

ANGOLA: HUMANITARIAN ASSISTANCE

5 June, 2000

appeal no. 01.16/2000

situation report no. 2

period covered: 1 March - 31 May, 2000

The humanitarian situation in Angola is alarming as unrelenting fighting in many areas of the country continues to be a serious constraint to effective assistance to increasing numbers of vulnerable people. Despite the continued insecurity and a serious lack of funding resulting in the suspension of the Mine Awareness Education Programme (MAEP), Federation support to the Angolan Red Cross (ARC) health programme and the proposed global audit of the National Society continue as priorities, and in accordance with the Country Assistance Strategy for Angola.

The context

Following a largely successful government campaign which began in October, 1999 to flush out UNITA from their traditional strongholds in the central highlands, military activity shifted and extended to the borders with neighbouring countries - Namibia, the Democratic Republic of Congo (DRC), and Zambia. This intense fighting has created a new wave of internal population displacement resulting in large numbers of Angolans crossing the borders, and increased insecurity in many areas of the country.

The agriculture sector continues to be the most seriously affected by the conflict. Once self sufficient in basic foodstuffs, the country has for the past several years relied on costly imports, particularly food aid, to meet domestic requirements. The ongoing hostilities with an estimated 7 million land mines around the country have rendered farmland inaccessible and forced increasing numbers to abandon their property. Currently less than 4 percent of arable land is under production. Government support to health and education remains low. Much of the country's infrastructure such as roads, bridges and railways already destroyed by the conflict, has been further eroded, and most roads remain closed.

The deteriorating humanitarian situation in the country has created major social and economic difficulties for growing numbers of vulnerable people including an estimated 2.6 million internally displaced persons (IDPs) mostly women and children who are forced to flee from insecure rural areas to Luanda and safer government controlled provincial capitals, resident communities and the urban poor who have become more susceptible to malnutrition, and disease, particularly polio, malaria, TB and diarrhoeal infections.

ANGOLA: HUMANITARIAN ASSISTANCE

5 June, 2000

appeal no. 01.16/2000

situation report no. 2

period covered: 1 March - 31 May, 2000

The humanitarian situation in Angola is alarming as unrelenting fighting in many areas of the country continues to be a serious constraint to effective assistance to increasing numbers of vulnerable people. Despite the continued insecurity and a serious lack of funding resulting in the suspension of the Mine Awareness Education Programme (MAEP), Federation support to the Angolan Red Cross (ARC) health programme and the proposed global audit of the National Society continue as priorities, and in accordance with the Country Assistance Strategy for Angola.

The context

Following a largely successful government campaign which began in October, 1999 to flush out UNITA from their traditional strongholds in the central highlands, military activity shifted and extended to the borders with neighbouring countries - Namibia, the Democratic Republic of Congo (DRC), and Zambia. This intense fighting has created a new wave of internal population displacement resulting in large numbers of Angolans crossing the borders, and increased insecurity in many areas of the country.

The agriculture sector continues to be the most seriously affected by the conflict. Once self sufficient in basic foodstuffs, the country has for the past several years relied on costly imports, particularly food aid, to meet domestic requirements. The ongoing hostilities with an estimated 7 million land mines around the country have rendered farmland inaccessible and forced increasing numbers to abandon their property. Currently less than 4 percent of arable land is under production. Government support to health and education remains low. Much of the country's infrastructure such as roads, bridges and railways already destroyed by the conflict, has been further eroded, and most roads remain closed.

The deteriorating humanitarian situation in the country has created major social and economic difficulties for growing numbers of vulnerable people including an estimated 2.6 million internally displaced persons (IDPs) mostly women and children who are forced to flee from insecure rural areas to Luanda and safer government controlled provincial capitals, resident communities and the urban poor who have become more susceptible to malnutrition, and disease, particularly polio, malaria, TB and diarrhoeal infections.

Latest events

The government continues to pursue their strategy of attempting to overwhelm UNITA on the battlefield, and reject efforts to promote a political dialogue to resolve the ongoing civil war. With UNITA waging a strategy of guerrilla warfare the prevailing sense of insecurity in Angola continues with reported ambushes, incidents of attacks on villages and mine incidents throughout the country particularly in the North (Uige), Southwest (Benguela and Huila), Central Highlands and East (Moxico). The increase in the number of mine incidents resulting in many deaths and wounded is of particular concern given that IDPs may be forced to resettle in unsafe areas. Basic criteria for the resettlement of IDPs need to be established as a matter of urgency.

From 18 to 23 March, a UN interagency mission visited Angola to assess the status of displaced populations. The mission was led by the UN Emergency Relief Co-ordinator and included representatives of UNHCR, WFP and UNICEF. Following visits to Huambo, Bie and Uige to assess the conditions of IDPs and resident populations the delegation praised the substantial efforts undertaken by the humanitarian community to address the needs of war-affected populations, but noted that serious gaps exist in the planning, delivery and monitoring of humanitarian responses. On the basis of recommendations made to the Angolan government by the interagency mission, a rapid assessment of critical humanitarian needs was undertaken by 14 interagency teams in 31 locations and 10 provinces at the beginning of April. Overall the assessment concluded that the situation was alarming and critical needs in most sectors were found in virtually all locations visited by the assessment teams with 6 areas including Huambo and Kuito given priority status. A full report has been released by the Office for the Co-ordination of Humanitarian Affairs (OCHA). The rapid assessment will be followed up by a more in-depth assessment to evaluate existing programmes in preparation for the mid-term review of the 2000 Consolidated Appeal for Angola.

A special report released by OCHA in May following a mission to Angola by FAO/WFP to assess crop and food supply highlighted that since the resumption of the civil war in December 1998 the number of IDPs has increased to nearly 2.6 million (a 53% increase compared to the reported statistics in 1999, and 1.9 million (including residents) urgently need relief assistance during the coming 12 months. Currently there are one million confirmed IDPs living under squalid conditions in 120 locations around the country, of which 36 are inaccessible because of fighting or other security factors which prevent the delivery of relief. In addition, insecurity continues to hamper road transport to and within most of the country's provincial locations, making costly air transport the only alternative.

Despite the urgent need to assist the increasing numbers of vulnerable people in Angola WFP have forecast a break in the relief pipeline by early August because no new relief contributions from the donor community in April have been received. WFP warn that this situation may necessitate a reduction in the daily food rations for many IDPs.

Red Cross/Red Crescent action

The programme is implemented under the lead agency role of the ICRC with the Federation tasked with the development of the National Society. While the long term priority of the Federation will continue to be the strengthening of the ARC at headquarters and in particular provincial levels so that the National Society can assist the vulnerable through well planned and appropriate programmes and activities, Federation strategy for the year 2000 is centred on health activities through accessible, existing and functioning ARC Health Posts in Benguela, Cuanza Sul, Cuanza Norte and Luanda, and mine awareness education in Benguela and Cunene. The programme is intended to support ARC activities in these areas, thereby providing valuable and necessary assistance to vulnerable persons and communities in Angola, and at the same time building capacity within the National Society.

Latest events

The government continues to pursue their strategy of attempting to overwhelm UNITA on the battlefield, and reject efforts to promote a political dialogue to resolve the ongoing civil war. With UNITA waging a strategy of guerrilla warfare the prevailing sense of insecurity in Angola continues with reported ambushes, incidents of attacks on villages and mine incidents throughout the country particularly in the North (Uige), Southwest (Benguela and Huila), Central Highlands and East (Moxico). The increase in the number of mine incidents resulting in many deaths and wounded is of particular concern given that IDPs may be forced to resettle in unsafe areas. Basic criteria for the resettlement of IDPs need to be established as a matter of urgency.

From 18 to 23 March, a UN interagency mission visited Angola to assess the status of displaced populations. The mission was led by the UN Emergency Relief Co-ordinator and included representatives of UNHCR, WFP and UNICEF. Following visits to Huambo, Bie and Uige to assess the conditions of IDPs and resident populations the delegation praised the substantial efforts undertaken by the humanitarian community to address the needs of war-affected populations, but noted that serious gaps exist in the planning, delivery and monitoring of humanitarian responses. On the basis of recommendations made to the Angolan government by the interagency mission, a rapid assessment of critical humanitarian needs was undertaken by 14 interagency teams in 31 locations and 10 provinces at the beginning of April. Overall the assessment concluded that the situation was alarming and critical needs in most sectors were found in virtually all locations visited by the assessment teams with 6 areas including Huambo and Kuito given priority status. A full report has been released by the Office for the Co-ordination of Humanitarian Affairs (OCHA). The rapid assessment will be followed up by a more in-depth assessment to evaluate existing programmes in preparation for the mid-term review of the 2000 Consolidated Appeal for Angola.

A special report released by OCHA in May following a mission to Angola by FAO/WFP to assess crop and food supply highlighted that since the resumption of the civil war in December 1998 the number of IDPs has increased to nearly 2.6 million (a 53% increase compared to the reported statistics in 1999, and 1.9 million (including residents) urgently need relief assistance during the coming 12 months. Currently there are one million confirmed IDPs living under squalid conditions in 120 locations around the country, of which 36 are inaccessible because of fighting or other security factors which prevent the delivery of relief. In addition, insecurity continues to hamper road transport to and within most of the country's provincial locations, making costly air transport the only alternative.

Despite the urgent need to assist the increasing numbers of vulnerable people in Angola WFP have forecast a break in the relief pipeline by early August because no new relief contributions from the donor community in April have been received. WFP warn that this situation may necessitate a reduction in the daily food rations for many IDPs.

Red Cross/Red Crescent action

The programme is implemented under the lead agency role of the ICRC with the Federation tasked with the development of the National Society. While the long term priority of the Federation will continue to be the strengthening of the ARC at headquarters and in particular provincial levels so that the National Society can assist the vulnerable through well planned and appropriate programmes and activities, Federation strategy for the year 2000 is centred on health activities through accessible, existing and functioning ARC Health Posts in Benguela, Cuanza Sul, Cuanza Norte and Luanda, and mine awareness education in Benguela and Cunene. The programme is intended to support ARC activities in these areas, thereby providing valuable and necessary assistance to vulnerable persons and communities in Angola, and at the same time building capacity within the National Society.

On the night of 16 April and during the following morning Chongoroi town was attacked by a large group of armed men. The ARC health post was completely ransacked as was the Municipal hospital. The Ministry of Health (MoH) warehouse was set alight. The ARC health post is now open but unable to operate. The situation is being monitored and assessed through the ARC in Benguela.

Following the HIV/AIDS workshop held at Vianna Training Centre (VTC) at the end of February/beginning of March attended by 30 ARC health workers from all provinces (with the exception of Cunene) and facilitated by members of the MoH AIDS department and UNAIDS, the ARC Programme Co-ordinator and Health Programme Co-ordinator attended the Regional HIV/AIDS workshop (March 27 to 31) in Harare to draft a ARC HIV/AIDS proposal and budget. A 2-year proposal complete with a project log-frame and budget was submitted to the Regional Delegation in Harare at the end of March. The planned programme will be facilitated by 54 volunteers in 6 provinces (Cabinda, Luanda, Benguela, Kwanza Sul, Kwanza Norte and Bie or Uige) and focus on condom distribution and educational campaigns. The ARC will co-ordinate with UNAIDS, MINSa and other NGOs engaged in HIV/AIDS programmes in these locations.

The drafting of the ARC HIV/AIDS proposal highlighted the problem of dependency on the Federation within the National Society. The ARC perceived that the drafting of the proposal was the responsibility of the Federation. However, in order to foster ownership and responsibility of and for the programme the Federation insisted on the full participation of all the health department staff in the drafting of the proposal and budget and consultations with outside organisations. While this process highlighted the lack of ARC's capacity in certain areas, much was achieved in terms of agreed changes in project locations and valuable conclusions.

ARC health posts kits now comply with national standards which will be effective for all future supplies purchased through the Federation beginning with the 10 kits which are expected to arrive at the end of May to replace current kits expiring at the same time. An additional 50 kits will be procured during the third quarter of the year provided that the necessary funds are available. The 10 kits will be issued to selected health posts with proper guidelines. Monthly stock reports have been reinstated.

ARC monitoring field trips have been reinstated and a 6 month plan was drawn up in April. Visits to Kwanza Sul, Uige and Chongoroi municipality were conducted by ARC staff. Following the visit of the Federation Health Co-ordinator to Benguela in February an updated list of ARC personnel lists in all provinces has been prepared. This was a priority given recent changes to health post staff which had occurred without the knowledge of ARC at central level.

The Spanish bilateral delegate who arrived in Angola on 20 March will assist the ARC with the ongoing *Multilados* project, support to the provincial delegation in Bengo and the construction of one new health post in Benfica (Luanda province) which has proved to be problematic due to a lack of communication between senior ARC staff. The Federation will provide the necessary support to ensure that the project is viable, sustainable and targets needy beneficiaries.

A 3-person ARC/MoH health team on standby for several weeks finally left for Mozambique to assist the Mozambique Red Cross with the ongoing flood operation on April 16 and returned on 2 May. The team assisted those affected by the floods in two locations dispensing medicines and other relief items from temporary health posts. This example of good co-operation and utilising capacity within the region was viewed as a largely positive initiative by all concerned.

The ARC Health Department has established links with UNICEF at the national level. Further co-operation is planned. However, progress is constrained due to a lack of information regarding the numbers of active volunteers in the field. It was disappointing to learn that polio campaigns had been carried out in Vianna, Kilamaba-Kiayi and Samba (Luanda province) without ARC participation. ARC were reminded of the importance of liaising with UNICEF and the MoH regarding future national polio campaigns. In addition, the ARC will need to follow up with UNICEF regarding ongoing integrated health support and malaria control in Benguela as a matter of priority. ARC also need to follow up the request of UNICEF to conduct first aid training to their staff.

On the night of 16 April and during the following morning Chongoroi town was attacked by a large group of armed men. The ARC health post was completely ransacked as was the Municipal hospital. The Ministry of Health (MoH) warehouse was set alight. The ARC health post is now open but unable to operate. The situation is being monitored and assessed through the ARC in Benguela.

Following the HIV/AIDS workshop held at Vianna Training Centre (VTC) at the end of February/beginning of March attended by 30 ARC health workers from all provinces (with the exception of Cunene) and facilitated by members of the MoH AIDS department and UNAIDS, the ARC Programme Co-ordinator and Health Programme Co-ordinator attended the Regional HIV/AIDS workshop (March 27 to 31) in Harare to draft a ARC HIV/AIDS proposal and budget. A 2-year proposal complete with a project log-frame and budget was submitted to the Regional Delegation in Harare at the end of March. The planned programme will be facilitated by 54 volunteers in 6 provinces (Cabinda, Luanda, Benguela, Kwanza Sul, Kwanza Norte and Bie or Uige) and focus on condom distribution and educational campaigns. The ARC will co-ordinate with UNAIDS, MINSa and other NGOs engaged in HIV/AIDS programmes in these locations.

The drafting of the ARC HIV/AIDS proposal highlighted the problem of dependency on the Federation within the National Society. The ARC perceived that the drafting of the proposal was the responsibility of the Federation. However, in order to foster ownership and responsibility of and for the programme the Federation insisted on the full participation of all the health department staff in the drafting of the proposal and budget and consultations with outside organisations. While this process highlighted the lack of ARC's capacity in certain areas, much was achieved in terms of agreed changes in project locations and valuable conclusions.

ARC health posts kits now comply with national standards which will be effective for all future supplies purchased through the Federation beginning with the 10 kits which are expected to arrive at the end of May to replace current kits expiring at the same time. An additional 50 kits will be procured during the third quarter of the year provided that the necessary funds are available. The 10 kits will be issued to selected health posts with proper guidelines. Monthly stock reports have been reinstated.

ARC monitoring field trips have been reinstated and a 6 month plan was drawn up in April. Visits to Kwanza Sul, Uige and Chongoroi municipality were conducted by ARC staff. Following the visit of the Federation Health Co-ordinator to Benguela in February an updated list of ARC personnel lists in all provinces has been prepared. This was a priority given recent changes to health post staff which had occurred without the knowledge of ARC at central level.

The Spanish bilateral delegate who arrived in Angola on 20 March will assist the ARC with the ongoing *Multilados* project, support to the provincial delegation in Bengo and the construction of one new health post in Benfica (Luanda province) which has proved to be problematic due to a lack of communication between senior ARC staff. The Federation will provide the necessary support to ensure that the project is viable, sustainable and targets needy beneficiaries.

A 3-person ARC/MoH health team on standby for several weeks finally left for Mozambique to assist the Mozambique Red Cross with the ongoing flood operation on April 16 and returned on 2 May. The team assisted those affected by the floods in two locations dispensing medicines and other relief items from temporary health posts. This example of good co-operation and utilising capacity within the region was viewed as a largely positive initiative by all concerned.

The ARC Health Department has established links with UNICEF at the national level. Further co-operation is planned. However, progress is constrained due to a lack of information regarding the numbers of active volunteers in the field. It was disappointing to learn that polio campaigns had been carried out in Vianna, Kilamaba-Kiayi and Samba (Luanda province) without ARC participation. ARC were reminded of the importance of liaising with UNICEF and the MoH regarding future national polio campaigns. In addition, the ARC will need to follow up with UNICEF regarding ongoing integrated health support and malaria control in Benguela as a matter of priority. ARC also need to follow up the request of UNICEF to conduct first aid training to their staff.

It is understood that ICRC support to ARC health activities in Uige, Bie and Huambo will continue until the end of the year. Further discussion will be held with the ICRC Health Co-ordinator to determine the details of this support.

The Health Post statistics for the first quarter of 2000 is as follows: a total number of 58,155 beneficiaries is comprised of 43,250 patients seen at the 11 operational Federation supported ARC health posts and a further 14,905 were visited in their homes - it is acknowledged that this latter figure may be inaccurate. However, progress has been made by the ARC in re-establishing procedures for data collection but requires further follow up.

PROVINCE	HEALTH POST	BENEFICIARIES
Luanda	Kicolo	8,225
	Kilamba-Kiayi	5,710
Benguela	Kamunda	2,505
	Chongoroi	3,058
	Cassiva	4,403
	Chimbassi	6,672
	Passagem	6,405
	Calomanga	3,193
Cuanza Sul	Gabela	4,774
	Condé	0
	Assango	2,392
K. Norte	N'Dalatando	10,818
TOTAL		58,155

Mine Awareness Education Programme (MAEP) w

In March, the Federation MAEP Co-ordinator completed her contract. A replacement was not recruited due to a lack of funding for this project which also resulted in the suspension of certain activities until further notice. Despite these constraints the following numbers of people were sensitised:

Numbers of people sensitised by instructors in March, 2000 in five municipalities of Cunene Province:

	Cahama	Ombadja	Cuanhama	Cuvelei	Namacunde
Children	75	219	239	75	152
Women	30	367	166	45	91
Men	60	164	161	60	20
Subtotal	165	750	566	180	263

Total number of beneficiaries: 1,924

Numbers of people sensitised by instructors in March, 2000 in three municipalities of Benguela province:

	Cubal	Caimba	Ganda
Children	1,258	123	391
Women	826	103	397
Men	587	52	267

It is understood that ICRC support to ARC health activities in Uige, Bie and Huambo will continue until the end of the year. Further discussion will be held with the ICRC Health Co-ordinator to determine the details of this support.

The Health Post statistics for the first quarter of 2000 is as follows: a total number of 58,155 beneficiaries is comprised of 43,250 patients seen at the 11 operational Federation supported ARC health posts and a further 14,905 were visited in their homes - it is acknowledged that this latter figure may be inaccurate. However, progress has been made by the ARC in re-establishing procedures for data collection but requires further follow up.

PROVINCE	HEALTH POST	BENEFICIARIES
Luanda	Kicolo	8,225
	Kilamba-Kiayi	5,710
Benguela	Kamunda	2,505
	Chongoroi	3,058
	Cassiva	4,403
	Chimbassi	6,672
	Passagem	6,405
	Calomanga	3,193
Cuanza Sul	Gabela	4,774
	Condé	0
	Assango	2,392
K. Norte	N'Dalatando	10,818
TOTAL		58,155

Mine Awareness Education Programme (MAEP) w

In March, the Federation MAEP Co-ordinator completed her contract. A replacement was not recruited due to a lack of funding for this project which also resulted in the suspension of certain activities until further notice. Despite these constraints the following numbers of people were sensitised:

Numbers of people sensitised by instructors in March, 2000 in five municipalities of Cunene Province:

	Cahama	Ombadja	Cuanhama	Cuvelei	Namacunde
Children	75	219	239	75	152
Women	30	367	166	45	91
Men	60	164	161	60	20
Subtotal	165	750	566	180	263

Total number of beneficiaries: 1,924

Numbers of people sensitised by instructors in March, 2000 in three municipalities of Benguela province:

	Cubal	Caimba	Ganda
Children	1,258	123	391
Women	826	103	397
Men	587	52	267

Total number of beneficiaries: 4,004

In Benguela , a total of 20 community leaders comprising 11 traditional leaders (sobas) from Cubal and 9 from Caimba were trained. In Cunene, a total of 69 teachers trained at 3 seminars.

UNICEF continued their support to the programme by providing various educational materials.

The new office for the programme at ARC Headquarters in Luanda was organised, and a new computer was installed so that a data bank for the project can be established.

Institutional and Resource Development w

The delegation has prioritised the undertaking of a first ever ARC global audit felt to be pivotal for significant institutional and resource development of the National Society and donor confidence. Although the process has been slow the Federation has assisted the ARC to finalise agreed Terms of Reference (TORs) for the audit and to contact internationally recognised audit companies in Luanda who were invited to submit proposals and a budget for the audit as per the agreed TORs. Following consultation with the Secretariat's Audit Department and in agreement with the ARC, Ernst and Young have been engaged to undertake the audit to be carried out in June, 2000. The recommendations from the global audit will facilitate a redirection of the ARC's 3 year development plan and allow various resource development initiatives for the National Society to be investigated.

The ARC celebrated 8 May at Kikolo Health Post. The highlight was a presentation on STDs/HIV/AIDS by the person responsible for the National Society's Youth Department to health post workers, local red cross volunteers and invited members of the community. The event was covered and reported by the press in Luanda.

Outstanding needs

Confirmed pledges of funding from donors are urgently required to ensure the successful and effective implementation of the Federation supported /ARC programmes during 2000.

External relations - Government/UN/NGOs/Media

The delegation maintains good relations with diplomatic representations, particularly with the UN, ICRC, and NGOs, with a special focus regarding security issues. The biweekly co-ordination meetings and regular discussions with the ARC and the ICRC continue to focus on how the Red Cross and Red Crescent Movement can effectively reach the most vulnerable in a country plagued by continuing civil conflict.

Contributions

See Annex 1 for details.

Peter Rees-Gildea
Director
Operations Funding and Reporting Department

Bekele Geleta
Director
Africa Department

and other reports on Federation operations are available on the Federation's website: <http://www.ifrc.org>

Total number of beneficiaries: 4,004

In Benguela , a total of 20 community leaders comprising 11 traditional leaders (sobas) from Cubal and 9 from Caimba were trained. In Cunene, a total of 69 teachers trained at 3 seminars.

UNICEF continued their support to the programme by providing various educational materials.

The new office for the programme at ARC Headquarters in Luanda was organised, and a new computer was installed so that a data bank for the project can be established.

Institutional and Resource Development w

The delegation has prioritised the undertaking of a first ever ARC global audit felt to be pivotal for significant institutional and resource development of the National Society and donor confidence. Although the process has been slow the Federation has assisted the ARC to finalise agreed Terms of Reference (TORs) for the audit and to contact internationally recognised audit companies in Luanda who were invited to submit proposals and a budget for the audit as per the agreed TORs. Following consultation with the Secretariat's Audit Department and in agreement with the ARC, Ernst and Young have been engaged to undertake the audit to be carried out in June, 2000. The recommendations from the global audit will facilitate a redirection of the ARC's 3 year development plan and allow various resource development initiatives for the National Society to be investigated.

The ARC celebrated 8 May at Kikolo Health Post. The highlight was a presentation on STDs/HIV/AIDS by the person responsible for the National Society's Youth Department to health post workers, local red cross volunteers and invited members of the community. The event was covered and reported by the press in Luanda.

Outstanding needs

Confirmed pledges of funding from donors are urgently required to ensure the successful and effective implementation of the Federation supported /ARC programmes during 2000.

External relations - Government/UN/NGOs/Media

The delegation maintains good relations with diplomatic representations, particularly with the UN, ICRC, and NGOs, with a special focus regarding security issues. The biweekly co-ordination meetings and regular discussions with the ARC and the ICRC continue to focus on how the Red Cross and Red Crescent Movement can effectively reach the most vulnerable in a country plagued by continuing civil conflict.

Contributions

See Annex 1 for details.

Peter Rees-Gildea
Director
Operations Funding and Reporting Department

Bekele Geleta
Director
Africa Department

and other reports on Federation operations are available on the Federation's website: <http://www.ifrc.org>

Angola

ANNEX

APPEAL No. 01.16/2000

**PLEDGES
RECEIVED**

05.06.00

DONOR	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
-------	----------	------	-----------	------	---------

CASH

					TOTAL COVERAGE
REQUESTED IN APPEAL CHF ----- ---->			1'877'000		38.1%
Balance carried forward from 1999			664'148		
SPAIN - GOVT	33'984	USD	51'554	11.02.00	
SUB/TOTAL RECEIVED IN CASH			715'702	CHF	38.1%

**KIND AND SERVICES
(INCLUDING
PERSONNEL)**

DONOR	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED IN KIND/SERVICES			0	CHF	0.0%

