planes). We are facing some problems about the airstrip that was damaged by Antonovs. The demining program will end in December.

Supplying of 5 beds with mattresses, 1 secretary, 6 chairs, 2 cupboards, 1 examination table and 2 normal tables, for the health post.

Furnishing of 1500 Ringer and 1 tent in case of epidemic. AICF is in charge of the management and utilization of this material.

The MSF doctor responsible for medical visits on monthly bases, could decide eventually to transfer patients to Caia or Beira in case of emergency.

World Vision is in charge of nutrition.

1.4- Murraça:

The road between Caia and Murraça was demined and during dry season there is no problems of accessibility.

We supplied 4 chairs, 1 cupboard and 1 secretary to the health post. We are waiting for a new local (AICF construction) to transfer beds, tables, and cholera kits.

The main target was to prepare all material, drugs and staff to be ready in case of a new epidemic of cholera, especially in case of heavy flow of population coming back in their country.

Monthly Visits

Month	Caia	Sena	Murraça
07/93	895	1048	501
08/93	1194	1163	698
09/93	1182	1146	480
10/93	863	1145	628
11/93	1052	1125	771
12/93	1377	-	605

The most frequent diseases encountered were malaria (15%) and diarrhea (13%)

2- M'Topa:

M'Topa is a Renamo area, located around 25 km south west of Murraça and 50 km from Caia. Until now, there's no official demined access. 3,750 is the last population's figure registered in this area, their geographically position keeps them away from all distribution point. Sometime they have to walk hours to receive distribution from World Vision in Caia, due to all these reasons some cases of malnutrition were noted.

After this evaluation, in October, we decided to supply M'Topa, with 1 kit C (see annex 4), each month. Our nurse is in charge of supervision and basic training to the local responsible concerning drugs used.

This program will be taken over by AICF from Murraça, and a medical supervision if necessary.

3- Description of problems.

There were problems about work organization in the hospital due to the shortage of staff. We informed the Provincial Health Responsible of personnel, but the reality is the lack of funds. It is planned to establish Mozambican personnel: 1 medical technician, 1 elementary nurse, 1 midwife. The qualification and motivation of local staff are weak. It is necessary to get an expatriate to survey their work and remind them basic hygiene notions.

The lack of road accessibility (mines) remained the first problem concerning the extension of our work in Renamo areas. We met difficulties to go frequently visit M'Topa because we were depending of ICRC plane.

About vaccination, it is important to setup a cold chain in Murraça. Once a week, the responsible has to bring vaccines to Murraça by motorcycle.

Therefore, the Caia freeze needs to be maintained by the Beira technician to improve the quality of campaigns.

The rehabilitation made by RRR is going on.

4- - Perspectives at the end 1993

In November 1993, a new Italian NGO, AISPO, presented a medical project in Caia. Then, we agreed to hand over the project in same conditions stipulated by MSF: medical support to all the Caia district.

Meanwhile, AISPO was not prepared to substitute MSF before March 1994. USAID financial support extension was requested by MSF until May 1994, which is a reasonable date to allow the logistician to complete the cholera camp construction.

Reasonably, we could fix May as the date to end all our work in Caia district.

On the other hand, construction of the barge made by ECMEP would allow a link between Sofala and Zambézia Provinces. Does it mean more population flux?

Second Semester of the project, January to May 1994

1- General Situation

Demobilization began at the end of November. ONUMOZ installed a camp within Caia. They had around 1000 ex soldiers of Frelimo.

The road between Beira and Caia was busy. "Chapacem" (local taxi transport), went up and down daily, even with the problem of rains and bridge difficulties because of water levels, transport continued to move.

It was easier to find food in the local markets. This year, the crop had been sufficient to feed the Caia population. World Vision continued the distributions to the returnees as a priority. Many products arrived in Caia from Malawi by road. The population built little shops and small markets sprung up.

We didn't meet any security problems in Caia, even when the Renamo areas around were troubled (Savana). The only agitation came from Sena; people were afraid of some thieves, who were stealing "hearts." A superstition ! The situation was resolved quite quickly.

2- Medical Part

Our team left Caia at the end of November. A new team came to substitute by following the same rules of work. They handed over to the Italian NGO.

2.1- Caia

Home visiting has improved. They visited each house to inform the area and people, grouped them to listen to the first aid helper and the nurse, speaking on health measures.

Vaccination: a new campaign against measles was carried out in February in Caia and surrounding area.

The District Health Director asked for the existing health post, Amilcar Cabral, to be reinstalled. We accepted the idea but on the condition they found the Food for Work to pay people, which would be supplied by World Food Program. We would supply the center with medical equipment and construction material.

The material was in Caia: 1 cupboard, 1 desk, 1 table, 2 chairs, 3 windows, 3 doors. The rehabilitation didn't start because of the organization problems.

First aid health posts for rehabilitation: 4

The Districtal Health department presented us with a proposal about the reinstallation of 4 health posts around Caia (about 50 Km). We thought the idea interesting provided the same conditions applied as for Amilcar Cabral.

MSF would supply furniture and basic medical kits on a monthly base. The project didn't start because of the organization problems.

The Mozambican Health Ministry (MISAU) sent 2 nurses to Caia hospital, it was supposed to send a Mozambican doctor. There was no house available for him (rehabilitation problem). So, the hospital continued to work with an expatriated doctor from AISPO.

We noticed an increase on the medical visits. As we left the medical part in February, we had no more information.

We had some problems with refrigeration for vaccines. It took a couple of weeks to get a technician from Beira. That meant that the vaccination program against measles and tetanus had to be postponed. for a few weeks.

The same problem occurred with the drug supply that came from the Provincial Chemistry in Beira. As we had stocks, we resolved that problem.

We supplied the hospital with:

- 25 beds
- 37 mattresses
- 2 desks
- 3 cupboards
- 24 chairs
- 2 examination tables
- 6 tables
- 1 folding screen

When we left Caia, we gave to the hospital all the remains of drugs and material (see annex 5).

2.2- Murraça

Murraça is 20 Km by road from Caia. The road access is impossible after rain because the area is black cotton.

Last year, no accurate figures on the number of cholera cases had been listed. AICF realized the building of a traditional cholera camp in Murraça. There was an important problem of water. The only supply was from the Zambezi river, and had to be brought to the camp by car.

MSF provided AICF with a medical kit for cholera and the equipment required for the logistics:

- 1 diesel pump for water
- 1 2 m^3 water tank for chlorination
- 1 3,5 m^3 for water's stock and distribution

- 30 meters of tubes

The health post was constructed by AICF. MSF furnished the equipment required for the post:

- 4 chairs
- 5 beds
- 2 tables
- 1 examination table
- 1 cupboard
- 1 desk

2.3- Sena

Sena is 50 Km by road from Caia. The road had been cleared by an EEC demining team.

AICF was in charge of the new health post and the cholera camp. This one had been built with local materials and tents. AICF was responsible for all the staff.

MSF supplied the camp:

- 1 diesel pump for water
- 1 2m3 water tank
- 1 7,5m3 water tank for chlorination and distribution
- 30 meters of tubes for water.

We built a traditional hut in case of emergency. So a team could set up immediately and, eventually, for the MSF team.

MSF also provided medical equipment for the new health post:

- 5 beds and mattresses
- 1 desk
- 6 chairs
- 2 cupboards
- 2 tables
- 1 examination table

2.4- M'TOPA

M'Topa is a Renamo area, located around 25 Km south west of Murraça and 50 Km from Caia. The access road had been cleaned and demined by a local demining team. The population of the area is around 3,000 and far from any center.

Our first visit by a nurse had been done in November 1994 to evaluate the health situation and determine the needs.

The post, a traditional house, is under the responsibility of a nurse, but he has little equipment and no drugs. We decided to supply M'Topa with basic

drugs, once a month, until the AICF team substituted us on a long term project. They began work in M'Topa in February 1994, in collaboration with the AISPO doctor.

3- Logistic situation in Caia

During the first period of the project, MSF did sanitation work in the hospital: latrines, bathrooms, incinerator... This activity continued during the second part. Also, we had insisted on water facilities.

During the last 4 months, the main logistic activity was to construct the cholera isolation unit.

3.1- water

Installation of 2 rain water tanks about 2 m^3 each on the hospital roof.

The daily supply of water was provided by the MSF car. There was no other form of transport.

In 1993, MSF supervised a program in the drilling of 15 wells in Caia, and 15 in Sena. The project was financed by the Canadian Embassy and the work was carried out by Agua Rural.

After few months, we noticed the pumps needed maintenance. We proposed to the DPCA (Provincial Department of Water and Construction) to supply them with spare parts. Personnel could be paid with Food for Work from WFP. MSF left a stock of spare parts for one year.

3.2- The drilling

Facing the eternal problem of water supply inside the hospital, we had tried a manual machine to drill with Agua Rural, in 1993, but it was unsuccessful. So, MSF decided to drill mechanically.

Geomoc, a local firm, had been contracted to do the work. The drilling was concluded at the end of May 1994, and reached 31 meters. A manual pump, Afridev brand, was installed. In the future, the DPCA may be interested in installing a mechanic pump.

3.3- Cholera camp (see annex 6)

In January 1994, we received from the Provincial Health Department, the authorization to built what we called an all round clinic. Our logistic officer began at the same time. All materials were already on site and had been for few months.

The building team was composed of 50 workers, supervised by our logistician. The camp is composed of: (please to see the map)

- 2 isolation rooms: 14 beds each
- 2 tents for visits
- 1 water tank site

- 1 wash's area
- Latrines
- Bathrooms

Conclusion

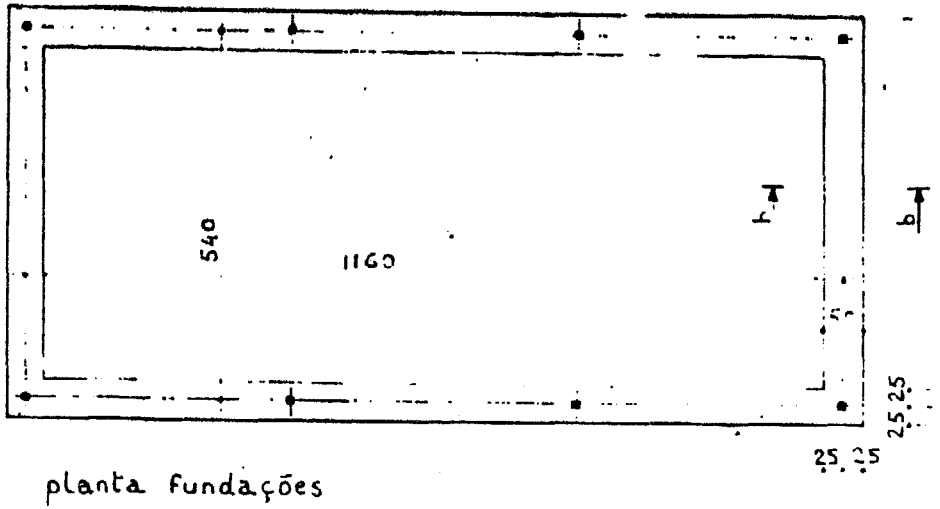
MSF had been working in the Caia district, for 10 months. During this period, we noticed improvements in the health sector. Innitially, nobody was worried about the general state of the whole hospital. Currently, the cleanliness is supervised by the personnel.

Thanks to RRR, a religious NGO, the repainting of the hospital gave it a new look and made works easier. For the sick, the conditions have improved: windows, doors and new beds had been added.

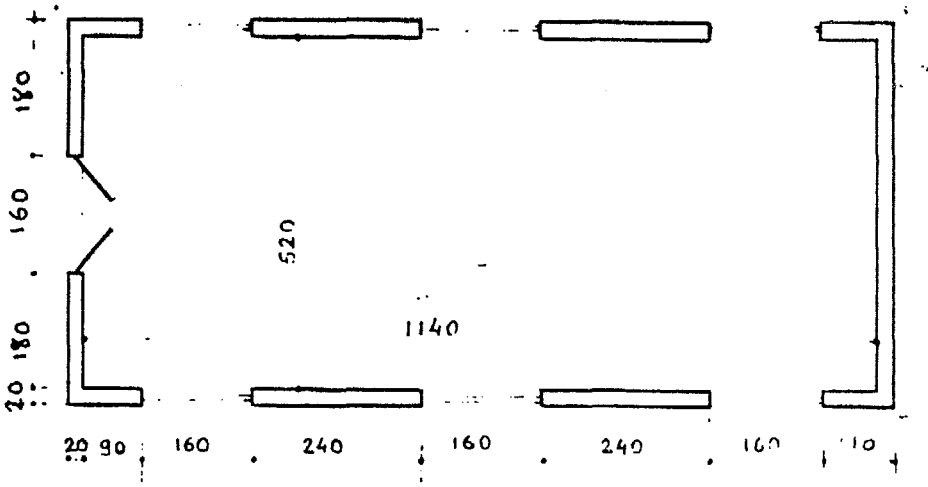
The main problem is still the lack of personnel to maintain the hospital in good condition.

We hope the cholera camp will be used for other purpose other than an epidemic. The AISPO doctor was thinking of isolating tubercular people.

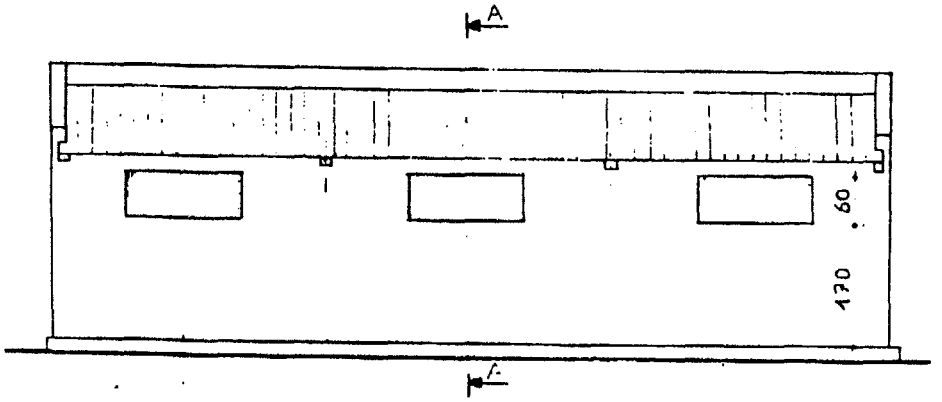
MSF thanks USAID for the financing, all the personnel from the health department, the Provincial Health Director and all the staff who worked hard with us.



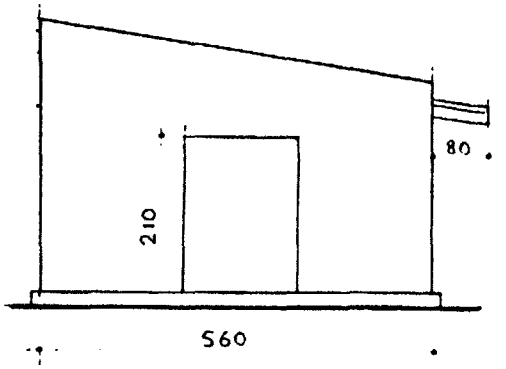
planta fundações



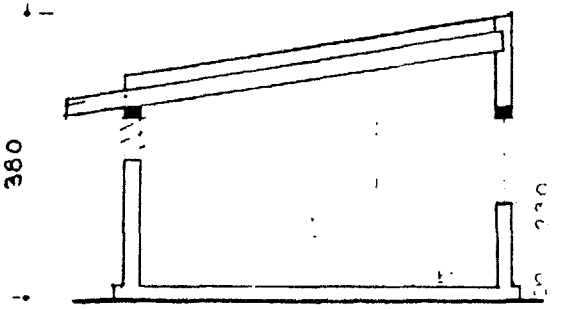
planta módulo



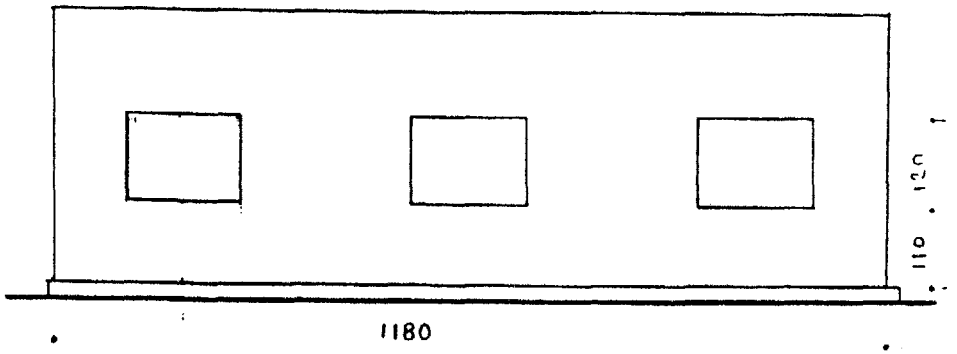
alçado lateral



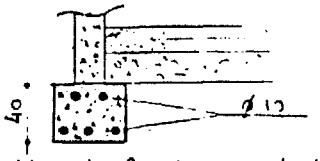
alçado frontal



corte A-A



alçado lateral



détalho de fundaçoes b-b

projecto: SALAS POLIVALENTES NO CENTRO DE SAUDE DE CAIA	
conteúdo: fundaçoes, modulo, alçados	escala: 1/100

ANNEX 1

BEST AVAILABLE COPY

ANNEX 2

Kit 001 pour 30 cas par sema

Matériel renouvelable

Tétracycline 250mg		2000
Doxycycline 100mg		1000
SRO (mistura oral)		1000
Ringer litros		500
Agulhas IV		100
Cateter 22G		50
Epicraniano	21 ou 23G	50
Betadine (iodine)		1
Algodao	Rol.	1
Compressas		100
Ligaduras		30
Sondas nasogastrica diversas		8
Seringas 20 e 60ml		5
Adesivo		5
Luvas estereis		20
Luvas de protecção		100
Sacos de lixo		100
Sabao Kg		30
[illegible]		10

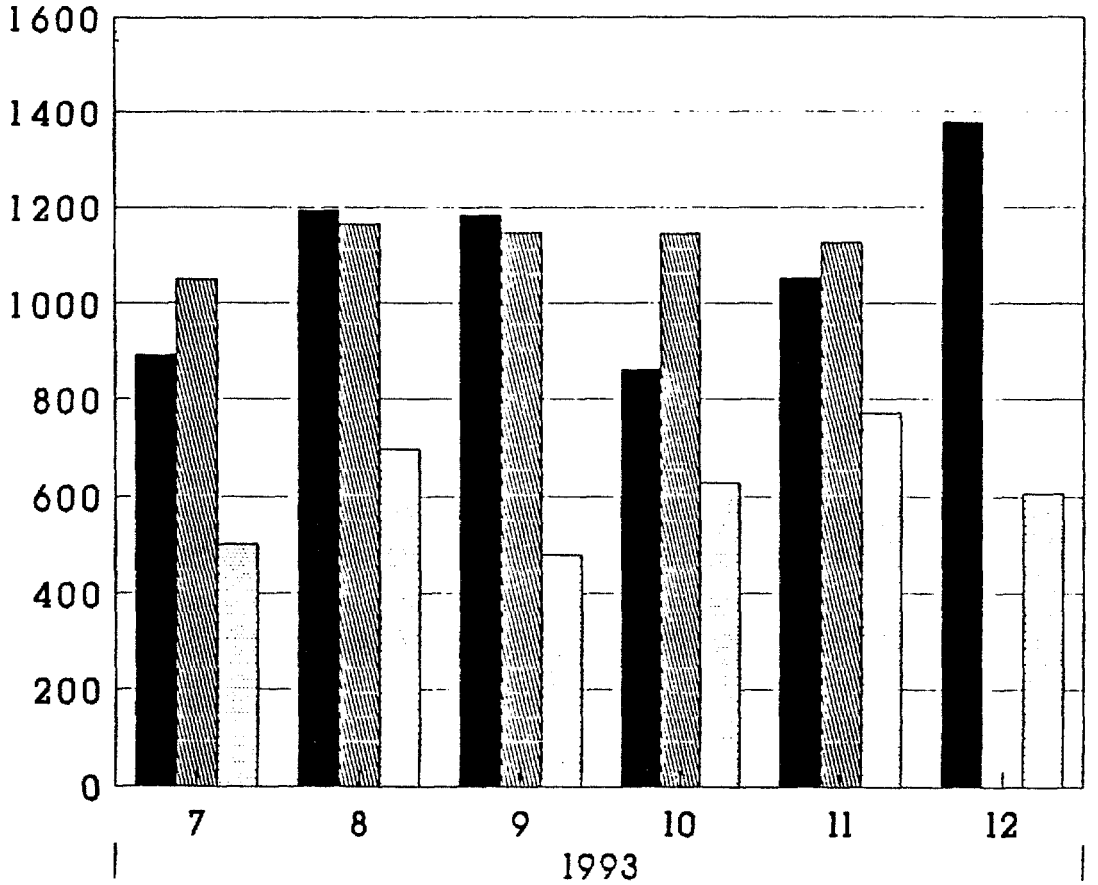
Matériel log

Luvas plasticas	5
Tesouras	3
Garotes	3
Baldes 10l	30
Baldes 20l	8
Baldes 25l	4
Bacias	30
Tambor plastico 125l	1
Tambor 200l	1
Copos	50
Aventais plastico	5
Botas	5
Pulverisadores	2
Vassouras	5
Sarapilheira	5
Cadeeiros a petroleo	3
Coberturas ou Lenções	30
Canetas	10
Cadernos escolar	2
Registro	1
Corda	1
Suporte para escriver	3
Lona	15
Jerican 5L	1
Petroleo	5 l
Fichas de vigilância	100

MEDICINS SEM FRONTIERES
SOF L
MOÇAMBIQUE

BEST AVAILABLE COPY

MEDICAL VISITS
Caia district



July to December 93

Série 1 Caia

Série 2 Sena

Série 3 Murraca

BEST AVAILABLE COPY

ANNEX 4

IDA International Dispensary Association

P.O. Box 3098
1003 AB Amsterdam
The Netherlands

Phone: (+31) 2903 [redacted]
Fax: (+31) 2903 [redacted]
Telex: 35 66 [redacted]
Cable: [redacted]

PACKING LIST - BASIC UNIT
Kit 1000 pax 3 mois

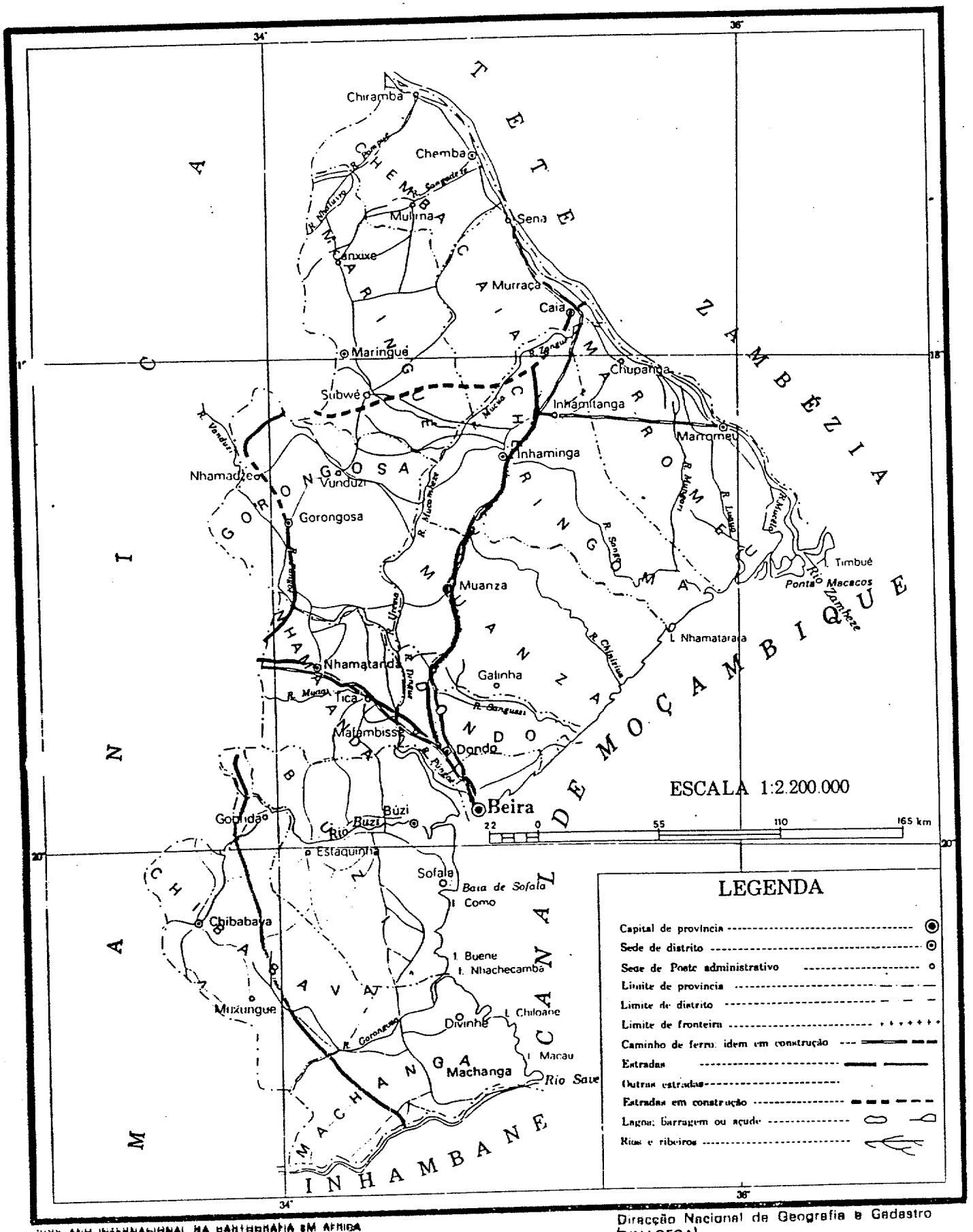
EMERGENCY HEALTH KIT
DATE: 07.07.1992
PACKINGLIST: A0044559

Code no.	Description	Quantity
	10 COLLI NR.: 1 - 10 41 KG EACH CONTAINING	
DRUGS:		
024600	acetylsalicylic acid 300 mg	3 x 1000 tab
431500	aluminium hydroxide 500 mg	1 x 1000 tab
370600	benzyl benzoate application 25 %	1 x 1 L
371201	cetrimide 15% chlorhexidine di-gluconate 1.5%	1 x 1 L
163500	chloroquine phosphate 150 mg base	2 x 1000 tab
512700	co-trimoxazole 400mg + 80mg	2 x 1000 tab
595000	ferrous sulphate 200mg/folic acid 0.25mg	2 x 1000 tab
759002	gentianviolet	4 x 25 gr
134003	mebendazole 100mg	1 x 500 tab
685400	oral rehydration salts for 1000ml water	4 x 50 sac
027500	paracetamol 100mg	1 x 1000 tab
328404	tetracycline 1 % eye-ointment 5 gr	1 x 50 tub
RENEWABLE SUPPLIES:		
949000	adhesive tape 2.50cm x 5m	30 x 1 rol
855212	ballpoint	10 x 1 pce
874404	blocknote A6	10 x 1 pce
876584	booklet "treatment guidelines"WHO/UNHCR basic kit	2 x 1 pce
940100	cotton wool 500gr	2 x 1 pce
946301	elastic bandage 8cmx5m	20 x 1 rol
847773	examination gloves latex medium disposable	2 x 100 pce
953700	gauze compresses 10x10cm, 12 ply, non sterile	5 x 100 pce
906600	health card 10.000 pers./kit eng/fr + plastic bag	1 x 500 pce
947100	hydrophylic bandage 7.5 x 10 m	10 x 10 rol
840550	note book, hard cover	4 x 1 pce
377601	soap, unwrapped, 200g	1 x 10 pce
728000	tabletbags resealable 60 x 80mm minigrip	4 x 500 pce
725002	thermometer oral C/F clear stubby, prismatic	5 x 1 pce
EQUIPMENT:		
731900	bottle, 100ml plastic E 11511	1 x 1 pce
847248	bucket, plastic 10ltr.	1 x 1 pce
719300	dish (kidney) s.s. 24cm	1 x 1 pce
738700	dressing tray 30x20x2cm	1 x 1 pce
872972	drum for cotton wool and gauze diam.15cm high 15 cm	2 x 1 pce
723600	forceps, artery, pean 14.5cm, straight	2 x 1 pce
848032	gallipot s.s.	1 x 1 pce
731800	plastic bottle 1000ml (for screwcap see 731700)	3 x 1 pce
730200	scissors, surgical bl/bl, straight, 14.5cm	2 x 1 pce
731700	screwcap for plastic bottle 1000 ml (731800)	3 x 1 pce
872741	screwcap hpe red 24mm E11505 (for E11510, E11511)	1 x 1 pce
702201	syringe luer 10ml disp	2 x 1 pce
894200	surgical scrub brush, sterilisable	2 x 1 pce
847249	waterbag, foldable, 20Ltr strong quality	1 x 1 pce
	including as a dressing set	
734200	instrument box with lid, s.s. 20x10x5cm	2 x 1 pce
723600	forceps, artery, pean 14.5cm, straight	2 x 1 pce
722000	forceps, dissecting 14.5cm	2 x 1 pce
729400	scissors, surgical sh/bl, straight, 14.5cm	2 x 1 pce

***

COLLI 1 - 10 EACH 60 X 50 X 60 CMS
TOTAL 1 BASIC UNIT 10.000 PERSONS - 10 COLLI, No.'s 1 - 10
TOTAL GR WEIGHT 410 KGS / 1,8 M3

Província de Sofala



ISBN ANO INTERNACIONAL DA CARTOGRAFIA EM AFRICA
Ano de Publicação 1988

Direcção Nacional de Geografia e Cadastro
(DINAGECA)

ANNEX 5

LIST OF DRUGS AND MATERIAL LEFT TO THE HOSPITAL :
Caia / February 1994

Colera :

- 16 chairs
- 12 beds with mastresses
- 6 buckets 125l
- 1 folding sreen
- 12 plastic beds
- 2 cupboards
- 2 desks
- 2 tables
- 3 tents
- 3 rolls of plastic
- 1 water tank 2M3
- 1 water tank 15M3
- 1 kit of tools for maintainance
- 1 motopump Robin
- 5 sprays
- 3 medical colera kits for 30 people
- 20Kg of chlorine
- 784 liters of Ringer
- 1 generator
- 1 incinerator

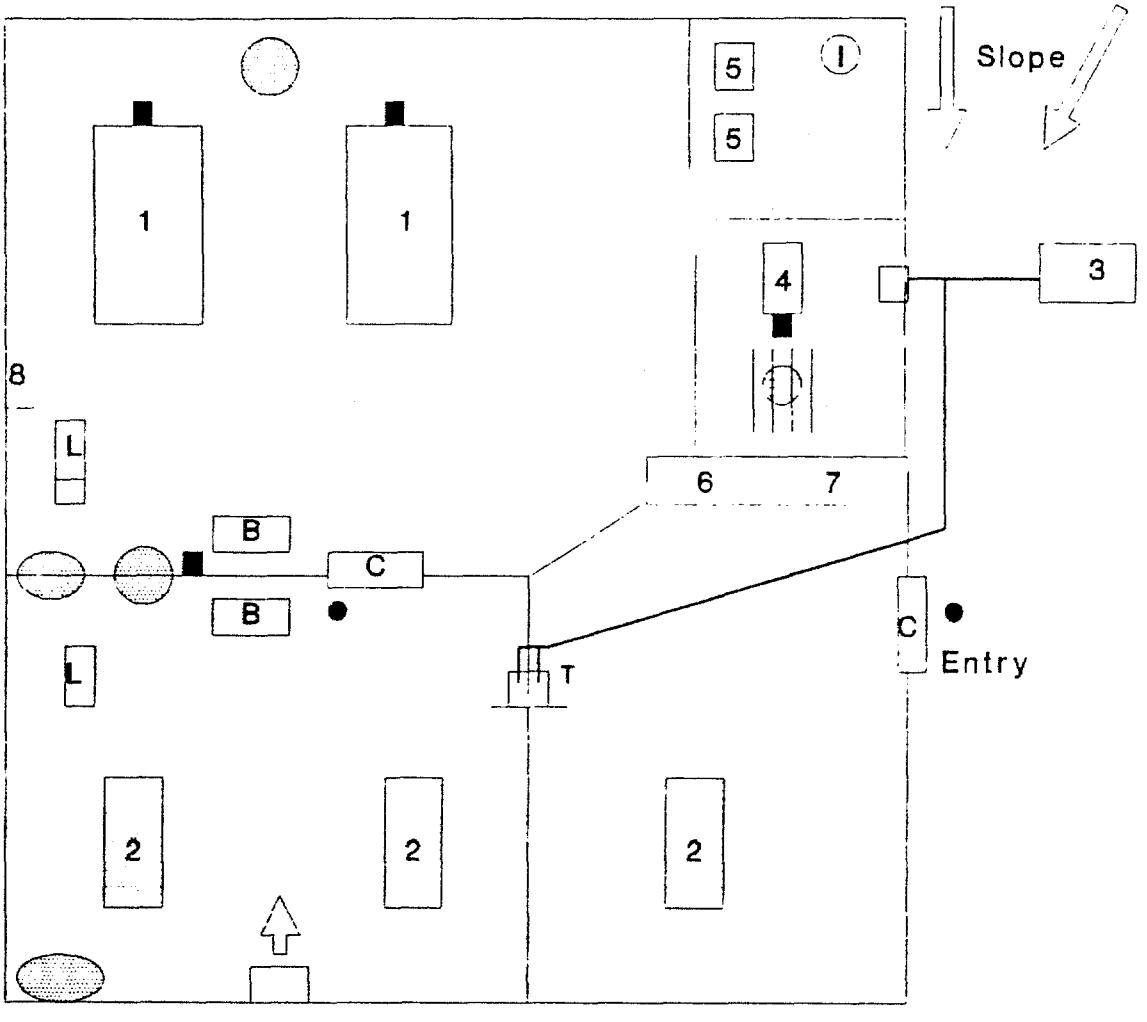
Drugs :

- syringues and needles
- gloves
- thermometers
- autoclave
- 5 water filters
- 4 petrol stoves
- 1 pressure pan
- 74 bed sheets
- 51 plates
- 1 medical kit for 10.000 people
- various drugs and injectables

BEST AVAILABLE COPY

Annex 6

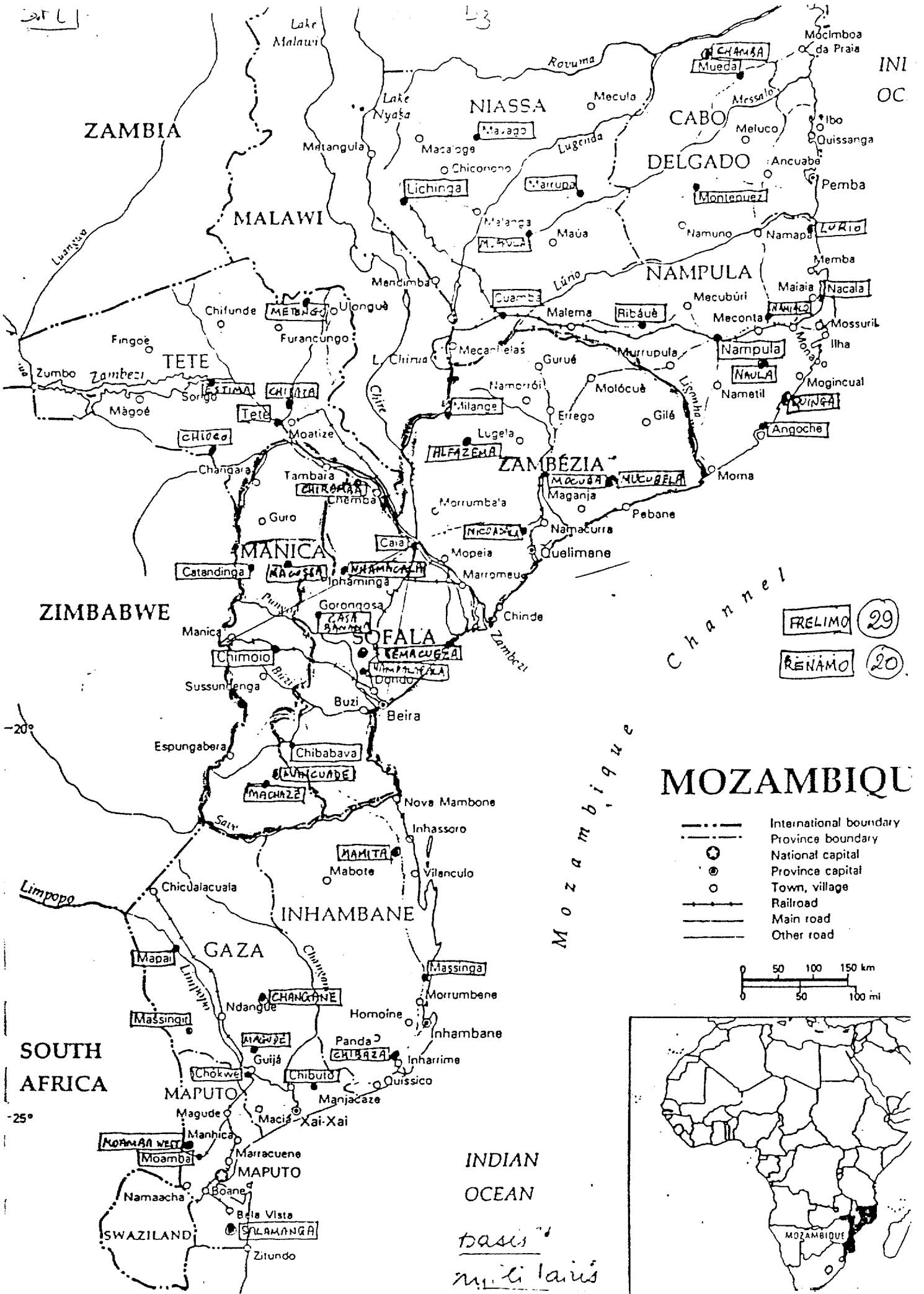
COLERA ISOLATION IN CAIA

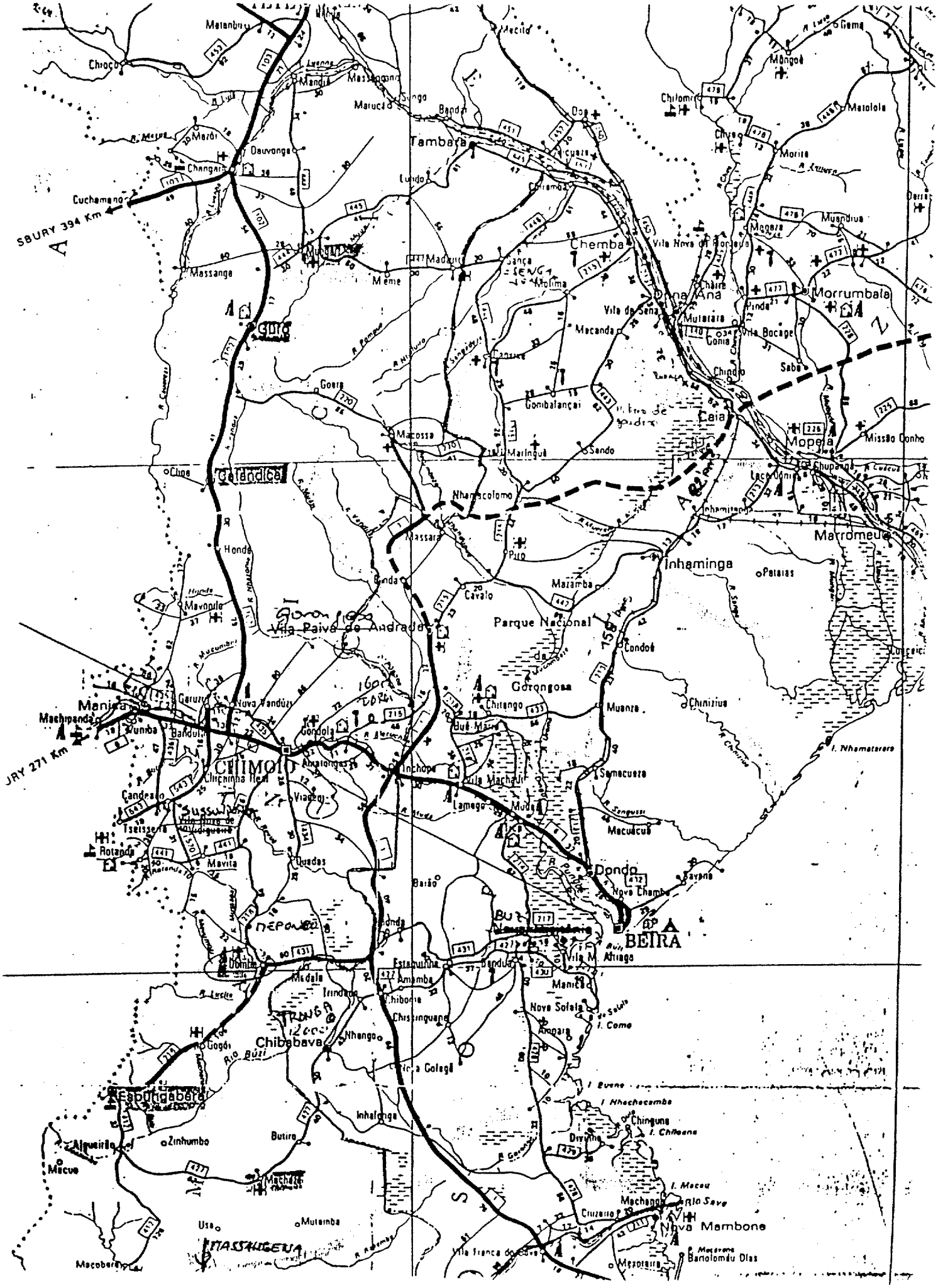


Legend of the Colera Camp

Caia

1/ Isolation rooms 60m2
2/ Tents
3/ Water tank 15.000l
4/ Wash's area
5/ Cesspool
6/ Area to build adressing room for the sick
7/ Area to build a rest room for the nurses
8/ Area to build a mortuary
L/ Latrines
B/ Bathrooms
C/ Chlorine bath
I/ Incinerator
T/ Water taps
● Guards with sprays (chlorine)
◯ Draining well
■ Bac for wasted waters
⬭ Draining well for water rain


MOZAMBIQU
International boundary
Province boundary
National capital
Province capital
Town, village
Railroad
Main road
Other road
0 50 100 150 km
0 50 100 mi
FRELIMO 29
RENAMO 20
ZAMBIA
MALAWI
ZIMBABWE
SOUTH AFRICA
SWAZILAND
Lake Malawi
Lake Nyasa
Rovuma
Messalo
Lugenda
Lúrio
Luangwa
Zambezi
Chire
Pungwe
Buzi
Save
Limpopo
Mozambique Channel
INDIAN OCEAN
NIASSA
CABO DELGADO
NAMPULA
ZAMBÉZIA
TETE
MANICA
SOFALA
INHAMBANE
GAZA
MAPUTO
Mocímboa da Praia
Mueda
Ibo
Quissanga
Pemba
Montepuez
Meluco
Ancuabe
Lichinga
Marrupa
Malanje
Maúa
Namuno
Namapa
Memba
Mandimba
Cuamba
Malema
Ribáuè
Mecubúri
Meconta
Nacala
Nampula
Mossuril
Ilha
Mecanhelas
Gurué
Murrupula
Molócué
Nametil
Mogincual
Angoche
Milange
Errego
Gilé
Lugela
Alto Molocue
Morrumbala
Maganja
Pebane
Moma
Namacurra
Quelimane
Mopeia
Marromeu
Chinde
Caia
Catandica
Inhaminga
Gorongosa
Manica
Chimoio
Sussundenga
Dondo
Buzi
Beira
Espungabera
Chibabava
Machaze
Nova Mambone
Inhassoro
Mabote
Vilanculo
Chicualacuala
Massinga
Morrumbene
Homoine
Inhambane
Inharrime
Quissico
Mapai
Massingir
Chókwe
Chibuto
Manjacaze
Magude
Macia
Xai-Xai
Manhiça
Marracuene
Moamba
Boane
Namaacha
Bela Vista
Zitundo
Tete
Moatize
Chiúta
Changara
Tambara
Chemba
Guro
Furancungo
Ulongué
Chifunde
Fingoè
Zumbo
Mágoé
Sorgo
Estima
Chioco
Mutarara
Chiramba
Nhamacurra
Nicoadala
Mocuba
Mulubela
Gorongosa
Casa Banana
Sofala
Nhamatanda
Dondo
Chibabava
Machaze
Mamita
Changane
Ndangue
Panda
Chibaza
Guijá
Chibuto
Chókwe
Maputo
Magude
Manhiça
Moamba
Namaacha
Boane
Bela Vista
Salamanga
Zitundo
Xai-Xai
Massinga
Mapai
Massingir
Chicualacuala
Espungabera
Sussundenga
Manica
Chimoio
Catandica
Inhaminga
Caia
Mopeia
Marromeu
Chinde
Quelimane
Namacurra
Pebane
Maganja
Morrumbala
Guro
Changara
Tambara
Chemba
Moatize
Tete
Zumbo
Mágoé
Sorgo
Estima
Chioco
Furancungo
Ulongué
Chifunde
Fingoè
Mecanhelas
Gurué
Murrupula
Molócué
Nametil
Mogincual
Angoche
Milange
Errego
Gilé
Lugela
Alto Molocue
Morrumbala
Maganja
Pebane
Moma
Namacurra
Quelimane
Mopeia
Marromeu
Chinde
Caia
Catandica
Inhaminga
Gorongosa
Manica
Chimoio
Sussundenga
Dondo
Buzi
Beira
Espungabera
Chibabava
Machaze
Nova Mambone
Inhassoro
Mabote
Vilanculo
Chicualacuala
Massinga
Morrumbene
Homoine
Inhambane
Inharrime
Quissico
Mapai
Massingir
Chókwe
Chibuto
Manjacaze
Magude
Macia
Xai-Xai
Manhiça
Marracuene
Moamba
Boane
Namaacha
Bela Vista
Salamanga
Zitundo
Nampula
Nacala
Angoche
Ilha
Moma
Mocímboa da Praia
Pemba
Ibo
Quissanga
Ancuabe
Montepuez
Namuno
Namapa
Memba
Maiaia
Mecubúri
Meconta
Mossuril
Ilha
Mogincual
Nametil
Angoche
Moma
Pebane
Namacurra
Quelimane
Mopeia
Marromeu
Chinde
Caia
Catandica
Inhaminga
Gorongosa
Manica
Chimoio
Sussundenga
Dondo
Buzi
Beira
Espungabera
Chibabava
Machaze
Nova Mambone
Inhassoro
Mabote
Vilanculo
Chicualacuala
Massinga
Morrumbene
Homoine
Inhambane
Inharrime
Quissico
Mapai
Massingir
Chókwe
Chibuto
Manjacaze
Magude
Macia
Xai-Xai
Manhiça
Marracuene
Moamba
Boane
Namaacha
Bela Vista
Salamanga
Zitundo
Chimoio
Manica
Gorongosa
Dondo
Beira
Chibabava
Machaze
Nova Mambone
Inhassoro
Vilanculo
Mabote
Chicualacuala
Massinga
Morrumbene
Homoine
Inhambane
Inharrime
Quissico
Mapai
Massingir
Chókwe
Chibuto
Manjacaze
Magude
Macia
Xai-Xai
Manhiça
Marracuene
Moamba
Boane
Namaacha
Bela Vista
Salamanga
Zitundo
Nampula
Nacala
Angoche
Ilha
Moma
Mocímboa da Praia
Pemba
Ibo
Quissanga
Ancuabe
Montepuez
Namuno
Namapa
Memba
Maiaia
Mecubúri
Meconta
Mossuril
Ilha
Mogincual
Nametil
Angoche
Moma
Pebane
Namacurra
Quelimane
Mopeia
Marromeu
Chinde
Caia
Catandica
Inhaminga
Gorongosa
Manica
Chimoio
Sussundenga
Dondo
Buzi
Beira
Espungabera
Chibabava
Machaze
Nova Mambone
Inhassoro
Mabote
Vilanculo


Tambara
Chemba
Dona Ana
Morrumbala
Caia
Mopeia
Marromeu
Inhaminga
Parque Nacional
Gorongosa
Vila Paiva de Andrade
Manica
Machipanda
CHIMOIO
Donde
BEIRA
Chibabava
Esbungabera
Nova Mambone
Cuchamano
SBURY 394 Km
JRY 271 Km
Massangena
Mavita
Rotanda
Tsetsera
Macuacua
Nova Sofala
Vila Gorongosa
Vila Machado
Vila M. Attiago
Vila Franca do Save
Mutamba
Zinhumbo
Butiro
Inhalonga
Chinguna
Divinha
Machanga
Chizarira
Mezoreira
Bartolomeu Dias
Macuse
Macoberto
Usa
Nhangoo
Chibonia
Chissinguane
Estaquinha
Amamba
Bandula
Manica
Mesdala
Irindzo
Domba
Nova Chamba
Bairão
Lamego
Muda
Inchope
Gondola
Nova Vandúzi
Garuzi
Mavonde
Honde
Cuite
Goera
Macossa
Marinque
Sando
Nhamscolomo
Massara
Pito
Cavalo
Mazamba
Condoe
Muanza
Chitango
Bué Maria
Semacuezo
Chinizirua
Patarias
Lacadémia
Chupanga
Missão Conho
Saba
Chindio
Conia
Mutarara
Vila Bocage
Vila de Senna
Macanda
Gombalançai
Molima
Sança
Madauro
Meme
Massange
Mucumbura
Changara
Dauvanga
Chiramba
Lundo
Chiuaua
Morite
Mussindua
Mogoza
Pinda
Chaire
Vila Nova da Rodrigues
Mongoé
Matolola
Gema
Chiomo
Chiuaua
Dora
Cuata
Bandar
Maruca
Sanga
Massangena
Mandie
Chiocó
Matanbura
Mazoi
R. Luenge
R. Mazoe
R. Lundo
R. Pungue
R. Nhaburo
R. Sangaji
R. Cuanza
R. Lucite
R. Mudzi
R. Mavonde
R. Mucumbari
R. Vunduzi
R. Nhamatanda
R. Buzi
R. Gorongosa
R. Chiziriua
R. Senguesi
R. Pungue
R. Gorongosa
R. Save
R. Mazoe
R. Macheke
R. Nhamatanda
R. Lucite
R. Mudzi
R. Buzi
R. Gogoi
R. Buzi
R. Save
I. Nhamatarera
I. Buene
I. Nhachecamba
I. Chiloane
I. Macau
I. Como
I. Chiloane
Lago Cabora Bassa
Lago Mapanda Mutemba
Lago Chicamba Real
Lago Mavuzi
Lago Pungwe
Lago Nhanzedzi
Lago Mudzi
Lago Mavonde
Lago Chimanimani
Lago Chicamba
Lago Mapanda
Lago Mutemba

FINAL COST REIMBURSEMENT
Period January – December 94

EDECINS SANS FRONTIERES – FRANCE
AIA PROGRAMME – SOFALA PROVINCE –MOCAMBIQUE
RANT N°. AOT–1067–G–00–3136–00

ine Item	Budget	08/93 –> 12/93	01/94 –> 05/94	TOTAL EXPENSES	% EXPENSES	BALANCE
ERSONNEL						
Expatriate	68,000	30405	24,182	54,587	80%	13,413
Local	15,000	1938	12,680	14,618	97%	382
otal Personnel	**83,000**	**32,343**	**36,862**	**69,205**		**13,795**
QUIPMENT						
Air transport for in country	20,000	13477	7,129	20,606	103%	–606
Hospital Rehabilitation	20,000	14647	3,707	18,354	92%	1,646
Sanitation Project	30,925	15595	12,394	27,989	91%	2,936
tal Equipment	**70,925**	**43,719**	**23,230**	**66,949**		**3,976**
EDICINES	**70,000**	**23596**	**14,317**	**37,913**	54%	**32,087**
OGISTICS						
Material	5,750	4003	50	4,053	70%	1,697
Fuel	3,780	1300	1,362	2,662	70%	1,118
Maintenance	3,500	932	3,359	4,291	123%	–791
Warehouse	11,000	4839	4,168	9,007	82%	1,993
tal Logistics	**24,030**	**11,074**	**8,939**	**20,013**		**4,017**
ANSPORT						
Freight	8,500	6517	–4,196	2,321	27%	6,179
Nationals	6,500	1240	390	1,630	25%	4,870
tal Transport	**15,000**	**7,757**	**–3,806**	**3,951**		**11,049**
HER COSTSOffice Equ. + Rental	7,700	1435	6,408	7,843	102%	–143
TAL DIRECT COSTS	270,655	119,924	85,950	205,874		64,781