

PROGRAMME UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

SOMALIA

1 December 2003

Appeal no. 01.09/2003; Appeal target: CHF 2,365,687 (USD 1,606,970 or EUR 1,607,189)

Programme Update No. 3

Period covered: July to September 2003

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 180 countries. For more information: www.ifrc.org

In Brief

Appeal coverage: 87.8%; please refer to the [Contributions List](#) for this appeal on the Federation's website.

Outstanding needs: CHF 288,563 (USD 231,000/EUR 185,000)

Related Emergency or Annual Appeals: [Somalia Annual Appeal no. 01.05/2004](#)

Programme Summary: The overall humanitarian situation in Somalia in terms of needs, challenges and constraints remained unchanged. Financial assistance from donors, partner national societies channelled through the Federation and the ICRC has enabled the [Somali Red Crescent Society](#) to run its 49 Maternal Child Health/Out Patient Department (MCH/OPD) clinics, two hospitals and three physiotherapy and rehabilitation centres throughout the year. Provision of health care services through this network of clinics and hospitals in war torn Somalia has contributed to a reduction in the vulnerability of the Somali people to diseases and saved many lives, especially children and women. During the period under review immunization coverage for children has increased by 3.6% and for mothers by 5.7%; this is attributed to the scaling up in the outreach services and health education activities at community level.

The capacity of the Somali Red Crescent's health staff and volunteers to scale up the HIV/AIDS awareness campaigns gained momentum after a series of training workshops organized by the Federation. The process of developing acceptable Information, Education and Communication (IEC) materials to be used by health staff and volunteers in their fight against HIV/AIDS are at an advanced stage; this combined with the translation of the ARCHI¹ tool kits into Somali language will enhance the capacity of the national society's health staff and volunteers to deliver appropriate and the right messages to the targeted population. The Somali Red Crescent clinics continued to be a reliable source of data on epidemiological trends and children growth monitoring which was shared regularly with WHO, UNICEF and the Food Security Assessment Unit (FSAU). The political and security situation in Somalia remained unchanged, and poses the main constraint to the humanitarian work in Somalia. Despite this volatile situation, the Somali Red Crescent, with the support of the Federation and ICRC, continued to deliver its humanitarian services to the Somali people.

¹ ARCHI – African Red Cross and Red Crescent Health Initiative 2010 builds on its strength: a Red Cross and Red Crescent presence in each of 53 countries in Africa and, in all, more than 2 million volunteers. The overall goal of ARCHI 2010 is to make a major difference in the health of vulnerable people in Africa. Refer to <http://www.ifrc.org/what/health/archi/>

Operational developments

The political situation in Somalia continued to be fluid and confusing. The Somali National Reconciliation Peace Process is almost stalled; among the challenges include the withdrawal of the Transitional National Government (TNG) and some prominent faction leaders from Mogadishu and the southern regions of the country. Many observers are not expecting any breakthrough in the foreseeable future and the general feeling among the international community and the Somali public is that the peace process is not getting anywhere.

Political violence and a state of lawlessness are dominating in most of the regions in south and central Somalia and are taking their toll on the civilian population. Somaliland in the northwest, disputed between Somaliland and Puntland, remained relatively stable with the exception of isolated tension between the clans in Sool region. Puntland Regional Administration in the northeast region of Somalia remained calm throughout the reporting period.

Health and care

Goal: The severe vulnerability of Somali people to diseases due to lack of essential public health care services is reduced.

Objective: The Federation Secretariat provides support and assistance to the National Society to enable it to access the technical and financial resources required in implementing its health programming.

Progress/achievements:

In the third quarter, **93,475** beneficiaries attended the Somali Red Crescent's integrated health care program (IHCP) clinics compared to the second quarter that recorded **98,232** beneficiaries; this amounts to a **4.8%** drop in overall utilization rate. However, despite this drop in clinic utilization rate, coverage of the expanded programme on immunization (EPI) has increased by **3.6%** with the number of children immunized rising from **13,082** in the second quarter to **13,557** in the third quarter. Similarly, **6,279** mothers were vaccinated against **5,938** in the second quarter, representing an increase of **5.7%**. The increase in the (expanded programme on immunization) EPI coverage is attributed to the scaling up in the outreach activities undertaken by the clinics staff and volunteers. Growth monitoring recorded a significant decline of **11.6%** from **17,713** in the second quarter to **15,662** in 3rd quarter.

Table I: Attendance at clinics: second and third quarters 2003

Period	Consultations	Vaccination children	Vaccination mothers	Growth monitoring	Total
Second Quarter	61,499	13,082	5,938	17,713	98,232
Third Quarter	57,977	13,557	6,279	15,662	93,475
% Increase (decrease)	(5.7)	3.6	5.7	(11.6)	4.8

The drop in the overall consultations is attributed to the marked decline in cholera outbreaks in many regions in Somalia; no new outbreaks were reported in the third quarter. The post cholera season clinics statistics confirmed that there are no unusual variations in the epidemiological trend. Internal migration and movement of the nomadic people in search of water and pasture for their livestock in other areas not covered by the Somali Red Crescent health facilities has contributed to the drop in the utilization rate.

The major causes of morbidity and mortality during the reporting period remained nearly the same as the second quarter, namely Acute Respiratory Tract infections (ARI), suspected malaria, intestinal parasites, anaemia, skin and sexually transmitted infections (STI). The hot and windy weather conditions that have continued from the end of June contributed to the high prevalence of acute respiratory tract infections making it the leading cause of illness seen at the IHCP clinics. Cases of suspected malaria remain high particularly in the central and southern zones where malaria is endemic with steady transmission through out the year.

Table II: Major causes of morbidity: second and third quarters 2003.

Cause	Second quarter	Third quarter	% Increase (decrease)
ARI	9,976	10,088	9.5
Suspected Malaria	7,824	8,998	15.0
Intestinal Parasites	3,986	6,608	65.8
Anaemia	4,159	6,175	48.5
Skin infections	2,678	4,718	76.2
STI	2,824	4,695	66.3

Malaria, intestinal worms and poor diet contributed significantly to the high prevalence of anaemia, not only during the reporting period, but over the years. Poor environmental sanitation, contaminated water sources and food are some of the factors responsible for major ailment among the children.

Skin infections that had shown a decline during the long rains in the second quarter significantly increased by 76.2% in the third quarter; this is due to delay of the short rains and the resultant drought that depleted water sources for personal hygiene and domestic use. Lack of a balanced diet and frequent food shortages particularly among the internally displaced persons (IDP) also added to the increase in skin diseases. STI increased by 66.3%, raising concern among the health service providers as STI are known to fuel the spread of HIV/AIDS.

Ante natal and postnatal care services registered a 17.3% increase from 10,857 clients in the second quarter to 12,739 in the third. Improved data collection, recording, analysis and reporting particularly of postnatal and antenatal repeat visits at the clinics level has ensured regular home visits by the clinic midwives and traditional birth attendants (TBA); community awareness on the dangers of pregnancy related complications and the services available at the health facilities to deal with such complications has also been raised.

Immunization

Immunization coverage for both mothers and children increased in the third quarter; 13,557 children under 5 years and 6,279 mothers were vaccinated compared to 13,082 children under 5 years and 5,938 mothers in the second quarter. This represents an increase of 3.6 % in children and 5.7% in mothers respectively, and is attributed to the steady health education sessions at the clinics sites, volunteers' involvement in tracing defaulters, and the scale up in the outreach activities.

Table III: Immunization coverage: second and third quarters 2003.

Beneficiaries	Second quarter	Third quarter	Variance	% Increase
Children below 5yrs	13,082	13,557	475	3.6
Mothers	5,938	6,279	341	5.7

Children Growth Monitoring:

The growth monitoring at the MCH/OPD registered a general decline in the total number of children screened for various status of malnutrition. A total of 15,662 children were screened in the third quarter as compared to 17,713 children in the second quarter (refer to table IV below); this drop is attributed to the change in the health information system used in Somaliland that does not report on the children screened with normal weight and also to internal migration to the areas not covered by the Somali Red Crescent due to insecurity and drought.

The analysis of the clinics data below shows that most children seen at the clinics fall in the moderate and normal weight malnutrition status than in the severe malnutrition and oedema status; this indicates that the nutritional status of children in the clinics catchments areas continue to improve as a result of health education and food demonstration activities, the use of the volunteers in the dissemination of the health messages, and the scale up in the follow up and monitoring of defaulters.

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Table IV: Growth Monitoring statistics: second and third quarters 2003.

Period	Oedema	Severely Malnourished	Moderately Malnourished	Normal Weight	TOTAL
Second Quarter	40	277	2,120	15,276	17,713
Third Quarter	39	227	1,904	13,492	15,662
% Decrease	2.5	18.1	10.2	11.7	11.6

Health Education and Prevention.

Health education as a component of the health promotion activity continued to be offered at the clinic and community levels alongside curative services and consist of information on how communities can take care of their health by observing personal hygiene, environmental hygiene, nutrition awareness, prevention of diseases through vaccination and environmental sanitation. During the quarter, the intensified health education campaigns involving volunteers using appropriate health messages made a positive impact at the household level and promoted the health-seeking behavior in the community. This was demonstrated particularly in the EPI and growth monitoring activities where more children and mothers have were vaccinated than in the second quarter.

Malaria

WHO continued to offer technical support, equipment and reagents to the malaria microscopy services in selected Somalia Red Crescent-managed MCH/OPD. The Qarhis clinic in Puntland and Sheikh in Somaliland are fully operational; construction of the laboratory building at the Adadley clinic has been completed through contributions from the Federation and the Adadley community and the head nurse trained by WHO on malaria microscopy procedures; malaria services at the laboratory will begin operations as soon as WHO supply a microscope and reagents to the clinic.

An impact assessment by Somali Red Crescent volunteers and health staff on the use of the impregnated bed nets supplied by UNICEF and WHO through the clinics in the second quarter to prevent and control malaria in the central and southern zones of Somalia was conducted it indicates an increasing demand by the community for the nets. This is attributed to increased awareness through the good efforts by the health staff and continuous health education campaigns by Somali Red Crescent volunteers at the clinic and community levels on the benefits of the bed nets as the most effective and cheapest means of controlling malaria.

HIV/AIDS

A major step was taken to develop appropriate IEC materials to support the Somalia Red Crescent community HIV/AIDS awareness campaigns; after undergoing a Training of Trainers workshops in the second quarter, a team comprising Somali Red Crescent and Somalia Delegation staff were assisted by a consultant to design and develop key messages to assist the national society's health staff and volunteers to scale up the HIV/AIDS awareness campaign. ARCHI tool kits were translated into Somali language and distributed widely. Together these items have significantly assisted efforts by the health staff and volunteers to scale up the HIV/AIDS awareness campaign in a more effective way.

Garowe Community Hospital

A total of 3,147 patients were attended to at the Garowe community hospital compared to 3,142 patients in the second quarter; this accounts for a 0.16% increase in the hospital utilization rate. the increase in the hospital outpatient consultations as well as the utilization of the laboratory and admissions services in second quarter was escalated by a cholera outbreak in the Nugal Region of Puntland; no outbreak was reported in the region in the third quarter and the morbidity pattern has stabilised to the normal epidemiological trends of this time of the year.

Table V: Garowe Community Hospital statistics: second and third Quarters 2003.

Garowe Hospital	Admissions	Discharges	Deaths	Laboratory	OPD/ER	Operations	Deliveries	X-ray	Dressing	Total
Second Quarter	551	347	14	686	1,342	61	69	360	1,011	3,142
Third Quarter	406	234	5	237	699	159	54	445	908	3,147
% Increase/ (decrease)	26.3	33.0	64.2	65.5	47.9	161.0	21.7	23.6	10.2	0.16

* OPD/ER – Out patient department/Emergency response

The increase in the number of operations and radiographic imaging in the third quarter is attributed to the teaming up of an ophthalmic surgeon with the resident surgeon in the month of August who together examined, treated and operated on more patients. Some of the cases were referrals from other clinics located in the different parts of Puntland state.

Morbidity:

The major causes of morbidity and mortality at the hospital during the third quarter were trauma, watery diarrhoea, malaria, ARI and typhoid fever. ARI increased by 163% from 73 cases reported during the rainy and wet months of April, May and June to 192 cases in the dry, windy and dusty months of July, August and September. Watery diarrhoea on the other hand decreased by 27% from 113 cases in the second quarter to 83 cases in the third quarter; malaria reduced by 10% from 108 cases to 97 cases. This reduction is attributed to the changing weather from hot and humid conditions which support the breeding of mosquitoes and survival to the dry and windy climate which is not favourable for their breeding.

Table VI: Major causes of Morbidity: Second and Third Quarters 2003.

Five diseases	Trauma	Watery diarrhoea	Malaria	ARI	Typhoid Fever.
Second Quarter	224	113	108	73	36
Third Quarter	184	83	97	192	56
% Increase (decrease)	18.0	26.5	10.2	163.0	56.0

For more details refer to the statistics per clinic in annex

Health Sector Recovery Project:

Despite the persisting logistical and security constraints, an interim evaluation was conducted on the Qarhis pilot project; it was aimed at determining feasibility of the community management system to sustain the Somali Red Crescent managed clinic services at the local level, and whether the system at Qarhis should be continued and possibly replicated to other communities served by the Somali Red Crescent clinics. It is further expected to identify the constraints within the support infrastructure such as the organizational capacity to support the community management system and explore possible solutions. Ultimately, the evaluation seeks to determine the changes needed to make the system more effective, and provide inputs for the design of a generic model that could be used as a basis for replication in other communities served by the national society's clinics in Puntland and Somaliland.

The long-awaited validation of the baseline survey carried out in the Somali Red Crescent clinic communities in Somaliland was held in Hargeisa, Somaliland and the ensuing data circulated to the partners. Participants were drawn from the six communities around the clinic, the Ministry of Health and Labour in Somaliland, WHO, UNICEF, the Somalia Delegation and the Somali Red Crescent health staff.

Partnerships:

Existing partnerships with UNICEF, WHO and the respective zonal health authorities is growing from strength to strength. UNICEF continued the supply of the medical kits to the clinics. It also occasionally participated in joint clinic monitoring activities; it included Somali Red Crescent health staff in most of its field training programmes. WHO similarly involved the Somali Red Crescent in its technical support programme such as the training of staff in malaria microscopy, supply of reagents and quality control of running primary health care laboratories. The respective zonal health authorities equally took active part in respective activities of the national society; the

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Puntland directorate of health participated in the Qarhis pilot evaluation while the Somaliland Ministry of Health and Labour participated in the validation of the baseline survey results mentioned above.

Constraints:

1. The insecurity prevailing in most parts of central/south Somalia continued unabated. As a result, some of the clinics located in the zone were denied technical support from the Delegation staff.
2. Occasional breakdown of the cold chain facilities affected the EPI coverage. The wrong perception of some communities about the vaccine has also negatively affected immunization coverage in some areas.
3. Negotiations with the selected communities and local health authorities in the targeted regions for the replication of the community management model has not progressed as expected due to logistical and security reasons.

Solution

It is becoming clear that the outreach services have a direct impact in increasing the EPI coverage; the clinics will therefore be encouraged to intensify their outreach services in order to achieve their targets. The success of involving volunteers in mobilizing the communities in some clinics catchments areas is encouraging and is worth considering by other communities who are still lagging behind. These will be key items in the review of the year's activities and in discussing the plans for the ensuing year.

While the health service recovery project gradually draws to a close, it is imperative that efforts to carry out planned activities are doubled in order to achieve the project objectives. A plan will be drawn to speed up the process of implementing the remaining activities.

Disaster Management

Goal: The vulnerability of 900,000 people in the disaster prone regions of Somalia is reduced.

Objective: The capacity of the Somali Red Crescent in terms of operating systems, human resources base and collaboration with partners to respond and manage recurring disasters is increased through Federation support.

Progress/Achievements

Expected Result 1: Somali Red Crescent has provided timely warning and assessment of emergencies within the country.

No training on assessment was conducted during the period due to shifting of priorities by the national society. However, branches in south and central Somalia alerted the partners about the possible outbreak of Cholera during the rainy season in September- November. Mogadishu branch has conducted refresher training for the core volunteer groups who were trained in April as a response team for the health emergencies expected during the rainy season.

Expected Result 2: Community groups in ten branches have been formed.

This was not achieved during the reporting period. Formation of community groups will be linked to the training of the branch committees in disaster management to be conducted in the fourth quarter. The work plan to train the branch committees on disaster management has been finalised by the national society and the training will start in the fourth quarter.

Expected Result 3: Somali Red Crescent branches in ten regions have prepared contingency plans for floods, drought and epidemic outbreaks and made them operational by end of 2003.

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The preparation of contingency plans has been postponed until the general training on disaster management is conducted in the three zones in the fourth quarter.

This will be followed by selection of three branches from each zone for the contingency planning exercise. The contingency plans will be restricted to the epidemiological outbreaks since the ICRC will address the emergencies related to the drought and floods.

Expected Result 4: Somali Red Crescent in ten regions has contributed to international monitoring and response to disaster situation in Somalia by working closely with ICRC, FSAU, WHO and UNICEF.

The Somali Red Crescent MCH/OPD clinics continued to provide epidemiological, vaccination and growth monitoring statistics to FSAU, WHO and UNICEF thus contributing to the international monitoring on morbidity, nutrition and vaccination trends in the country.

Constraints:

Security and accessibility is a major constraint for the humanitarian work in Somalia. Most parts of the country especially in the south and central are inaccessible due to the deteriorating security situation.

Solution:

The long-term solution for accessibility depends on peace and stability in the country.

Organizational Development

Goal: The capacity of the Somali Red Crescent Society to adequately function and manage its programmes that assist the most vulnerable people is increased.

Objective: The national society's institutional capacity and its progress towards operating as a well functioning national society is enhanced through Secretariat support.

Progress/Achievements:

With technical assistance from the Nairobi Regional Organizational Development delegate, the Somalia Delegation organised two meetings for senior staff of the Somali Red Crescent and the leadership of the national society to guide them in preparing the national society strategic plan. A first draft has been prepared to be presented to the national society all-inclusive meeting. The delegation also assisted the national society's leadership in preparing for the All-inclusive meeting scheduled for October 2003; however, the meeting was put on hold for further consultations among the board members due to technical reasons pertaining to the representation among the regions.

The Federation, the Norwegian Red Cross and ICRC assisted the national society organize meetings for the branches in the three zones of Somalia to discuss their work plans for 2004 and get their input to the development of the national society strategic plan and the volunteers' management policy; the Norwegian Red Cross has provided the funds for the national society to organize the three meetings while the ICRC assisted with the logistics

The delegation assisted the national society's Organizational Development department to prepare a work plan for the training of the branch secretaries on branch management and induction courses for the chairmen of the newly established branches. The Somalia Red crescent's restructuring process that started in 2001 has been completed and branches in all the 19 regions of Somalia have been established.

Constraints:

Due to the unpredictable political and security situation in Somalia, the delegation and the leadership of the national society are operating from neighbouring Kenya. This rather unusual situation poses a huge logistical challenge for the management of the national society and restricts movement of the delegation staff and the leadership of the national society. Under such circumstances the day to day hands on management of the national society has been compromised.

Solutions :

The long-term solution will come with the moving of the national society's leadership and the delegation to the country; however, this can only happen if there is peace, security and stability.

Humanitarian Values

Goal: Red Cross and Red Crescent Fundamental Principles and Humanitarian Values are known and respected throughout Somalia and, as a result, discrimination against vulnerable groups is reduced.

Objective: The Federation Secretariat supports the Somali Red Crescent by increasing its capacity to promote the Red Cross and Red Crescent Fundamental Principles and Humanitarian Values.

Progress/Achievements:

The promotion of humanitarian values and the fundamental principles of the Movement are incorporated in the national society's HIV/AIDS awareness campaigns. The Somali Red Crescent staff and volunteers systematically address the issue of discrimination against the vulnerable groups when conducting the awareness campaigns among their communities which are an on going activity at the regional and district levels. The delegation complements the support of the ICRC to the dissemination activities carried out by the national society communication and tracing department. Somali Red Crescent branches also organise regular dissemination sessions to the various groups of the Somali community.

Coordination

Goal: The Somali Red Crescent has taken the necessary steps to revive its governance structure and become a well functioning national society able to respond effectively to the needs of the vulnerable people of Somalia.

Objective: The Somali Red Crescent Society's integrated capacity building planning and implementation skills are ensured by the Federation through participatory facilitation.

Progress/Achievements:

The delegation staff continued to work closely with Somali Red Crescent branches and provided technical support to staff at the branch and clinic levels. The Head of Somali Delegation carried out two monitoring and supervision visits to Puntland and Somaliland in July and August respectively, while the Health Economist Delegate carried out two monitoring visits to Puntland and Somaliland in the month of July. The Head of Delegation and his team continued to work closely with the leadership of the national society who are based in Nairobi to coordinate and provide the necessary support to the operations in the field.

Regular coordination and consultation meetings are maintained with the ICRC, Norwegian Red Cross, German Red Cross, American Red Cross and Netherlands Red Cross based in Nairobi to harmonize support to the national society.

Close contact and cooperation with the World Bank country office, WHO, UNICEF and UNDP is maintained to strengthen the partnership between the Federation and these institutions. The delegation is included in the briefing programmes of these institutions and is regularly invited to attend workshops, and the launch of events organized by these institutions.

Constraints:

Operating from a neighbouring country coupled with logistical and communication problems is always a challenge. The accessibility of parts of Somalia is becoming more difficult and sometimes hazardous.

International Representation

Goal: The Federation has a high profile as a key humanitarian actor and advocate in the region with added advantage of a network of national societies able to deliver services at community level.

Objective: The coordination and support from the international community to the Federation's strategic direction and priority areas have increased.

The delegation maintained its presence in all the coordination forums for Somalia. Regular contacts are maintained with the diplomatic missions through sharing of reports and Federation publications and reports to acquaint them with the Federation support to the Somalia programme and to profile the Federation as a credible and reliable partner in the humanitarian arena. The delegation staff are members of the various Somalia Aid Coordination Body task forces and working groups. Many partners commend the delegation's proactive role in the HIV/AIDS working group and its initiative in the development of the IEC materials to scale up the HIV/AIDS awareness campaign.

For further information please contact:

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All International Federation assistance seeks to adhere to the Code of Conduct and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

For support to or for further information concerning Federation programmes or operations in this or other countries, please access the Federation website at <http://www.ifrc.org>

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APPEAL No. 01.09/2003

PLEDGES RECEIVED

07/01/2004

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

REQUESTED IN APPEAL CHF ----->				2,365,687	TOTAL COVERAGE 87.8%	
CASH CARRIED FORWARD				40,647		
AMERICAN - RC		40,000	USD	55,620	22/01/2003	GAROE CLINICS
AMERICAN - RC		9,980	USD	13,483	20.06.03	HIV/AIDS TOT WORKSHOP, DIRECTLY TO DELEGATION
BRITISH - RC				267,140	03.03.03	CLINICS OPERATION
BRITISH - RC		10,000	GBP	21,480	03.03.03	HEALTH & CARE
CYPRUS - RC				344	24/01/2003	
FINNISH - GOVT/RC		45,410	EUR	69,886	05.02.03	HEALTH & ORGANISAT. DEV.
GERMAN - RC		50,000	EUR	73,775	28.04.03	YAGORI/ERIGAVO CLINICS
GERMAN - RC		33,964	EUR	52,608	31.10.03	YAGORI/ERIGAVO CLINICS
ITALIAN - RC		200,000	EUR	309,800	28.07.03	GAROE HOSPITAL
ITALIAN - RC		49,356	USD	67,371	28.07.03	GAROE, YEARLY BENEFITS SRCS STAFF
LIBYAN - RC				3,000	24.05.03	
NETHERLANDS - GOVT		11,679	EUR	17,232	10.03.03	SOMALI RC HEALTH STAFF
NORWEGIAN - GOVT/RC		2,000,000	NOK	377,500	06.03.03	4 BAIDOA CLINICS
SWEDISH - GOVT		1,200,000	SEK	192,000	08.04.03	HEALTH & CARE, DISASTER MGT, ORGANISATIONAL DEV.
WORLD BANK		239,370	USD	325,544	30.04.03	REHABILITATION HEALTH SECTOR
WORLD BANK		95,394	USD	129,735	30.04.03	REHABILITATION HEALTH SECTOR
SUB/TOTAL RECEIVED IN CASH				2,017,165	CHF	85.3%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
NETHERLANDS	DELEGATE(S)			59,959		
SUB/TOTAL RECEIVED IN KIND/SERVICES				59,959	CHF	2.5%

ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	