

# OPERATIONS 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

## **ARGENTINA: SOCIAL CRISIS**

12 February 2003

*Appeal No. 08/02*

*Launched on 10 April 2002 for CHF 1,824,000 for 4 Months.*

*Budget revised to CHF 1,447,374 and appeal extended to July 31, 2003*

*This update reflects the new plan of action and revised budget. All of these documents are available upon request.*

*Beneficiaries: Total; 120,450 people*

*Supported by Federation Appeal; 87,768 people*

*Supported by bilateral contributions; 30,522 people*

*Supported by domestic contributions; 2,160 people*

*Operations Update No. 3*

### **“At a Glance”**

***Appeal coverage: Covered***

***Related Appeals: South America regional programmes (01.51/2003)***

***Outstanding needs: none***

***The Disaster/Situation:*** While unemployment has remained at an alarming but stable 25% and the devaluation of the peso has leveled off, the number of people in Argentina falling under the poverty line continues to grow, particularly in the Northern provinces. Official estimates from the Evaluation and Monitoring System of Social Programs (SIEMPRO) indicate that 57.6% of Argentina's population was living under the poverty line and 52,000 families or approximately 16% of the total population was living in absolute poverty. According to Statistics Department of the Ministry of Health, approximately 20,000 children under the age of 5 are dying in large part due to issues associated with malnutrition. Due to the slow response from donors to the appeal launched on 10 April 2002, the Argentine Red Cross (ARC) was only able to provide assistance to 5,410 beneficiaries during 2002. However, when combined with bilateral assistance the total number of beneficiaries assisted during this same time period was 23,314. In December 2002, a significant donation by the Italian government necessitated adjustments to the plan of action (PoA) and budget. The main focus of this update is on the changes made to the PoA. The operation has now been extended to 31 July 2003 and actions are being implemented in 11 provinces. For the remainder of the operation, the number of beneficiaries supported by the ARC through appeal, bilateral and domestic funding will be 97,136, bringing the total for the entire operation to 120,450 people. The ARC is planning longer term development projects to address more structural factors behind the

crisis. Donors interested in supporting these initiatives are invited to do so through the Federation annual appeal for South America (01.51/2003).

### **Operational Developments:**

A FACT (Field Assessment and Co-ordination) team was deployed on January 6, 2003 to support the work already being undertaken by the Argentine Red Cross (ARC) with assistance from the Federation Subregional Office in Buenos Aires. As a result of a consultative process with all actors including the Italian Embassy in Buenos Aires, government officials and members of national and international NGOs working in the country, adjustments were made to the PoA and the budget. A 10 day field visit was made to all participating branches located in the Northwest and Northeast of the country to discuss the changes in the new PoA, assess branch capacity, adjust the administrative and operational structures and to meet with provincial and local health authorities, community representatives and beneficiaries.



The activities and the geographic region where the operation will be carried out are based on the needs of the target population and the capacity of the ARC branches to meet the objectives.

Provinces included in the operation are amongst the poorest in the country. The revised operation will continue to focus on relief through providing supplementary food assistance, and health through the provision of medicines and health promotion and education activities during a period of 7 months (January-July) to some of the most vulnerable communities in Argentina.

Rather than representing a significant departure, the newly reworked objectives give a clearer orientation and focus to the operation. There is a greater emphasis on working with community members in development; a more time consuming process than simply distributions of food items and medicines. Serious reflection and analysis clearly demonstrated that in order to increase the long term impact, the operation would need to focus on working with communities in health promotion in a more comprehensive manner than previously planned. As the objectives highlight, the new health programme requires more commitment from volunteers in terms of training and time. Therefore, branch capacity needed to be assessed and respected given the associated increase in demands placed on volunteers.



A budget of CHF 1,447,374 together with bilateral and domestic funding covers the needs of the revised plan of action. The decision not to seek additional donations arises from two key issues: 1) both the ARC and the Federation agree that the emergency phase must come to an end and that longer term development programmes must be developed and implemented; and 2) additional activities would overburden the ARC and jeopardize the quality of the operation.

### **Red Cross Red Crescent Action w**

During 2002, volunteers have assisted 9,414 beneficiaries providing breakfast, lunch, and dinner, all meeting Sphere Project standards. Other activities such as primary health care activities and health education are also carried out in the soup kitchens. Training includes, among other issues, prevention on diseases related to poverty. Medicines were distributed through the public hospitals benefitting and additional 13,900 people.

The following table highlights actions taken by the Red Cross during 2002:

<b>Project/Location</b>	<b>Source of Funding</b>	<b>Number of Beneficiaries</b>
Crusade for Children and Grandparents	Spanish Red Cross	4,004
Distribution of medicines in Catamarca	German Red Cross	13,900
Distribution of food in Tucumán	Multilateral Funds through Federation Appeal	5,410
<b>TOTAL</b>		<b>23,314</b>

The revised operation will focus on providing supplementary food assistance, medicines and health promotion and education activities during a period of 7 months to some of the most vulnerable communities in Argentina. The overall objective of the operation is:



*To improve the health conditions and general quality of life of children, seniors and their families through food assistance, medicines and health education*

#### ***Beneficiaries and Geographic Region***

The operation will continue to focus on the following target population:

Relief: Food Assistance (see table below)

- Children from 1 to 14 years of age that utilize the soup kitchens.
- Adults over 65 years of age using community soup kitchens or seniors homes.

Health: promotion, education and medicines

- Children from 1 to 14 years of age that utilize the soup kitchens and their families.
- Adults over 65 years of age in day centres or living in senior citizen's homes and their families.
- Pregnant women.

#### **Relief distributions w**

While providing food assistance is very difficult to sustain in any kind of disaster or emergency, it can be even more problematic in economic and social crisis. However, rates of malnutrition demonstrate the need to combine assistance work with longer term development initiatives. The food assistance component provides the opportunity to initiate longer term development processes in the target communities. The operation opens up the possibility to work in a participatory manner with communities in the areas of health, disaster preparedness and community organizing. The ARC can begin to work with people to develop strategies that allow them to overcome the difficult situation in which they find themselves, their families and their communities.

***Objective 1: Improve the nutrition of 19,585 children and seniors who are living in extreme poverty and are utilizing the services of the community soup kitchens and/or seniors homes in the target region***

Food assistance will continue to be provided through the existing network of community soup kitchens and institutions for the elderly. Through site visits and data provided by social services and community organizations, volunteers have identified community soup kitchens and seniors residence facilities that require food assistance. In many cases branches have been working with these service providers for many years. This brings an added value to the operation in that the ARC has a long history of working with some of the soup kitchens and thus the sustainability of the operation increases, and activities will not create dependent relationships.

**Food Assistance Beneficiaries** (multilateral, bilateral and domestic funded):

PROVINCE	BENEFICIARIES		
	Multilateral Funds through Federation Appeal	Spanish Red Cross	Chilean Red Cross/Argentine Centre in Chile
CHACO	2036	470	
CORRIENTES	5379	340	
FORMOSA	2270	NA	
MISIONES	1553	NA	
JUJUY	585	NA	
SALTA	3876	40	
TUCUMÁN	2679	NA	2160
BUENOS AIRES	399	5003	
SAN JUAN	NA	1629	
LA PAMPA	100	50	
ENTRE RIOS	NA	733	
SANTA FE	NA	3340	
CORDOBA	175	628	
SAN LUIS	NA	385	
MENDOZA	862	NA	
<b>TOTAL</b>	<b>19,858</b>	<b>12,160</b>	<b>2,160</b>
<b>TOTAL</b>			<b>34,636</b>

Six monthly food distributions, according to agreed upon criteria (eg breakfast/lunch/dinner) will be made to community soup kitchens. These distributions are made up of food packages that are intended to feed eight people per month (see tables below). Distributions will be made by volunteers of the ARC to community soup kitchens, and seniors home.

**Lunch or Dinner Food Package (8 people x 1 month)**

Item	Quantity
Rice	4 kg.
Oil	1.5 litres
Soup base	24 units
Pasta	6 kg.
Spaghetti	6 kg.
Flour	3 kg
Polenta	3 kg
Soy Beans	2 kg
Dried Peas	1 kg.
Salt	0.5 kg.
Tomato Paste	3 litres
<b>TOTAL</b>	<b>32 kg.</b>

### Breakfast or Snack Food Package (8 people x 1 month)

Item	Quantity
Sugar	2 kg.
Hot Chocolate	1 kg.
Milk	6 litres
Mate Drink	3 litres
<b>Total</b>	12 kg.

Each soup kitchen/seniors home is unique in the services it will provide. In some cases beneficiaries will only receive a snack and either dinner or lunch. In other cases they may receive 3 meals a day. Depending on the previously identified needs of each soup kitchen plus the number of users, a proportional amount of food packages will be distributed to each one.



The nutritional content of the packages is designed to meet Sphere Standards utilizing local food habits, local suppliers and to be consistent with Federation purchasing procedures. Regional and local warehousing will be established as well as a detailed transportation system.

#### Health w

The economic crisis, which has impacted hard on the Northern provinces, has left health funding in a precarious situation. An increase in demand on health services, brought on by the situation, coupled with cuts to budgets has resulted in an overloading of the capacity of health centres to provide basic medicine. In real terms this has meant, for example, that drugs destined for anemia treatment for pregnant women and children are not available. The same holds true for anti-parasitic drugs and oral rehydration salts, among others.

In co-operation with the national health system, the ARC operation will focus on community based health education programs. Volunteers will be trained in delivering programs focusing on themes relating to nutrition, prevention of prevalent illnesses among children, pregnancy control, vaccination, sex education, safe water, as well as personal, family and community hygiene.

The operation will also support the national health system and other health providers through providing a limited and predetermined quantity of health materials and basic medicines in order that the system can remain functioning in the target regions. All actors involved are well aware of the timeframe for this initiative in order to avoid any sense of dependency on the program in the provision of such items.

The ARC will make use not only of branch volunteers but also nursing and paramedic students attending ARC state accredited schools.

**Objective 1:** *Improve the situation of 62,500 people in 36 target communities through a community based health promotion and disease prevention program.*

General activities include:

- Collect and analyze information in order to create baseline data for the selected soup kitchens and communities.
- Develop methodologies and reproduce educational materials in order to train 120 ARC volunteers as health promotion facilitators. These activities will be co-ordinated with the ministry of health and their corresponding health centres, UNICEF and PAHO
- Train between 64 and 96 (2-3 per community) community health promoters.
- Implement a health promotion program in the community soup kitchens and in the selected communities. The program will include a process of home visits as part of the follow-up strategy and to measure the

impact of the interventions. As part of this program each soup kitchen/seniors homes and each branch will receive a health kit and training in their use as part of an overall first aid programme (see following tables).

#### **HEALTH KIT FOR SOUP KITCHENS/SENIORS HOMES (25 beneficiaries for 1 month)**

<b>ITEM</b>	<b>QUANTITY</b>
Hydrogen peroxide	0.5 litres
Povidone iodine antiseptic	1 litre
Plasters	50 units
Gauze 20 x 20	100 units
Paraffin gauze	20 units
Physiological saline	0.5 litres
Adhesive tape x 10 cm.	1
Water purification tablets	220 tablets
Plastic box 58 x 22 cm.	1
Thermometer	1
Scissors	1
Disposable rubber gloves	200 units

#### **HEALTH KIT FOR BRANCHES**

<b>ITEM</b>	<b>QUANTITY</b>
Tongue depressor	100
Alcohol	0.5 litres
Hydrogen peroxide	0.5 litres
Povidone iodine antiseptic	1 litre
Plasters	50 units
Gauze 20 x 20	100 units
Paraffin gauze	20 units
Disposable rubber gloves	100 units
Physiological saline	0.5 litres
Adhesive tape x 10 cm	1 unit
Water purification tablets	220 units
Oral rehydration salts	1,000 units
Portable plastic box	1
Infant scale	1
Blood pressure metre	1
Stethoscope	1
Thermometer	1
Scissors	1
Ultrasonic nebulizer	1
Paediatric scales	1
Scales & measure for height	1

The health promotion and disease prevention program is made up of two components:

#### **1. Workshops and home visits on the following themes:**

Improving nutrition

Prevention of acute diarrhoea illnesses and intestinal parasites

Use of rehydration salts  
 Vaccination promotion  
 Issues of teen pregnancy  
 Prevention of sexually transmitted diseases  
 Prevention of accidents in the home  
 Promotion of breast feeding  
 Importance of prenatal control  
 Promotion of volunteer blood donation

## 2. Nutritional Control Programme for Children and Pregnant Women

This programme will consist of visits to the community soup kitchens and to homes in order to measure the nutritional state (height, weight, etc.) of the target population in order to develop a referral and follow-up with the health centres for those at risk.

**Objective 2:** *Improve access to basic medicines through the provision of determined items to primary health care centers located in 36 target communities.*

Activities include:

- Distribute medicine kits (see following table) in co-ordination health authorities. These kits will be distributed directly by the ARC with each distribution being controlled through signed agreements. The health centers will be obliged to offer these medicines free of charge to patients prioritizing the most vulnerable. The number of kits distributed to each center will be based on previous demand data. The type of medicine making up the kits will correspond to the nature of the illnesses found in the user population.

### MEDICINE KITS FOR HEALTH CENTRES

ITEM	QUANTITY PER MONTH PER CENTRE
Physiological saline 20%	40'000
Dextrose solution 5%	60'000
Iron and folic acid (tablets)	300
Iron (drops)	30 bottles
Oral rehydration salts	500
Mebendazol and Timidazol (syrup)	30 bottles
Mebendazol 200 mg (tablets)	30 boxes of 6 tablets

**Objective 3:** *Improve the health situation of the 36 target communities through water and sanitation activities*

As previously mentioned, summer has complicated access to clean drinking water. Increased vectors in existing water supplies are causing serious health problems in the population. The poor quality of the drinking water has resulted in an increase of associated infectious diseases and the local health system is unable to meet the needs given a lack of medicines and other resources. The nutritional level of children has decreased causing an increase in diseases associated with malnutrition. Without a water and sanitation strategy as part of the operation, the provision of food will not significantly impact the nutritional state of the population.

While the ARC will work with government and other NGOs in addressing infrastructural issues which could lead to improved water quality, the focus of the work to be done during the operation is centred on improving conditions in the soup kitchens, seniors homes and in households.

The program will consist of two components:

**1: Education:** promote a participatory transformation of personal, household and community hygienic conditions of the target population emphasizing:

- Personal hygiene
- Hygiene in the soup kitchens, homes and communities
- Treatment of water
- Discarding of feces and solid waste
- Control of disease transmitting vectors

Educational campaigns will be implemented at the community and household levels focusing on the importance of the treatment and storage of water and the handling of solid waste. As part of this initiative, water treatment agents will be distributed and community members trained in their use. This work will be done in conjunction with the local authorities and other NGOs in order to establish and/or improve the water collection, treatment and distribution system as well as the collecting and disposing of all household waste and garbage.

These programs will be implemented throughout the course of the operation and will be co-ordinated with health authorities at all levels. In addition, strategic alliances will be formed with other governmental or non-governmental organizations that are working in related areas. An example of this would be the Italian NGO APS, working in Tucumán and ISCOS in Misiones, both of whom are active in water and sanitation and safe water projects.

Another aspect of this component of the operation is the distribution of hygiene kits (see following table) which will be used for maintaining hygiene standards in the soup kitchens. Community cleanup campaigns will be organized with the participation of school children and other members of the community. Water quality and sanitation issues will be assessed and needed follow-up actions reported to the appropriate authorities.

**HYGIENE KIT FOR SOUP KITCHENS (25 beneficiaries x 1 month)**

<b>ITEM</b>	<b>QUANTITY</b>
Bleach	2
Concentrated washing up liquid	2
Sponge	2
Kitchen cloths	4
White soap x 300 gr.	3
Bucket x 12 litres	3
Water container x 50 litres with tap	2
Spoons with plastic handle	25
Forks with plastic handle	25
Plastic glasses	25
Plastic table cloths	4
Plastic plates	25

**2: Technical Assistance.** Supporting community members in the identification of community water and sanitation needs also constitutes an important part of the operation. As part of this initiative, volunteers and staff will work with communities in the development of micro projects focusing on the construction of basic sanitary infrastructure.

While the funding of these micro projects is not included in the appeal budget, participating ARC branches will work with communities in acquiring the necessary implementing funds. The ARC will utilise Spanish Red Cross funds to implement longer term development programmes including micro-projects. In addition, strategic alliances with municipalities and other government bodies will be developed, as well as the submission of project proposals to potential donors.

### **Disaster Prevention and Preparedness w**

The ARC forms part of the Camalote programme, a regional community development initiative involving those provinces in Argentina, Paraguay and Uruguay that form part of the River Plate drainage basin.

The programme uses primary health care and community based disaster preparedness and prevention activities to implement processes of community development and organizing. In Argentina the programme is active in the provinces of Chaco, Corrientes, Entre Ríos and Santa Fe. For further information please consult the South American Annual Appeal (01.51/2003)

Camalote has enjoyed significant success since its inception and its materials and methodologies have proven to be appropriate to the target communities. The operation will utilize trained staff, educational methodologies and materials to strengthen vulnerable and high risk communities that fall within the operations geographic zone where the Camalote programme is currently being implemented. This will add value to both the operation by providing an needed educational service and will allow Camalote to extend it project borders. Camalote has a funding base which will help sustain these DPP initiatives. Specifically, activities will focus on sensitizing community organizations about disaster prevention and implementing disaster preparedness and response workshops including community risk mapping.

### **Capacity of the National Society w**

The ARC has 76 branches which cover 95% of the country's provinces. The National Society has trained leaders, coordinators, and programme managers, most of whom are volunteers. Of the over 10,000 volunteers, 600 from 15 branches will be actively involved in the operation. There are also 2,280 nursing and paramedic students who participate fully in ARC activities. This is a key element to the operation given the health promotion focus.

The ARC also has 1,578 staff throughout the country. While all programmatic areas in the headquarters will be involved in the operation, 11 staff will be hired (at both the headquarters and branch levels) to implement the operation. As has been stated in operations updates, the ARC is implementing a major institutional change process funded by the Federation Capacity Building Fund (CBF). The operation has played and will continue to play a significant role in this process and will serve to strengthen the capacity of the National Society, both at the central and branch levels. This capacity building process is built into the planning, management, implementation and evaluation activities of the operation, including financial controls and reporting. There will be training in those areas directly related to the operation such as human and volunteer resource management and communications, together with training in technical areas such as health, water and sanitation. It is worth noting that the ARC is implementing a wide range of activities and a detailed change process without PNS presence in the country. This reflects both the capacity of the ARC and the complexity of the situation and associated operation.

Human resources at the ARC will be strengthened through the incorporation of new staff members. Operation related infrastructure support in the form of computers, internet access and the corresponding training will improve the implementation capacity of the National Society. Another priority of the operation will be to improve the management capacity of the branches through the strengthening of governance and separating this from branch operations. The branches will receive training in related technical areas as well as in project identification, planning and implementation. This work coupled with the initiatives to be implemented through the operation, should produce significant results in the area of organizational development. With support from the ICRC an Initial Intervention Unit has been created within the ARC to address health, first aid and initial analysis during cases of social unrest, which occur in the greater Buenos Aires area.

### **Capacity of the Federation w**

The operation will continue to receive support from the Federation. The Regional Delegation in Lima and more specifically the Buenos Aires Subregional Office, has supported the ARC since the crisis began. Given that the subregional office is housed in the ARC headquarters, there is continuous contact and consultation. As part of the operation, a Federation health consultant will provide support to the ARC, as well as a reporting delegate. Through the Regional Delegation, the Subregional Office and the Pan-American Disaster Response Unit

(PADRU) the Federation will also provide assistance to the ARC to improve its capacities in disaster and emergency management.

### **Media/Public Information Plan w**

One of the objectives of the FACT mission was to assist the ARC in developing a comprehensive communication strategy that will allow for improved dissemination both within the Movement and to external media. Training constitutes a large part of this strategy. Support in implementing and monitoring the strategy will come from the regional delegation for South America in Lima and the Subregional office in Buenos Aires.

### **Coordination**

The ARC has strengthened its relationships and strategic alliances with both government, non-governmental organizations and the private sector. The quality of the work done by the ARC over the last 13 months has given it a higher national profile in the eyes of other institutions and among the various sectors of civil society. The ARC has also signed several agreements for cooperative work with all the sectors mentioned above.

Specifically the ARC is working with international agencies such as PAHO, UNICEF and UNDP. At the national level they are co-operating, through the “3rd Sector Forum” with Caritas Argentina, Voluntarias Hospitalarias, COVERA (Neighbourhood Confederation of the Republic of Argentina), COAS, AMIA (Argentina Israel Mutual Association), Convivir Foundation, Indigenous Association of Argentina, Argentine Youth Round Table, Scouts of Argentina, Guides de Argentina, University Federation of Argentina and the YMCA. This group meets regularly in order to assess changing needs, co-ordinate actions and avoid duplication

At the governmental level, the ARC is in constant contract with the Ministry of Health, Secretary of Security, SEDRONAR, National Council on Social Policy, Ministry of Labour and Social Security, Ministry of Social Development and the Environment and the Ministry of the Economy.

Through these alliances the ARC is co-ordinating its actions in order to avoid duplication and ensure maximum use of human and financial resources in order to ensure that services can be provided to the maximum number of beneficiaries possible.

The ARC is also liaising with the Italian Embassy and the Italian Red Cross in the planning and implementation of the operation.

### **Monitoring and Evaluation w**

Monitoring and evaluation activities will be ensured throughout the operation by the Argentine Red Cross headquarters with the support of the Federation Subregional office in Buenos Aires. Timely reporting in line with Federation standards will be issued on the operation. A Relief Agreement has been signed between the Federation and the ARC clarifying roles and responsibilities regarding the operation.

The ARC national headquarters has the primary responsibility for ensuring that the operation is implemented in a timely and financially responsible manner. National headquarters staff, specifically the operations coordinator, will make periodic monitoring trips to the field in order to assess and discuss progress with the local technical coordinators. All Federation standards (e.g. procurement, reporting) will be respected.

A formal internal mid-project evaluation meeting will be held to assess impact and to make programmatic adjustments as needed. Measurable quantitative and qualitative evaluation criteria will be developed and systematised for use in other operations in the region.

### **Red Cross and Red Crescent Movement -- Principles and priorities w**

- The operation in Argentina responds to the needs of the most vulnerable hit by the social crisis in the country.
- Diversity and gender issues were fully taken into account for the definition of the beneficiary criteria.
- The operation includes many activities which are carried out through partnerships with governmental authorities, international, national and local organizations

## ***Outstanding needs***

Given the nature of the emergency in Argentina it is unlikely that the situation will improve dramatically over the short term. Nor will large amounts of humanitarian aid solve what are structural problems. There is no question, however, that the aid and services provided by the ARC through the operation have, and will help to save many lives and improve the quality of life of many more.

It is the belief of the NS and the Federation that the emergency phase of the operation ends as scheduled, and that the ARC begin to build long term development strategies to address structural factors behind the crisis. The ARC board, the technical directors and branches have committed themselves to ensuring the community work continues once operation funds have been exhausted. Volunteers will continue to do follow-up work related to the operations health activities and students from the nursing and paramedics schools will do practical work in the target communities. The strengthening of institutional ties with the Ministry of Health, municipalities and other organizations will support sustainability strategies. Local health centers will help to ensure the technical integrity of the work as well as support continuity as the work will be integrated into the day to day operations of the staff.

This process of moving from emergency to development has already begun and by the time the operation is completed the ARC will have submitted development proposals to potential funders. Donors are strongly encouraged to support this process through contributions to the Federation Annual Appeal for South America (01.51/2003).

*For further details please contact: Olaug Bergseth, Phone : 41 22 730 45 35; Fax: 41 22 733 03 95; email: [olaug.bergseth@ifrc.org](mailto:olaug.bergseth@ifrc.org)*

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

*This operation seeks to administer to the immediate requirements of the victims of this disaster. Subsequent operations to promote sustainable development or longer-term capacity building will require additional support, and these programmes are outlined on the Federation's website.*

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

John Horekens  
Director  
External Relations

Santiago Gil  
Head  
Americas Department

Argentina social crisis						ANNEX 1
APPEAL No. 08/2002		PLEDGES RECEIVED			12.02.2003	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
<b>CASH</b>						
REQUESTED IN APPEAL CHF ----->				<b>1'448'000</b>		<b>TOTAL COVERAGE 100.0%</b>
BRITISH - RC		10'000	GBP	22'962	13.09.2002	SOUP KITCHEN
BRITISH - RC		10'000	GBP	23'083	05.12.2002	
CHILEAN - RC		500	USD	806	03.05.2002	DIRECT TO DELEGATION
FINNISH - RC		33'000	EUR	48'388	14.05.2002	
ITALY GOVT		800'000	EUR	1'184'000	15.12.2002	FROM ITALIAN DREF
JAPANESE - RC		36'300	USD	53'506	14.08.2002	
SWEDISH - GOVT		292'000	SEK	47'129	16.10.2002	
SUB/TOTAL RECEIVED IN CASH				1'379'874	CHF	95.3%
<b>KIND AND SERVICES (INCLUDING PERSONNEL)</b>						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
GERMANY	MEDICAL	45'000	USD	67'500	29.07.2002	BILATERAL - COMMUNITY HEALTH
SUB/TOTAL RECEIVED IN KIND/SERVICES				67'500	CHF	4.7%
<b>ADDITIONAL TO APPEAL BUDGET</b>						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
GERMANY	HOSPITAL ITEMS	103'774	USD	155'661	29.07.2002	BILATERAL
SPAIN - RC		71'860	USD	104'916	19.06.2002	DIRECT CONTRIBUTION
SUB/TOTAL RECEIVED				260'577	CHF	

**REVISED BUDGET SUMMARY**

APPEAL No. 08/02

**Swiss francs****Argentina social crisis**

TYPE	ORIGINAL	REVISED	VARIANCE
<b>RELIEF NEEDS</b>			
Clothing & textiles	49,000		-49,000
Food & seeds	1,094,000	549,000	-545,000
Water, sanitation		98,000	98,000
Medical & first aid	122,000	165,000	43,000
Other relief supplies		43,000	43,000
<b>TOTAL RELIEF NEEDS</b>	<b>1,265,000</b>	<b>855,000</b>	<b>-410,000</b>
<b><u>CAPITAL EQUIPMENT</u></b>			
Vehicles	24,000	32,000	8,000
Computers & telecom. equipment	4,000	21,000	17,000
Other equipment	8,000	10,000	2,000
<b><u>PROGRAMME SUPPORT</u></b>			
Programme management	123,000	91,000	-32,000
Technical support	37,000		-37,000
Professional services	41,000		-41,000
<b><u>TRANSPORT STORAGE &amp; VEHICLE COSTS</u></b>			
	86,000	94,000	8,000
<b><u>PERSONNEL</u></b>			
Expatriate staff		40,000	40,000
National staff	141,000	138,000	-3,000
Consultants		48,000	48,000
<b><u>ADMINISTRATIVE &amp; GENERAL SERVICES</u></b>			
Travel & related expenses		11,000	11,000
Information expenses	22,000	12,000	-10,000
Administrative & general expenses	49,000	70,000	21,000
External workshops & seminars	24,000	26,000	2,000
<b>TOTAL OPERATIONAL NEEDS</b>	<b>559,000</b>	<b>593,000</b>	<b>34,000</b>
<b>TOTAL APPEAL CASH, KIND, SERVICES</b>	<b>1,824,000</b>	<b>1,448,000</b>	<b>-376,000</b>
<b>LESS AVAILABLE RESOURCES (-)</b>		<b>1,447,374</b>	
<b>NET REQUEST</b>	<b>1,824,000</b>	<b>626</b>	