

Appeal 2005



ANGOLA

Appeal no. 05AA008

The International Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. The Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 181 countries. All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project.

This document reflects a range of programmes, objectives, and related activities to be implemented in 2005, and the corresponding funding requirements. These are based upon the broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products are either available through hyperlinks in the text, or can be requested through the respective regional department.

For further information please contact the Federation Secretariat, Africa Department: Terry Carney, Regional Officer for Southern Africa, email terry.carney@ifrc.org, phone 41.22.730.42.98. Please also refer to the full contact list at the end of this Appeal, or access the Federation website at <http://www.ifrc.org>

Click on the title below to go to the relevant text; click on the figure to go to the programme budget

Programme title	2005 in CHF
Strengthening the national society	
Health and care	586,844
Disaster management	98,175
Organizational development	427,407
Total	1,112,426¹

¹ USD 883,600 or EUR 716,500.

National Context

Angola is recovering from a devastating 28 year civil war that began shortly before the nation achieved independence from Portugal in 1975. Angola's civil war ravaged all sectors of the country's economy, destroyed much of its infrastructure, and displaced an estimated 4 million people. After the failure of several previous attempts to find peace, an agreement was finally signed in April 2002 following the death of the leader of National Union for the Total Independence of Angola (UNITA). Despite the new agreement, as the year 2004 began, the crucial disarmament and demobilization provisions of the agreement had not yet been fully implemented.



Although national reconciliation and consolidation of peace are now moving the country towards stability and development, the country is currently faced with a huge challenge of reviving its socio-economic structures. With the dilapidated state of its infrastructure, it will certainly take a much longer period for the country to recover economically.

This situation may see the country relying on foreign governments and humanitarian aid as the majority of Angola's 13.2 million people live in poverty. More than 3.8 million war-affected Angolans resettled or returned to their areas of origin during 2003. Some 70% of returnees resettled without any aid from local authorities or humanitarian organizations in areas where conditions fell well below standards outlined in the government's norms for the resettlement of displaced populations.

Humanitarian Outlook

In planning for 2004, humanitarian agency prioritized the elimination of "emergency pockets", defined as concentrations of populations with critical needs. Reports from the provinces confirm that, with only a few exceptions, "emergency pockets" no longer exist. The situation however, is still precarious for an estimated 1.2 million people living in inaccessible areas. In addition, more than two million Angolans were in dire need of assistance. Although the conditions for returnees have stabilized in areas where assistance is being provided, hundreds of thousands are only temporarily resettled, more than half a million are in camps and temporary resettlement areas and some 400,000 with host families in towns and cities. Another 350,000 people are still refugees in neighbouring countries. Angola today has the highest level of internally displaced in the world.

Approximately 60,000 persons are amputated because of land mine accidents. Some 40% of Angola, particularly the provinces of Moxico, Kuando Kubango, Bie and Malanje, is considered to be heavily mined, meaning that agricultural production is very low leading to continued dependency on external aid.

The food and health situation of large sections of the Angolan population is catastrophic. Less than 50% of the population has access to basic health services; only 38% have access to clean drinking water. Many thousand Angolans die every year as a result of easily curable diseases such as malaria, diarrhoea or respiratory infections. Similarly, meningitis, TB and worms are widespread. Some 35%

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of the population is partly or completely dependent on food aid. Infant mortality (under fives) is the third highest in the world. According to the statistics, a child dies every three minutes. Mortality rates during childbirth are also high due to the lack of medical facilities. According to United Nations figures, average life expectancy in Angola has reduced from 44.6 years to 40.1 years in the last two to three years, whilst the HIV/AIDS prevalence rate in adults is pegged at 3.9%. Less than 10% of the country's young population has knowledge about HIV/AIDS transmission.

Human Development Indicators at a Glance

Category	Angola	Sub-Saharan Africa	World
Total population (millions)	13.2	641.0	6,225.0
GDP per capita (USD)	857	469	5,174
Life expectancy at birth (years): Female - Male	41.5 - 38.8	n.a.	n.a.
Infant mortality rate, per 1,000 live births	154	108	56
Maternal mortality per 100,000 live births (adjusted ratio)(2000)	1,700	n.a.	n.a.
Population (%) with sustainable access to an improved water source (2000)	38	57	82
HIV prevalence (% , ages 15-49) (2003)	3.9	7.7	1.1
Adult literacy rate (% , ages 15 and above): Female - Male	n.a.	n.a.	n.a.

Source: UNDP Human Development Report, July 2004: Human Development Index (pages 139-250). Refer to http://hdr.undp.org/reports/global/2004/pdf/hdr04_HDI.pdf Data is 2002 unless noted above.

Political and Economic Outlook

The successful conclusion of the congress of the main opposition party, UNITA, in June 2003 in which a new president was elected may make way for elections which are scheduled for not later than 2005. This however, can be viewed as a good sign towards consolidating parliamentary democracy. Although national reconciliation and consolidation of peace are now moving the country towards stability and development, the country is currently faced with a huge challenge of reviving its socio-economic structures.

The Angolan economy is highly dependent on oil and mining sector, which accounts for nearly half of GDP and about 90% of the government's revenues and export earnings. Angola's real GDP grew by 15.3% in 2002, due mainly to a sharp increase in oil production, and continued to grow at an estimated 4.4% annual rate during 2003. The country's external debt is estimated to have been USD 9.9 billion at the end of 2002. In 2003, inflation reached an estimated 106%, a continuing improvement over the 152.5% inflation rate in 2001 and the 325% inflation rate in 2000.

With only very limited domestic production, Angola is importing most commodities including food of which a substantial amount is in the form of food assistance. A joint FAO/WFP assessment mission in July 2003 concluded that 'the country's agricultural potential, coupled with the return of farmers to their land, is likely to improve the food situation rapidly if favourable climatic conditions continue'. The mission, further, stated that 'it is possible that, in the near future, Angola will no longer need food assistance from abroad and will even be capable of keeping strategic stock of food for any eventual crisis or natural disaster.' However, there is still much to be done in terms of agricultural rehabilitation and development'.

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For reference, the table below lists standard abbreviations and references used in this Appeal.

CAS – Cooperation Agreement Strategies	OVC – Orphans and other vulnerable children
HBC – Home-based care	PLWHA - Persons living with HIV/AIDS
IDP – Internally-displaced persons	PNS - Partner National Society(ies)
IEC – Information, Education, Communication	STI / STD - Sexually-transmitted infections / diseases
Movement - International Red Cross and Red Crescent Movement.	UXO – Unexploded ordinance
	VCA - Vulnerability and capacity assessment
ARCHI 2010 – refer to http://www.ifrc.org/what/health/archi/	
ERU – Emergency Response Unit(s) Refer to http://www.ifrc.org/what/disasters/eru/	
FACT – Field Assessment and Coordination Team(s). Refer to http://www.ifrc.org/what/disasters/fact/	
Strategy 2010 – refer to http://www.ifrc.org/who/strategy.asp	
Ouagadougou Declaration – refer to http://www.ifrc.org/meetings/regional/africa/5thpac/5thpacde.asp	
Seville Agreement – refer to http://www.ifrc.org/meetings/statutory/ga/ga97/ga_97_8.asp	

Red Cross and Red Crescent Priorities

National Society Strategy/Programme Priorities:

There is a strong call from UN agencies, NGO, the government and Movement partners in Angola for a national organization such as Angola Red Cross² to assist the vulnerable communities within key sectors such as mine awareness, communities-based health and basic social services and HIV/AIDS prevention. There is need to render assistance where official service delivery is faltering and in mobilizing the communities' own capacity to cope. The main challenge the national society is facing is in strengthening the capacity and establishing efficient communication between headquarters and the provinces in order to ensure coherent programmes at national level. Angola Red Cross could play a vital role in consolidating the transition processes that Angola is currently facing. Some of the institutional difficulties Angola Red Cross is struggling with at the moment are a reflection of what is happening in the society.

The Angola Red Cross has a defined road map, programmes and projects to address the needs of the vulnerable people as well as to strengthen the organizational capacity to becoming a well-functioning national society. In its strategic plan for the period 2000-2004, Angola Red Cross defines its overall goal to be, "to help improve the quality of life of the most vulnerable, thus helping to alleviate human suffering where it exists". The plan also highlighted the following objectives and programme priorities for the national society:

- Help improve the capacity of the most vulnerable people, by facilitating their development, particularly in the promotion of better health and in the improvement of their social conditions, with emphasis on communities based health and basic social services, HIV/AIDS and mine awareness, and
- Develop Angola Red Cross into a capable, strong and independent national society.

Whilst it becomes clear that Angola Red Cross must take full responsibility for its own development, it requires at the same time explicit commitment from the Movement to support the national society to implement effective service delivery, capacity building and organizational development as outlined by the Federation Strategy 2010.

² Angola Red Cross - <http://www.ifrc.org/where/country/check.asp?countryid=18>

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Movement Context:

The Angola Red Cross has not yet developed a CAS but has a strategic plan that was finalized at the end of 2002.

Apart from the Federation and ICRC, the national society has a few active partnerships. The Angola Red Cross has a good relationship with the government and some funds are received for the running of the truck, rent and clinics, staff salaries and for the purchasing of drugs in some provinces.

The Danish Red Cross and the Norwegian Red Cross, after a joint assessment mission to Angola in 2003, decided to support the health activities and related capacity building efforts, albeit initially on limited scale through the Federation Secretariat. Other partner PNS such as, the American Red Cross, Netherlands Red Cross and the Swedish Red Cross continue supporting different activities and programmes of Angola Red Cross.

The French Red Cross, at the end of 2002, embarked upon a community health project, initially for the rehabilitation and construction of three health centres and health posts in the province of Huambo. The project has been expanded to cover another three health centres and posts. This assistance to the population in six different municipalities will end in May 2004. A general bilateral CAS was signed in 2003 between Angola Red Cross and French Red Cross; during 2004 French Red Cross provided additional support for the other projects in HIV/AIDS activities for the same province.

The Spanish Red Cross has a long standing bilateral partnership with Angola Red Cross, mainly in the health sector, including a HIV/AIDS community awareness programme and a post-conflict health and sanitation services rehabilitation project. In addition, the Spanish Red Cross is supporting two social welfare projects, one for the social integration of war-affected children in Bie province and the other for the social and professional integration of handicapped in Luanda province. The Spanish Red Cross also supports a food security programme, including distribution of seeds, maize meal and tools to 14,000 families in the areas of Benguela province. The creation of a community managed food stock system is underway, and in the same time rehabilitated and construction of three health post in Bie province. Geographically, the Spanish Red Cross support is focused in the provinces of Bengo, Benguela, Bié and Luanda.

The ICRC is shifting its operational focus from assistance to protection, with great emphasis on the national tracing and family reunification and the mine action programme. In relation to the former, in which there is a very good cooperation with Angola Red Cross, there are 137 tracing 'antennas' established by the ICRC and Angola Red Cross, covering the country. The ICRC is supporting Angola Red Cross in running awareness programmes in two provinces. This added capacity of Angola Red Cross could be valuable in the future for its branch development process, including disaster preparedness, disaster response, dissemination and volunteer management, leading to the strengthening of local and provincial governance. The ICRC is, further, considering cooperation with and support to Angola Red Cross in the dissemination of the International Red Cross and Red Crescent Movement and International Humanitarian Law.

WHO supported Angola Red Cross in implementing HIV/AIDS projects in Kuando Kubango and Uiges provinces. USAID is supporting Angola Red Cross with 300,000 condoms quarterly in 2004. Exxo-Movil through American Red Cross is supporting Angola Red Cross in malaria prevention activities.

Strengthening the National Society

Health and Care

Community-Based Health Services

Background and Achievements

Angola Red Cross has a long experience of operating basic health posts. The national society operates 20 health posts in peri-urban and rural areas of the country. The health posts provide basic health care to vulnerable communities in the following areas; antenatal services, immunization of children aged below five years, family planning, consultation of patients, dispensing of drugs and follow-up visits to patients in the community. Among the health posts, ICRC supported seven until 2003; Spanish Red Cross supported one until the end of March 2003. The Federation, at intervals according to availability of funds, has supported the remaining 12. It was planned that some of the health posts, including those ICRC had supported were to be handed over to the Ministry of Health this year. This has been delayed due to lack of government capacity to absorb the health posts.

The Federation intends to support the national society to reach about 150,000 households in three provinces through community-based health services in 2005. Activities will be essentially focused on strengthening the provision of basic health services at the health posts during the transition process of handing over some of those health posts to the Ministry of Health. This is in addition to reinforcing community-based health care by using and promoting the Federation ARCHI methodology and tool kits for all health activities at the community level.

The provision of community-based health care will include activities in health education, mother and child health care, safe water, sanitation, and hygiene and HIV/AIDS prevention, building upon and expanding the national society's capacity and volunteer base. In order to ensure an effective, efficient and integrated health programme, coordination and integration with disaster preparedness and branch development will be encouraged.

With the enormous needs for health care services in the country, particularly in the remote rural areas, the national society has an important role to play to assist the most vulnerable communities. The Federation will focus its efforts on assisting the national society to scale up its activities by training personnel, encouraging the drafting of project proposals for fund-raising, and encouraging Angola Red Cross to work in partnership with other relevant stakeholders.

Goal: Sustainable improvement in the general health conditions of vulnerable communities, whilst building and expanding upon national society capacity and volunteer system in the entire country.

Objective: National society basic health care provision in three provinces to targeted communities surrounding national society health posts (with emphasis on returnees population) is improved and contributes to the mitigation of priority health problems.

Expected Results

- 150,000 households have received information about general health education and common disease control activities.
- The national society is an active member of the Inter-agency Coordination Committee and related coordination bodies.
- 200 midwives effectively cover target population.
- Volunteers mobilize target population for immunization.

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- 150,000 households have received information about the use of mosquito nets and community malaria prevention activities.
- 20,000 families with children aged below five years and/or pregnant women sleeping under a mosquito net.
- 150,000 households (men and women aged 14-25 years) received information on reproductive health with especial emphasis on pregnancy.
- 150,000 households have received education on family planning and childhood illnesses
- 150,000 households informed about the use of and access to condoms
- The national society capacity in the provision of sustainable water and sanitation (WatSan) services is increased.
- Increased ability of the national society to implement community-based WatSan and hygiene promotion interventions.
- 150,000 households are informed about the importance of safe drinking water.
- 150,000 households are informed about the proper use of latrines.
- 150,000 households are visited and provided with hygiene education.
- 150,000 households have education in diarrhoea management, food storage and preparation.

<Refer to the Logical Framework Planning Matrix : Angola Community Health>
http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/africa05AA008HC.pdf

HIV/AIDS

Background and Achievements

Since 1996, Angola Red Cross has developed a strategy for its HIV/AIDS programme, focusing mainly on IEC to promote awareness about HIV/AIDS transmission. The national society drew up a detailed work plan for its programme and finalized in 1999 a five-year HIV/AIDS country plan (2000-2005), in line with the Ouagadougou Declaration. Since 2002, the national society has been implementing HIV/AIDS prevention interventions supported financially by the ICRC, the Spanish Red Cross and the Federation. ICRC stopped its financial support at the end of 2002. Despite the current financial constraints experienced by the national society, the HIV/AIDS activities are continuing in nine provinces.

In 2003, with support from a regional funding, HIV/AIDS prevention projects were initiated in five provinces. Approximate 250 volunteers have been trained to disseminate HIV/AIDS information targeting the military and police, school children, sex workers and long-distance drivers. Prevention activities include information, dissemination, condom distribution and advocacy for PLWHA aimed at reducing stigma and discrimination. This information is disseminated through drama, pamphlets and talk shows.

The national society has learned that prevention interventions that target specific groups of people have more impact than general interventions.

This approach shall be consolidated during the following years and there are plans for 2005 to scale up and implement a home-based care programme for PLWHA and OVC in one province. This will include prevention, food security and protection of OVC.

Approximately two-thirds of the HIV/AIDS 2005 budget will be received through the consortium funds for the regional HIV/AIDS programme.

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The Federation regional HIV/AIDS support team will continue to provide technical support to the national society project in the form of monitoring and support visits and training. The funding for this support is in the regional budget.

Goal: Sustainable improvement in health and well being of targeted vulnerable populations.

Objective: 600,000 people reached through an extended prevention programme, 100 OVC and 100 clients provided with care and support through the new pilot home based care project.

Expected Results

- Awareness has been raised and information disseminated on HIV/AIDS prevention to 600,000 people.
- 100 chronically ill persons in one province are identified and have received HBC services.
- 100 OVC identified in one province have received material, educational, psychological and social support.
- The capacity of provincial offices to implement and evaluate HIV/AIDS activities is improved.
- The national society is recognized both nationally and internationally as a key actor in the fight against HIV/AIDS, through advocacy and communications strategies directed at media and authorities.

<Refer to the Logical Framework Planning Matrix : Angola Health-HIV/AIDS>
http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/africa05AA008HH.pdf

Disaster Management

Background and Achievements

The humanitarian crisis in Angola is directly linked to population upheavals caused by the country's prolonged civil war. This has forced approximately 60% of the population to live in urban areas compared to 15% in 1970. The government has, since the ceasefire in April 2002, set up transit centres for the displaced population wishing to be resettled either in their areas of origin or other areas of preference.

Land mines and UXO are some of the most serious consequences of the prolonged civil war in Angola; they pose a significant threat and serious constraints for both the humanitarian workers and for the IDP and, of course, severely limiting the amount of arable land available. Based on assessments made, there are probably between six and seven million land mines laid, equivalent to one land mine for every two people of the country's population. Angola Red Cross has been implementing a mine awareness programme since 1998, with Federation support, in Benguela, Cunene and Malange provinces. A total of 135 volunteers were trained in these provinces: 60 in Cunene, 60 in Benguela, and 15 in Malange. Since 2002 this programme has been implemented with ICRC support in the two provinces of Benguela and Bié.

During the coming years, Angola Red Cross will concentrate on revising its disaster management policy and contingency plans thus defining its role in the disaster management context. In strengthening the national society capacity in disaster management, capacity building will include training of 70 people in basic disaster management, 280 volunteers in first aid, 70 people as national disaster response teams and 25 VCA trainers. The Angola Red Cross will continue with mine awareness programme in schools and communities in accordance with the identified needs and the capacity of the respective provinces.

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Goal: The vulnerability of people affected by disasters is reduced.

Objective: The vulnerability of targeted communities is improved through implementation of disaster prevention, preparedness and response strategies.

Expected Results

- Improved quality of service in the community-based landmine awareness and education programme in seven provinces.
- Improved national society's disaster preparedness and response through capacity building of staff and volunteers.
- VCA conducted in one province and needs established by November 2005.

<Refer to the Logical Framework Planning Matrix: Angola Disaster Management>
http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA008DM.pdf

Organizational Development

Background and Achievements

The Angola Red Cross has a provincial branch in each of the country's 18 provinces and several local and division structures in most of the provinces. There is high level of commitment among the majority of field staff; however, they have not been adequately nurtured through timely training and support.

Due to a number of reasons, the headquarters of Angola Red Cross has not been able to function as the central executive body in the recent years. Part of the planning process is carried out in direct consultations between partners and concerned provinces without the involvement of the headquarters. Similarly, project agreements between partners and Angola Red Cross are signed at province level and funds are in principle handled by the partners. Communication between the provincial offices and the headquarters is strenuous. There have not been permanent finance staff at the national society and finance records for 2000-2003 must be closed and audited. An audit is required prior to the holding of the General Assembly planned for 2005.

In order to reinforce Angola Red Cross, organizational development work will initially focus on improving the governance and management capacities at both headquarter and provincial branch levels. Additionally, the national society will initiate the formulation of a development plan based on accurate picture of the humanitarian situation in country and an assessment of the capacity and aspiration of the national society. This is aimed at ensuring a strong national society that delivers quality services to most vulnerable communities, fulfilling its role as auxiliary to government in humanitarian activities.

Goal: Angola Red Cross is a well-functioning national society and is recognized and respected as a key national actor in the humanitarian sector, first and foremost by the Angolan people themselves and by the government, and other local and international humanitarian agencies.

Objective: The governance and management capacities of Angola Red Cross at both headquarter and provincial branch levels are strengthened, so as to meet the new emerging development needs and delivers quality services to most vulnerable communities to fulfil its role as auxiliary to government in humanitarian activities.

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Expected Results

- Angola Red Cross has established an appropriate and affordable organizational structure.
- The finance and administrative department has been able to introduce improvements in the financial management.
- Communication and coordination between national, provincial and branch levels has been developed and is functioning effectively.
- Angola Red Cross has embarked upon the process to establish a strategic, longer-term, national development plan.
- Angola Red Cross human resource structure, salary system and performance development system have been defined and designed, and are being implemented.

<Refer to the Logical Framework Planning Matrix : Angola Organizational Development>
http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/africa05AA008OD.pdf

Coordination, Cooperation, and Strategic Partnerships Representation, Implementation and Management

Since the re-establishment of the Federation delegation in Angola in 2002, there has been active coordination and increased cooperation between the Movement's partners present in Angola. In collaboration with Angola Red Cross, the delegation maintains regular contacts with current and potential external partners encouraging coordination and cooperation. The CAS process has been re-activated following the April 2002 partnership meeting and is now being intensified through the current increased interest in cooperation. A first version of CAS is expected to be available by the end of year 2005 and the Federation intends to devote sufficient resources to develop, finalize and manage the process.

Effective Representation and Advocacy

The Federation will endeavour to represent, promote and enhance visibility of the work of the Red Cross, in particular, highlighting service delivery and advocacy roles in favour of the most vulnerable. The Federation will attempt to influence the humanitarian agenda by identifying critical issues and developing and advocating ideas and solutions as appropriate.

The already established contacts with government agencies, diplomatic missions, international organizations, NGOs and media organizations in Angola will be nurtured and consolidated. The Federation in-country presence will support the Red Cross profile; strengthen partnership opportunities and promoting the Movement policies.

The above-mentioned areas of representation, will be led by the Federation delegation but will also be achieved partly by the national society with the delegation's support and guidance so as to build the capacity within Angola Red Cross to advocate, communicate and establish their own external relations, including the critical relationship with their own governments. It is anticipated that the ICRC will support the development of the dissemination and communication activities of Angola Red Cross, thus enabling the national society to become more active in the promotion of humanitarian values.

Delegation management

In November 2002, the Federation re-established its country delegation in Angola. Since then, the Federation has been working with Angola Red Cross, specifically in the areas of organizational development with emphasis on finance development, and health and care with emphasis on improved

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planning and increased coordination and networking with both relevant government agencies and other humanitarian organizations. With a small team of a delegate and locally recruited administrative, finance and support staff and regional support, the delegation in Angola is focusing its attention on Angola Red Cross capacity and performance within an integrated framework.

The Federation Regional Delegation in Harare has been working closely with and supporting the Angola delegation, in particular in the period January 2001 to September 2004. Given the size of this Appeal and, in particular, the current capacity building challenges and expected future activities in Angola, it is critical to ensure a strong, adequate and longer-term in-country presence of the Federation.

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BUDGET 2005

PROGRAMME BUDGETS SUMMARY

Appeal no.: 05AA008

Name: ANGOLA

PROGRAMME:	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	0	0	0	0	0
Clothing & textiles	127,187	0	0	0	0	0	127,187
Food	0	0	0	0	0	0	0
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & first aid	25,644	0	0	0	0	0	25,644
Teaching materials	19,845	0	0	0	0	0	19,845
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	8,432	0	0	0	0	0	8,432
SUPPLIES	181,108	0	0	0	0	0	181,108
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & telecom	0	0	0	0	0	0	0
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	0	0	0	0	0	0	0
Warehouse & Distribution	3,500	0	0	0	0	0	3,500
Transport & Vehicules	13,912	0	0	5,890	0	0	19,802
TRANSPORT & STORAGE	17,412	0	0	5,890	0	0	23,302
Programme Support	38,145	6,381	0	27,781	0	0	72,307
PROGRAMME SUPPORT	38,145	6,381	0	27,781	0	0	72,307
Personnel-delegates	48,800	0	0	116,000	0	0	164,800
Personnel-national staff	147,586	0	0	122,950	0	0	270,535
Consultants	3,372	0	0	0	0	0	3,372
PERSONNEL	199,758	0	0	238,950	0	0	438,707
W/shops & Training	42,435	61,000	0	48,280	0	0	151,715
WORKSHOPS & TRAINING	42,435	61,000	0	48,280	0	0	151,715
Travel & related expenses	9,090	7,260	0	16,280	0	0	32,630
Information	25,936	16,500	0	6,890	0	0	49,326
Other General costs	72,960	7,034	0	83,336	0	0	163,330
GENERAL EXPENSES	107,986	30,794	0	106,506	0	0	245,286
TOTAL BUDGET:	586,844	98,175	0	427,407	0	0	1,112,426