# 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

# ZIMBABWE

***30 November 2004***

*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 181 countries.*
*For more information: www.ifrc.org*

## In Brief

**Appeal No. 01.20/2004; Programme Update no. 2; Period covered: July to November 2004;**
**Appeal coverage: 64.6%; Outstanding needs: CHF 1,709,111 (USD 1,501,800 or EUR 1,107,700).**
*Click here to go directly to the attached Contributions List, also available on the website.*

**Appeal target: CHF 4,829,610 (USD 3,627,195 or EUR 3,108,857)**

**Related Emergency or Annual Appeals: Zimbabwe 2005 Annual Appeal no. 05AA017 –**
http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA017.pdf

**Programme summary:** The Zimbabwe Red Cross Society [1] has successfully integrated its programmes with the home-based care (HBC) projects and the impact to the vulnerable communities is significant. While it is the food component that draws the most attention and receives positive feedback from clients and their families, all the components are working together to provide a more comprehensive safety net. The following tangible benefits have been noted from the integrated programme; an improvement in household food security, improved mobility and general health of HBC clients, improved school attendance amongst OVC, and a degree of re-integration with the community. In some project areas such as Matobo and Mudzi access to water and sanitation is improved.

During the reporting period the numbers of beneficiaries continue to increase, especially orphans and other children made vulnerable by HIV and AIDS (OVC) registered within the HBC programme. High numbers are beginning to stretch capacities and may work against maintaining a high quality of care. Efforts are being made to maintain beneficiary numbers at manageable levels.

***For further information specifically related to this operation please contact:***


- *In Zimbabwe: Emma Kundishora, Secretary General, Zimbabwe Red Cross Society, Harare; Email zrcs@ecoweb.co.zw; Phone 263 4 775 416, Fax 263 4 751 739*
- *In Zimbabwe: Ben Mountfield, Federation Head of Zimbabwe Delegation, Harare; Email ifrcsa08@ifrc.org; Phone 263 4 781 516; Fax 263 4 781 516*
- *In Zimbabwe: Françoise Le Goff, Federation Head of Southern Africa Regional Delegation, Harare; Email ifrczw02@ifrc.org; Phone 263 4 70 61 55/6; Fax 263 4 70 87 84*
- *In Geneva: Terry Carney, Federation Regional Officer for Southern Africa, Africa Dept.; Email terry.carney@ifrc.org; Phone 41 22 730 42 98; Fax 41 22 733 0395*


[1] Zimbabwe Red Cross Society – refer to http://www.ifrc.org/where/country/check.asp?countryid=13

*This Programme Update reflects activities to be implemented over a one-year period. This forms part of, and is based on, longer-term, multi-year planning (refer below to access the detailed logframe documents).*

*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 in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at http://www.ifrc.org*

## Operational developments

It is difficult to be exact about the general food security situation in Zimbabwe. The UN crop assessment was cancelled and there are conflicting reports about the state of the harvest. Inflation remains very high reducing buying power of the local currency with food and medical costs escalating.

For the beneficiaries of Zimbabwe Red Cross HBC programme food security was significantly improved through the distribution of agricultural inputs conducted in 2003. This enabled Zimbabwe Red Cross to reduce the emergency level distributions for a number of months following the harvest. The success of this element led to an increase in the quantity of agric inputs planned for the 2004-2005 season. Food inputs were therefore maintained at the level of an individual supplement for HBC clients and OVC, until late in the year when the food insecurity situation required a return to household level distributions.

The government tabled new legislation to control the activities of non governmental organizations. While this is likely to impact on the general operational environment, the legislation does not directly affect Zimbabwe Red Cross which is specifically excluded from the Bill in recognition of its auxiliary role.

The national society conducted a workshop with external facilitation to examine the nature of the relationships between management and governance at national and provincial levels, and to explore and develop understanding of humanitarian values and principles.

## Health and care

**Goal: The health and social status of Zimbabwe's most vulnerable communities is improved through a comprehensive safety net of appropriate services, fostering community capacity for sustainability.**

**Objective: Within the HBC project areas the livelihoods of the most vulnerable households is supported through interventions supporting people living with HIV and AIDS (PLWHA) and OVC in care, provision of essential medical, relief and recovery items, water and sanitation inputs, malaria control, self help, counselling, and peer education.**

Note: the fully integrated nature of the health and care projects suggests that a full report should be given, including activities funded by a variety of partners. Funding through the Federation Appeal has primarily been directed towards the food distributions, support to agricultural recovery and water and sanitation activities. Some support has been provided to the HBC programme using funds from a consortium of donors supporting HIV and AIDS programming across the region.

**Basic nursing care and counselling has been provided to 14,000 infected and 56,000 people affected by HIV and AIDS:**

The HBC programme has 16,100 clients in the 26 project areas as per November figures. Once 53,000 OVC and household members are included, over 100,000 people are being supported by Zimbabwe Red Cross programming through the HBC programme. In order to improve the quality of care, some 264 new care facilitators have been trained throughout the country reducing the care facilitator to client ratio to 1:14 (objective is 1:10). The total number of care facilitators is 1,200.

**Economic empowerment and increased social support and acceptance of the PLWHA in the HBC projects**
New support groups have been developed in some projects and due to the harsh economic environment support groups have struggled to maintain profitable income generating projects. Work is planned for 2004-5 to examine this problem, build on successful projects and seek alternate solutions for less successful projects.

**Increased access to basic needs and psycho-social support for 20,000 OVC**
Hygiene items and blankets were distributed to 3,000 OVC and food distribution maintained for 50,397 OVC registered within the HBC programme. A training of trainers' workshop in Memory Work was conducted to enable a rollout of this psychosocial support for clients and OVC. Memory project work has been practiced in the HBC projects in Bindura and Chitungwiza in Mashonaland central province where seven new support groups formed in support of OVC. Using funding from UNICEF and ECHO, Zimbabwe Red Cross has also provided permanent shelter for child-headed families in the HBC programme. School fees have been paid for 3,242 boys and 3,412 girls (6,654 OVC) within the HBC projects during 2004.

**Increased awareness and access to information on HIV and AIDS and sexual abuse**
Training has been undertaken in partnership with Child Line on awareness of issues related to sexual abuse. Information, education and communication material on prevention and general HIV information is being provided to HBC clients.

**Emergency food inputs for households to remain viable until harvest 2004**
The general strategy has been to provide an individual ration as a supplement for HBC clients and OVC. At times of more general food insecurity, or when households start to demonstrate destructive coping strategies, this ration should be increased to a household level. In this way, the quantity of food aid is appropriate to the needs and provides a useful component of the overall safety net.

As reported in the first programme update of 2004, food distributions were maintained at emergency (household) level until the 2004 harvest was in. Thereafter rations were reduced according to the plan. They will be increased in December (see below).

**Nutritional supplements for PLWHA**
The distribution of individual nutritional supplements for PLWHA and OVC continued throughout the reporting period. These distributions include food purchased through the Federation Appeal and food procured by the Danish Red Cross society, funded by ECHO. Household level distributions will be re-introduced in December 2004 due to the deteriorating food security situation in households within the HBC projects.

**Table 1: Food distributed at a supplementary level**

| Month | Total Beneficiaries | Distributed Maize(MT) | Distributed Beans(MT) | Distributed CSB (MT) | Distributed Sugar(MT) | Distributed Oil (litres) |
|---|---|---|---|---|---|---|
| July | 54,562 | 530 | 156 | 144 | 0.12 | 52,374 |
| August | 55,535 | 528 | 160 | 145 | 2.1 | 51,913 |
| September | 59,659 | 568 | 104 | 157 | 2.6 | 56,604 |
| October | 67,528 | 718 | 200 | 176 | 2.2 | 65,060 |
| **Total** | **237,284** | **2,344** | **620** | **622** | **7.02** | **225,951** |

NB – the distributions of sugar are of stock left over when sugar was dropped from the ration and were to child headed households only.

Food provision continues to be supported by a number of donors including ECHO, the British, Finnish and German Red Cross Societies.

**Agricultural inputs for households of PLWHA to gain access to their minimal agricultural input needs**
Crops grown from agricultural inputs distributed in 2003-4 were harvested in March and April 2004. The success of these crops was a major contributing factor to the decision to scale down the food interventions to the level of a nutritional supplement. Plans for the agricultural inputs distributions for the 2003-4 rainy seasons are at an advanced stage. A more comprehensive basket of seeds will be provided, tailored for local needs in various parts of the country. Top dressing fertilizer will be provided in all HBC project areas as this has been shown to be the most cost effective means of increasing yields.

**Establishment of sound sustainable environmental services for 30,000 vulnerable people in two provinces in water supply, sanitation and hygiene promotion**
Water and sanitation activities are reported in a separate section below.

**People trained in first aid able to manage minor accidents and aliments in the home and to respond to disasters**
A total of 160 youths were trained in first aid in all the provinces.

**Reduced stigmatization, discrimination and isolation of PLWHA**
Midlands, Matabeleland South, Mashonaland Central and Manicaland provinces all collaborated with other agencies to conduct anti-stigma campaigns. Research into the provision of agricultural inputs demonstrated that PLWHA were able to collaborate with neighbours and family members to produce a meaningful harvest – sometimes sharing the crop in exchange for labour. This has helped them to re-integrate into their communities. There has been an increase in the number of people participating in the Zimbabwe Red Cross anti-stigma campaigns, indicating that the campaigns are not restricted to PLWHA only.

**Impact**
The health of HBC clients is generally being improved despite the difficult socio-economic environment in the country, suggesting that the safety net approach is working. Further research is planned to quantify the impact and build on people's positive coping strategies and best practice document w ill be published in 2005 on this issue.

**Constraints**
A growing number of vulnerable people (but not qualifying) are approaching the Red Cross in response to generalised food shortage or economic hardship, hoping to qualify for food distributions. This presents difficulties for managers in the field. The flow of funds to the field has sometimes been slow, as financial reporting does not always keep up with disbursement. The broad, disbursed and regular nature of the distributions requires that there is always a significant level of funding advanced to the national society. The rapid inflation within Zimbabwe has made budgeting very difficult and frequent revisions are required.

**Water and sanitation**
**Objective: Establishment of sound, sustainable environmental services for 30,000 vulnerable people in two provinces in water supply, sanitation and hygiene promotion**

The activities carried out in the first half of 2004 were implemented using money carried over from previous appeals. There was a lack of implementation of appeal activities in 2003 for two reasons; firstly the focus was on the implementation of the water and sanitation activities of the southern Africa food security operation and secondly, the Zimbabwe Red Cross was in the process of replacing their water and sanitation project manager. This resulted in a temporary lack of capacity in Zimbabwe Red Cross to implement water and sanitation projects. A new project manager was recruited at the end of 2003.

The projects supported by the Federation using funding from previous years appeals have now been completed. Project objectives and expected results have changed over the period of the project. This is due to that firstly, high real inflation; costs in Zimbabwe have gone from a low base to a level that is normal in the region. However the

original budgets were written when the costs were at a low level and thus as prices have risen the number of activities has been reduced. Secondly, the funding has been paying for salaries over a longer period than originally expected; this has had an effect on the number of funded activities.

Swedish Red Cross donated over CHF 40,000 to Zimbabwe Red Cross for water and sanitation in 2004. When the 2003 projects detailed below are completed, new projects proposals will be written for Mudzi district and possibly one other district (depending on the level of Federation supported funding). The Swedish Red Cross funding, any funds remaining from the projects outlined below, and any additional funds donated will be used in these new projects. Donors will be contacted for additional funding, if necessary, once these proposals have been written.

Zimbabwe Red Cross has applied through the British Red Cross to DFID for funding for water and sanitation interventions (as part of a larger food security project) for 2005. Funding for a four wheel drive Toyota land cruiser has been donated by British Red Cross and this will enable the national society to rehabilitate handpumps rather than subcontracting.

The regional delegation water and sanitation support programme provided significant assistance to Zimbabwe Red Cross in 2004. What is required now is to strengthen the capacity of Zimbabwe Red Cross to implement projects with reduced federation support especially in the hardware (engineering) area. There is a definite need to water and sanitation interventions as the government input into this sector has been massively reduced during the economic downturn in Zimbabwe.

**Progress/ Achievements**

This part of the report is against the project objectives and activities as detailed in the annual report for 2003 –the activities were carried forward from that time.

**Establishment of sound, sustainable environmental services for 20,000 vulnerable people in Mudzi and Rushinga districts by 2005 in water supply, sanitation and hygiene promotion**

All the hardware (latrines and boreholes) for this project has been completed and rehabilitations were completed this year. All of the software (community management and hygiene promotion) activities were also conducted. A baseline survey assessment has been carried out in Mudzi in preparation for the next project. The Rushinga part of the project has been closed down but Mudzi has been identified as an area that Zimbabwe Red Cross will be working for the long term. A HBC project was launched in Mudzi and future water and sanitation projects will work in an integrated manner with this operation.

**Establishment of sound, sustainable environmental services for 20,000 vulnerable people in Matobo district in Matebeleland South by 2005 in water supply, sanitation and hygiene programme**

The total number of latrines constructed was 250. The planned rehabilitation of 15 hand pumps and the community management and hygiene promotion associated with them have not been completed. The funding for these rehabilitations was coming from USAID, however all the USAID funding was used in Mudzi/ Rushinga as explained in the previous report. A total of 17 new boreholes were drilled and equipped with hand pump facilities. Thus the number of beneficiaries has been reduced to 10,000 people.

**Establishment of sound, sustainable environmental services for 3,000 vulnerable people in Masvingo District, Matebeleland South by 2005 in sanitation and hygiene programme**

A total of 200 latrines have been constructed to serve approximately 1,000 beneficiaries. The hygiene promotion activities were also conducted and project finished at the end of July.

**Establishment of sound, sustainable environmental services for 7,000 vulnerable people in Beitbridge District, Matebeleland South by 2005 in water supply, sanitation and hygiene programme.**
Of the three boreholes drilled and all of them were wet and one dry. The number of latrine construction was reduced to 50 and these latrines are in the process of construction at schools and health centres. The total number of beneficiaries will now be 2,000 and the project is expected to be finished at the end of December 2004.

**Impact**
Water, sanitation and hygiene promotion projects lead to improvements in health, and also save the beneficiaries' time and energy, thus enhancing livelihood opportunities. The long term impact can only be measured some time after the project end and if there has been an initial baseline survey. With effect from 2004 projects will start with a baseline survey and will be evaluated one year after project completion. Evaluations will measure, for example, are latrines being used and maintained hygienically and are hand pumps still functioning.

**Constraints**
The main reasons the 2003 projects was delayed were, firstly the extra demand on staff as a result of the southern Africa food security operation and an ECHO funded water and sanitation project that had a deadline that could not be altered.

## Disaster Management

**Goal: Communities are empowered and their capacities strengthened to predict, prevent and reduce the impact of disasters.**

**Objective: The Zimbabwe Red Cross systems and volunteers are strengthened to respond timely and effectively to disasters and rehabilitation of affected communities**

**Defined role for Zimbabwe Red Cross in national plan**
Zimbabwe Red Cross is the only non-state body to the civil protection unit – the national body which is responsible for responding to natural disasters. Zimbabwe Red Cross participates regularly in the meetings and planning process of this unit, at national and provincial level.

**Disaster management committees established in the eight provinces by end of 2004**
Since the development of provincial civil protection unit structures, the Zimbabwe Red Cross provincial offices have engaged with these rather than developing independent committees.

**Comprehensive disaster management plan put into operation by end of 2004**
This objective remains 'work in progress' and will be completed in 2005, building on the work of the civil protection unit. The national plan has been completed and is being reviewed to bring it into line with Federation strategies and national priorities.

**Contingency plans are in place for elections at national and local level.**
Draft plans were developed during the reporting period and are being refined towards the end of the year. Elections are planned for March 2005; Zimbabwe Red Cross has traditionally provided first aid services during voting.

**40 staff and 2,600 volunteers trained and available for deployment in disaster management by end of 2004**
At the end of the reporting period, 1,000 volunteers from all the districts were recruited, trained and available for deployment. The volunteer management system will be upgraded in 2005 to enable more effective management of these volunteers.

**Disaster management curriculum modules available in schools and colleges**
This activity is being spearheaded by Save the Children Fund (UK) in collaboration with the civil protection unit and the active participation of Zimbabwe Red Cross. From work completed in previous years, a certificate course in disaster management in now being offered by the National University of Science and Technology in Bulawayo (Zimbabwe).

**Vulnerable communities in four provinces empowered with sustainable strategies to prepare, respond and recover from effects of disasters by end of 2004**
This activity is being combined with the vulnerability capacity assessment (VCA) work reported below.

**Community-based disaster preparedness initiative established and benefiting the vulnerable communities by end of 2004**
VCA exercises were completed in Chimanimani and Chipinge in Manicaland province, and planned in Mwenezi and Chiredzi in Masvingo province. Follow up and feedback on the VCA conducted in Matobo district, Matabeleland South province was undertaken. Community-based initiatives are currently being planned for 2005.

**Community disaster awareness raised through community meetings, radio and television programmes**
Although no progress has been made through mass media, awareness campaigns through the HBC projects have been undertaken during food distributions.

**Pilot sustainable food security initiatives are in place in 2004 and rolled out during 2005-2007**
This activity has been delayed due to funding shortfalls and will be undertaken in late 2004 and early 2005. It is linked to the food and agriculture interventions under HBC and will be funded through those programmes.

**Impact**
The national society is gradually strengthening its preparedness capacities through training of staff and community empowerment. Zimbabwe Red Cross work in conducting VCA is becoming recognised nationally. There were no serious emergencies during the reporting period to demonstrate the level of preparedness of the national society.

Efforts to develop the safety net around the HBC programme have been fully integrated with the disaster management department at the headquarters. This has been shown to strengthen household resilience.

**Constraints**
The department has skeleton staff and is reliant on officers who have other programmes areas to support. This compromise the quality of work as priority is sometimes on other areas outside disaster management programme. This situation is under review as the national society develops a capacity building plan to support programme development.

## Humanitarian Values

**Goal: Awareness on humanitarian values is raised among all stakeholders corporate sector, diplomatic community and the general public.**

**Objective: Humanitarian values are well known by all in society and the Zimbabwe Red Cross is a highly regard humanitarian organization.**

Internal and external dissemination is essential to raise the profile of the national society to both internal and external stakeholders. It is also crucial for the national society to promote its image as a neutral humanitarian organization in a politically volatile environment. Zimbabwe will be holding elections early next year. It is imperative for the national society to promote the humanitarian values as the guiding principles for its operations.

**Progress/Achievements**
A fundraising golf tournament was held in July to raise funds as well as creating partnership with the corporate sector. It was attended by people from the private sector and the diplomatic community. The national society also took advantage of the exhibitions that took place during this reporting period, including the Zimbabwe International Book Fair, the Harare Agricultural show, and the Water Resources, Sanitation and Hygiene fair, to increase visibility of the Red Cross.

A dissemination workshop for the national society's governance and management was held in order to improve the understanding of the Red Cross principles. This was a way towards maintaining acceptable behaviour and conduct, and enhancing knowledge among its volunteers. It also provided the governance with knowledge and skills on how best to intervene on behalf of the organization during the forthcoming parliamentary elections and to facilitate delivery of service to vulnerable groups by the national society.

In addition, the national society had undergone provincial election process from March to May 2004. This saw a significant number of new office bearers among volunteer's structures being installed, such as in the provincial executive committees. In view of this a governance workshop was part of the orientation process for the new office bearers.

The production of new information materials on the projects of the national society has increased awareness on its services and programmes.

**Impact**
A high degree of interest and reorientation amongst volunteers and staff came from the discussion during the internal dissemination workshop. The Zimbabwe Red Cross volunteers and staff are more enlightened on the seven fundamental principles and have the capacity to disseminate to various stakeholders. There is more knowledge and awareness and the activities of the Zimbabwe Red Cross among the private sector.

**Constraints**
Limited funding continues to hamper the implementation of some of the planned activities. The cost of conducting workshops and producing promotional materials continue to escalate while budgetary provisions remain unchanged. In view of this, the national society was unable to conduct a second dissemination workshop for its staff.

## Organizational Development

**Goal: Zimbabwe Red Cross meets all the requirements and indicators of a well-functioning national society, which satisfies the humanitarian needs of the most vulnerable groups.**

**Objective: The capacity of Zimbabwe Red Cross to design and implement strategic direction is improved.**

**Zimbabwe Red Cross has an effective volunteer management system in place**
The national society requires increasing initiatives in organizational development in order to improve its capacities. These initiatives however, require funding and consultation in order to be successfully implemented. The national society also requires funding in order to meet all the objectives of its strategic plan 2000 - 2010, which addresses organizational development issues.

**Zimbabwe Red Cross has increased its financial resource base in both value and diversity**
The national society is focussing on diversifying its income base so as to improve its revenue. Despite the economic situation, there is considerable potential for the national society to generate income, if proper strategic business plans are put in place. Zimbabwe Red Cross has functional branches in place that are actively participating in project implementation. In support of branch development there has been an emphasis to link local branches with project activities. There is no direct funding to support branch development activities.

**Impact**
The linkage of branches to ongoing activities has increased visibility of the Red Cross at community level. The interaction promotes long lasting learning experiences, which can be diversified to any other projects which may be introduced in the future.

**Constraints**
The organisational activities are only realised within donor funded projects. Other needs outside have not received any attention due to inadequate funding for the national society's initiatives. However, capacity building activities are being considered under the integrated programme in health and care and supported by all partners.

## Coordination
Zimbabwe Red Cross has the lead in coordination issues, supported by the Federation delegation. A growing body of bilateral supporters are working to support the delivery of Zimbabwe Red Cross strategic objectives and programmes. All partners support the integration of programming, and a standard memorandum of understanding has been discussed and is under development.

Monthly coordination meetings hosted by the national society focus on strategic issues, while operational meetings conducted frequently ensure effective coordination between partners. In this way costs are minimised as the value of field trips and distributions are maximised.

*Contributions list below; click here to return to the title page and contact information.*

# Zimbabwe

ANNEX 1

**APPEAL No. 01.20/2004** **PLEDGES RECEIVED** 11/01/2005

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

## CASH

| | | | | | | TOTAL COVERAGE |
|---|---|---|---|---|---|---|
| REQUESTED IN APPEAL CHF ----------> | | | | **4,829,611** | | **64.6%** |
| CASH CARRIED FORWARD | | | | 449,639 | | |
| BRITISH -RC | | 20,000 | GBP | 45,720 | 27.10.04 | CAPITAL ITEMS |
| BRITISH - RC | | 588,235 | GBP | 1,344,705 | 28.10.04 | ZRC LIVELIHOODS PROGRAMME |
| FINNISH - GOVT | | 500,000 | EUR | 779,750 | 09.04.04 | |
| GERMAN - GOVT/RC | | 213,155 | EUR | 327,406 | 19.05.04 | PURCHASE OF CSB UNITS |
| NORWEGIAN - GOVT/RC | | 65,000 | NOK | 12,285 | 25.04.04 | ORGANISATIONAL DEVELOPMENT, DISASTER PREPAREDNESS/RESPONSE |
| SWEDISH - GOVT | | 250,000 | SEK | 42,125 | 20.04.04 | WATER SANITATION PHASE II |
| WFP | | 36,140 | USD | 45,670 | 23.11.04 | ZIMBABWE, DISTRIBUTION OF COMMODITIES |
| SUB/TOTAL RECEIVED IN CASH | | | | 3,047,300 | CHF | 63.1% |

## KIND AND SERVICES (INCLUDING PERSONNEL)

| DONOR | CATEGORY | QUANTITY | UNIT | VALUE CHF | DATE | COMMENT |
|---|---|---|---|---|---|---|
| GREAT BRITAIN | DELEGATES | | | 73,200 | | |
| Note: due to systems upgrades in process, contributions in kind and services may be incomplete. | | | | | | |
| SUB/TOTAL RECEIVED IN KIND/SERVICES | | | | 73,200 | CHF | 1.5% |

## ADDITIONAL TO APPEAL BUDGET

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