

# 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

## AFGHANISTAN

27 August 2001

*Appeal No. 01.34/2001*

*Appeal Target CHF 7,819,724*

*Programme Update No. 2 Period covered: 01 April - 30 June, 2001 (Programme Update No. 1, issued 28 June, 2001)*

### “At a Glance”

*Appeal coverage: 39.1%*

*Outstanding needs: CHF 4,763,222*

*Update: The response to the Appeal 2001 for the Afghanistan programme has been modest. Further funding is still sought. Nevertheless, considerable progress has been made in the country in several programmes, particularly health where the role of volunteers has been crucial.*

### **Operational Developments:**

The continuing drought and ongoing, to some extent intensified, conflict in the country has done more harm to Afghans. The rains of the winter season were not sufficient in most parts of the country. Consequently, internal displacement in the western and northern regions increased considerably in the period. In most parts of the country, people also continue to cross the border into Pakistan and Iran due to war and drought. In Kandahar region a mass movement of people has been avoided. However, those people who have now been displaced for more than a year are at the limit of their coping mechanisms and used their assets, and are more at risk than before.

Security in Herat city was shattered following the assassination of a pro-Taliban Iranian dissident killed among six people in one of the Suni mosques. This sparked off violent demonstrations against the Iranian Embassy building in the city that led to evacuation of embassy staff. Several Shia mosques were subsequently attacked. Local authorities called for calm but the situation remained tense for some time.

In southern provinces the situation stays mainly calm, although in Helmand province a few incidents took place. In May, in different parts of the country various signs of a tightening grip by the Ministry of

Promotion of the Virtue and Prevention of Vice were witnessed. New restrictions were announced, hampering certain aid activities and causing some instability. Federation activities were not affected.

## ***Disaster Response***

### **Objective 1 - to further monitor the impact of the drought**

#### *Assessment in Ghor Province*

A one month joint ICRC/Federation assessment in Ghor province - one of the worst drought affected areas in Afghanistan - was completed mid-April. Two teams, comprised of nutrition, health and agricultural specialists from both organisations, assessed the situation in 25 different villages in five of the province's seven districts then evaluated the health and economic security needs and the nutritional situation for the year 2001. The population in Ghor is estimated at 80,000 - 90,000 households.

The assessment found that acute malnutrition was low but there were the following worrying signs:

- the population in five of the seven districts was significantly decapitalised (95%),
- livestock numbers had decreased 50-90%,
- up to half of the water sources had dried up,
- minimal arable land was under cultivation (20%),
- prices were rising (50%),
- food stocks were depleted 50-85%
- an estimated 25% of households had left due to conflict and drought, settling in camps in Herat, or moving to Helmand, Nimrooz or Iran.

The situation warrants an immediate food support to the population to allow it remain without risking starvation.

#### *Assessment in Helmand Registan, Garmser district*

In April, the ICRC, Federation and Afghan Red Crescent Society also conducted an assessment in a part of the Registan desert, Helmand, Garmser district. The desert is home to one of the worst affected groups, the Baluch, who live scattered in 40,000 km<sup>2</sup> of desert through the southern parts of Kandahar, Helmand and Nimrooz provinces.

The main reason for the assessment was to analyse the conditions in the areas of origin of the internally displaced people (IDPs) living along the Arghandab and Helmand rivers. The ARCS/Federation conducted an assessment at the end of 2000 - at that time about 2,500 Baluch families were found to be displaced from the desert in the spring 2000. These families received shelter aid in January 2001. A follow-up of the situation was the second objective.

The findings were:

- an estimated 1,500 families remained in the desert. Many had moved to settlements along rivers and others to Pakistan.
- winter rains were an estimated 25% of the average and brought little relief to communities or the environment. It was insufficient to generate proper pastures and refill traditional water reservoirs.
- the almost total loss of livestock was the main concern. Consequently, IDPs cannot return to their homes, and migration remains in a south-north direction. It is unlikely that they can return to the desert before the winter 2002, the start of the next rainy season.

The nutritional status of most IDPs seems still to be reasonable, but can change. Their coping mechanisms have probably reached their limits. The World Food Program (WFP) responded positively to the concerns raised based on the findings and started food distribution to the IDPs in the identified locations. Further assistance is under consideration.

#### *Assessment of water and sanitation assessment in Maslakh camp, Herat*

A technical water and sanitation assessment by both ICRC and Federation water engineers and Federation's drought health delegate took place early June, in Herat's Maslakh camp. Although water and sanitation is a priority during the hot summer months when risks for spread of communicable diseases increase, at present the relief organisations working in the camp should be able to cover the current needs.

#### *Nutritional surveillance - southern/southwestern region*

The food security and nutritional status of people continues to be a concern. Rapid screening of the nutritional status of children has been done systematically as from January through 30 June 2001 by applying MUAC (Mid Upper Arm Circumference measurement) to those children presented to the mobile health teams because of illnesses or for vaccination; results differ significantly from one area to another.

The most worrying results were found in May/June 2001 in Shamulzai district of Zabul province, where the severe malnutrition recorded was as high as average 8.6% (166/1,923, MUAC under 11 cms) while 1.4% of the sample group represented oedema (in some villages up to 18% of the children). The sample group from 66 villages included 1,923 children under five, who were screened during a mass immunisation against measles. For the 16 villages where there were measles cases reported this year, 71/682 (10.4%) children had MUAC <11 cms, while in the 50 villages where no cases of measles were reported this year, 95/1241 (7.74%) had MUAC <11 cm; the children from villages where measles was present, or had been reported earlier in the year, were more likely to have a MUAC of <11 centimetres.

Also a cause of concern is the situation in Khas Uruzgan district of Uruzgan province, where the proportion of children in normal nutritional status is around 50%, and severe malnutrition, ranges from 3.1 - 7.8%. In this district though, the measurement is done only on a limited scale. Another area of concern is Maruf district of Kandahar province with severe malnutrition systematically above 4%, with 20% - 30% of the children at risk.

In most other operational areas, the results reflect those of other organisations, such as MSF-H, that 74-80% of children have normal nutritional status, around 20% are at risk or moderately malnourished, and between 1 to 4% are severely malnourished. In Farah province the severe malnutrition rates varied from 1.4% - 2.1% and Nimrooz province from 0.9% - 1.8%.

#### MUAC Results May-June 2001 (only):

Location	Normal	Risk	Severe	Oedema	No of children	
Kandahar, Maruf	62.9%	33%	4.4%	0.00	539	
Zabul, Shamulzai	77%	14.4%	8.6%	1.4%	1'923	(78% of target)
Uruzgan , Khas Uruzgan	51.1%	45.8%	3.1%	0.00	356	
Farah, Khaki-Safid	91.8%	6.3%	2.1%	0.00	459	
Nimrooz, Chakansur	82%	17%	0.9%	0.00	427	

Without baseline data, it is difficult to determine how acute the situation is. There are no reports of deaths caused directly by starvation - unlike measles - from the communities where the health teams work. Information sharing with other organisations continues. Further analysis of the data obtained is still necessary before a next step can be determined.

#### *Village information*

The five mobile health teams continued collecting data from the villages visited. Information is based on observations and informal discussions among villagers. Until now the data of 144 villages has been processed: about 70% of the villages report people moving to places inside or outside Afghanistan. It is not very clear what percentage of this migration is seasonal and traditional, and what directly drought induced, but drought and poverty is mentioned often as a reason to leave.

People reported causes for health related problems as lack of health care (43.2% of villages), lack of

potable water (13.6%), lack of food (13.6%), and different diseases. Access to health care is extremely difficult; only 18.6% of villages are within less than two hours walking distance from any clinic, including private sector services (e.g. drug shops). Traditional Birth Attendants were found only in 5.6% of places. Polio national immunisation days (NID) - the last in 2000 - covered 95% of villages. A reduction of available food has been reported from 86% of the villages. Loss of livestock was reported from 80% of areas and cultivated land was clearly less than previous year.

*Recruitment and training of community based first aid (CBFA) volunteers.*

Between 1 April and 30 June, ARCS recruited 347 volunteers from 11 districts in Ghor, Nimrooz, Helmand, Uruzgan and Zabul provinces. All volunteers received training in health education, water and sanitation, first aid, disaster preparedness and the ARCS and RC/RC Movement. By the end of June, the total number of volunteers trained under the emergency programme reached 1,156 from 34 districts, or 80% of the target. Volunteers have assisted in general community problems. Nearly half of the trained volunteers attended follow-up meetings with the CBFA trainers and received refresher courses on personal hygiene, safe drinking water and fractures as well as having the opportunity to refill their first aid bags when needed.

**Objective number 2 - to provide preventive and curative community health care to vulnerable communities, especially women and children, in the drought stricken areas**

*Curative health services*

The teams served a total of 22,459 patients. This makes the total number of patients treated by the five teams since their inception 58,206 - well over the initial target of 35,000. The disease pattern is mostly similar to one seen in other areas in the country and seems not specific drought related.

Age and gender distribution: 17% were children under 5 years of age, 19% between 5 and 15 years, 37% were female adults and 27% male adults; approximately the normal gender/age distribution in Afghanistan.

The ARCS CBFA volunteers handled 3,094 first aid cases in their villages during April, May and June. Since the beginning of the year, 3,554 cases has been reported.

*Morbidity*

The respiratory infections (common cold, bronchitis, pneumonia, throat infections) continued to be prevalent. Gastroenteric acute diseases; diarrhoea, and worms are ongoing problems and the seasonal increase of diarrhoea was seen in June. In some other locations outbreaks have been announced, but no cholera has been found.

Instead both measles and whooping cough were present. A significant effort has been made to improve the low measles vaccination coverage in the region in which the ARCS health teams take part in Kandahar, Zabul, and Uruzgan. Measles deaths have occurred in several locations.

All in all in the course of the past eleven months the most common diseases were worm infestation, aches and pains, gastritis, diarrhoea, arthritis, urinary track infection, dysentery, bronchitis, throat infection and anaemia.

*Health education and preventive health care*

The vaccination has been part of the daily programme of three of the teams since April except when no vaccinators, vaccines, or syringes were available which had to be provided by the Ministry of Public Health (MoPH). The Kandahar team finished the third round of EPI vaccines in Maruf, continued afterwards with the provision of measles and BCG vaccines, and covered a cluster of IDP camps in Regwa with EPI.

The Zabul team had the most difficulty at the beginning, because of problems in the co-operation with the Regional MoPH and related to personnel. Eventually, the problems were settled by concentrating on the measles vaccination that could be done by the ARCS team members alone. Communities

appreciated during a rampant measles outbreaks. In total 3,109 children (up to 15 years of age) were immunized in 67 villages.

The Kandahar team, during the third round in Maruf gave 1,183 vaccines to 488 children and 88 Tetanus antigens (TT) to women (age group 15 - 45 years), in 13 villages. 75% of those women who received TT1 came back to receive TT2. The DPT3 and Polio3 coverage among the children under one year and who received their first doses, is on average 51% - which means a failure of reaching the children for the third time. One reason was said to be that the Kuchis (nomadic population) had left the area. In some villages the coverage is above 80%. In Regwa IDP camps 2,440 vaccines were given to about 600 children and 743 vaccines for 471 women during two first rounds of EPI vaccination.

Cumulatively a minimum of 7,100 children and 1,623 women have been vaccinated by the teams. Slight problems in reporting make the counting of individuals difficult. Vaccination is generally well accepted by the people, even demanded, especially measles immunization as it is known as a dangerous disease. Finally, based on the latest reports received from the ARCS CBFA volunteers, at the occasion of the NIDs against polio, 223 volunteers vaccinated 59,449 children under five. It should be noted that still not all reports have been received.

In the reporting period, 27,238 people attended a health education session, out of them 18,715 a group session and 8,523 received individual advice. This covers all the patients treated. Some of the teams were also active in health promotion by approaching villagers in general, for example by giving speeches in mosques. The cumulative figures from the beginning of the project are 30,002 attendees in group sessions, and 14,780 persons in individual health education, that means 76% of all patients. As time passed, the teams in general have given more attention to health education, and now report that some behavioral change has indeed taken place, for example in hygiene practices of the people.

Also, the ARCS CBFA volunteers raised awareness on safe drinking water, hygiene, diarrhoea and oral rehydration salts (ORS), and vaccination. From April to June, the volunteers reported that 10,777 people received health education on the above subjects, which is also taken as the cumulative figure. Previous figures might not give a full picture of the activities due to inappropriate reporting.

#### *Supervision, planning and management of the mobile health teams*

All five mobile health teams continued to work in five different provinces in the southern and southwestern regions, in districts with none or very limited health services. In May the work of all teams, except the one working in Nimrooz, was complicated and delayed mainly due to the turnover of staff, as two of the doctors, and one driver resigned, while maintenance of the cars was another constraint.

Federation and ARCS field officers made a monitoring trip to Uruzgan province where they met the mobile health team working in a remote area in Khas Uruzgan district, populated by ethnic Hazara, and a place where nearly 5,000 people live with no access to a medical doctor and external aid. The team fulfilled its duties such as vaccination, consultation of the sick, health education and nutritional screening.

A trip to Shamulzai district in Zabul province was made in June by Federation delegates, health officer and ARCS health officer, both for monitoring the team work and for an assessment of the allegedly deteriorating situation there. The district is one of the worst drought affected areas without any health services, and with alarming signs of children's malnutrition in combination with measles outbreaks and vitamin A deficiency. The situation needs to be followed and addressed.

Also the Nimrooz team was visited in the field, although the programme had to be rescheduled due to an antitank mine accident in the vicinity of the main road, where the ARCS mobile team staff provided first aid to the victims of the explosion. In general the teams have been seen in Kandahar, Herat, Zabul, and also in Kabul for administrative, supervision and logistical purposes.

### **Objective 3 - to provide access to safe drinking water and sanitation facilities**

Since April, drilling of bore-holes progressed well: in total 36 wells were finished, out of them 29 in Farah, and the rest in Kandahar province. Since the beginning of the project in 40 bore-holes have been completed, including installation of hand pumps, and the project provides drinking water for roughly 1,300 families or 7,800 individuals of 20 villages in Farah and Kandahar provinces (40% of the initial target). The project currently uses three percussion drilling rigs.

One of the new wells is situated in Kandahar town, in Lowalla, a subdistrict identified as deprived. The district had at the end of May a concentration of meningitis cases, and was seen by the health authorities as prone to communicable diseases. The new well has a depth of 46.5 m with a static water level of 32m. The project had rehabilitated eight latrines there.

Three more latrines were renovated in April-May, bringing the cumulative total to 11. All in all the latrine rehabilitation programme has had no progress in any other identified location of the city as the written authorisation from the local authorities remained pending.

In the middle of April an "IDP camp", Sang-Hissar, suddenly appeared in a field in Maiwand district. The number of shelters was eventually estimated to be 2000, with a population of up to 14,000. The Federation/ARCS WatSan responded by initiating a food for work project for a hand dug well. MSF-H built several latrines. The project came to a standstill before the water level was reached as the majority of the people moved again.

Assessment missions were carried out to the most southern part of the project region: to the Registan desert in southern Helmand and to the southern part of Maruf district in Kandahar province. Both areas have the same problem; the third consecutive year without sufficient rains for grass to grow, hence no fodder for livestock. Both these areas have generally sufficient water for human consumption - water is available in shallow depth and can be drawn from hand dug wells.

Several supervision visits to project sites were made by the ARCS and Federation WatSan engineers and delegate in Arghistan and Panjwai districts in Kandahar and Anardara and Qah-lai-Kah districts in Farah province.

Constraints encountered during the period remain the same as before. One is the absence of hydrological data that would ease identification of project sites. In some parts of the project area, soils are salty - salt crystallisation was seen in the mountains of southern parts of Maruf at an altitude of 2,500m, and saline groundwater is reported from Nimrooz and found in Farah province, and southwest of Panjwai district. Arghandab river was found with a high salt content in the districts of Maiwand and Panjwai. If the groundwater is saltier than other sources, people will not take the water from wells, but from contaminated surface waters.

Further, even if the maintenance of existing hand pumps is organised, the implementation is hampered because of day-to-day problems or non-commitment of the mechanic, or the lack of ownership of the beneficiaries who should contribute to the maintenance. Due to these problems, a hand pump in Arghistan district, Kandahar province, installed by the ARCS/Federation, is currently not working.

#### **Objective 4 - to set up stockpiles of emergency shelter materials in the event of drought related displacements**

In the Afghan context, the ICRC and Federation co-ordinate the appropriate responses especially to internally displaced people. The massive displacement in western Afghanistan, to Herat, continues to require attention. The quickly passing mild spring and hot summer have reduced the immediate shelter needs of the IDPs, except tents which the ICRC has continued to provide.

The conditions of displaced population have been continuously followed by the Federation's staff in both Herat and Kandahar, and Mazar-i-Sharif. A joint ICRC/Federation technical water and sanitation assessment in Maslakh camp in Herat was carried out in June.

### **Objective 5 - to develop - and reorient if necessary- further assistance strategies or phase out the emergency response activities**

The ongoing drought has affected farming and livestock. The few previous alternative income sources such as daily labor in agriculture have diminished. This especially affected the poor who cannot substitute for example traditional methods in irrigation by costly production bore holes and pumps, and hence sustain the their livelihood.

At the end of the month all the mobile health teams participated in an evaluation process of the project together with Federation and ARCS health officers, and representatives from both organisations. The drought operation funded by ICRC was supposed to be finished by the end of June according to the agreement. However, based on the evaluation of current and future drought situations, this operation has been extended another year with some modifications to certain activities, especially the mobile health teams, putting a stronger emphasis on prevention activities. Integration of the three components, mobile health teams, CBFA and water and sanitation, will be enhanced.

## ***Disaster Preparedness***

### **Objective 1 - to strengthen the managerial, administrative and human resource capacity of ARCS disaster preparedness structures at headquarters and regional levels**

A three-day Disaster Preparedness (DP) workshop was held in Kabul from 12 through 14 June, covering topics including the DP concept, Disaster Risk Management Assessment, the different components of a DP plan, Vulnerability and Capacity Assessment (VCA) and data collection techniques and disaster response. The workshop, the first of its kind this year, was attended by ARCS DP regional supervisors and headquarters health, CBFA, logistics, relief, dissemination and ID departments, including a representative from the Office for Disaster Preparedness (ODP).

Further, series of discussions have been held throughout the period with the newly appointed ARCS director of the DP department after his predecessor resigned. Two other newly appointed Regional supervisors will require intensive introduction to the DP concept. The concern has been expressed to ARCS that high turnover of ARCS DP staff reduces programme progress. Finally, DP and Strategy 2010 were included as an important part of the agenda National Society Leadership workshop held in Mazar-i-Sharif early May, for administrators and branch presidents of ARCS Northern Region.

### **Objective 2 - to develop a disaster preparedness plan and an efficient response capacity**

In April, regional DP supervisors have been tasked to establish Regional DP Task Force with members from among the Movement's three components. Simple DP formats have been provided to all ARCS and Federation regional offices.

In Jalalabad, eastern region, DP task force was subsequently established in May, with seven members; ARCS regional DP, CBFA and Food for Work Supervisors, ARCS clinic head doctor, Federation's logistics officer, field delegate and ICRC field officer. The Task Force prepared the first draft of required resources (human resources and skills, transport, communication, stocks, etc) to identify additional needs at regional level. Further, it made maps for three of the four eastern region's provinces and developed two potential disaster scenarios showing various intervention possibilities.

In Mazar-i-Sharif such a Task Force was established last year, and a draft DP plan for the Northern Region was also created. In the central region, the DP supervisor continued to collect and consolidate data on NGOs working in emergency situations in this region.

Finally, on 16 June, a DP supervisors' meeting was held. The first drafts of regional DP plans were shared and discussed and the results would be translated into a next generation of regional DP plans, ensuring consistency at countrywide level. The Regional DP supervisors will assume a coordinating role

in the regional DP planning together with other ARCS programmes to avoid duplication and ensure further integration of DP within the ARCS structure.

In line with the programme planning, ARCS submitted a proposal for warehouse renovation aiming to transfer gradually the responsibility of DP stock management to ARCS. Discussions were held with ICRC to enable ARCS to join in the next ICRC tent procurement process to ensure common standard and compatibility. As per the DP plan, approximately 3,000 additional tents are required, although the final quantity to be ordered this year may be less depending on financial resources and stock capacity.

During a second meeting with the Office for Disaster Preparedness (ODP) early May, discussions were held on the role/use of media in relation to disaster preparedness & response and on ARCS' role in a national DP plan. Currently, the ODP has been mainly concentrating on relief activities rather than DP activities, which is traditionally allocated to this office as their mandate.

Throughout the reporting period, discussions with the ARCS continued to restructure ARCS organisational set-up and to consider DP as a coordinated effort among the various departments of ARCS and not merely as a matter of Relief Dept. The allocation of ARCS DP staff to its relief operations remains a constraint to make a significant progress in programme implementation.

**Objective 3 - to raise awareness on the issue of sustainability with the ARCS and work with the community to develop and mobilize local resources for disaster preparedness and the disaster plan.**

Will be worked on for the rest of this year.

## ***Health and Care***

### **Basic Health Care (Clinic Support) Component.**

A total of **963,287 health services** were provided from 1 January up to 30 June. It should be noted that this and below figures contain data from an average of 40 of the 48 ARCS clinics only.

**Objective 1 - To prevent outbreaks of communicable and preventable diseases through preventive health care services such as vaccination, health education and the routine collection of epidemiological data.**

Based on the Health Information System (HIS) data received, the health education sessions conducted at the ARCS clinics recorded 205,414 participants in the group and 74,675 in the individual sessions. Health education is mostly given on common health problems, and hygiene, sanitation and immunization. Regular health data collection has been performed, but the data from only 40 clinics was received or processed by the end of the period.

During the second and third rounds of NIDs from 17 to 19 April and 19 to 21 May, all Federation and ARCS regional health officers monitored the anti-polio vaccination campaign. Additionally, 34 ARCS clinics provided the polio immunisation. With these three rounds of NIDs combined, the clinic staff immunised 72,996 children through outreach and 19,126 children at the clinics, roughly 90,000 children. ARCS CBFA department mobilised over 1,406 ARCS volunteers who immunised over 224,338 children under five in their villages and neighborhoods (see Community Based First Aid). The total number of children immunised is roughly 254,000. During the third round also Vitamin A was distributed to 36,783 children: 16,461 children through outreach, 3,775 from fixed centers and to 16,547 by ARCS CBFA volunteers.

Federation and ARCS will continue to work with MoPH, WHO and UNICEF in the next rounds of NIDs in autumn to further increase the coverage of immunisation through its countrywide network.

**Objective 2 - To reduce morbidity and mortality in the community by the provision of curative services such as case management on an outpatient basis, early diagnosis and early treatment, basic laboratory services and distribution of medicines.**

A total of 451,776 consultations and cases treated were recorded by the ARCS clinics that had submitted the HIS reports by the end of May, while most of 4,855 complicated cases were referred to hospitals. 246 medical kits were distributed since the beginning of 2001.

Since 1 January, 14,517 laboratory tests were performed at the clinics. ARCS Zabul established a laboratory in its clinic in Qalat city after it recruited a lab technician and the required equipment was sent. ARCS Wardak also opened a lab facility equipped with a microscope from its own sources, while the Federation provided the laboratory technician's incentive and lab reagents. No progress has been made for the remaining four laboratory facilities planned for 2001.

**Objective 3 - To maintain and strengthen ARCS primary health care capacity and to reinforce its programme management skills.**

First quarterly meeting in 2001 among ARCS and Federation health staff was held from 23 through 25 April in Kabul, attended by all Federation and ARCS regional health officers and respective headquarters Health departments. Besides reviews on general health related activities and the programme implementation, group work was done to formulate a new HIS format in line with both Afghanistan's HIS Guidelines developed by the HIS Task Force and recommendations made by a review of the Integrated Primary Health Care Programme conducted by an external consultant supported by the Netherlands Red Cross. A review was done on the status of the Regional Health Training Teams established in 2000 which needed strengthening its activities, while the future strategic direction of the health programme was discussed, including opportunities to strengthen outreach immunisation from the existing clinic facilities.

The ARCS deputy head of the health department participated in the South Asia Regional Safe Blood Working Group meeting in Islamabad from 30 May through 2 June.

Clinic running cost, staff incentives and basic medical supplies have been provided throughout the period to the clinics by the Federation. Various renovation works for twelve clinics in the central, eastern and southern regions, agreed upon end 2000, have been completed, while those for five are still slow to move ahead. Requests have been made to speed up their completion. The works for Darinoor clinic in Nangahar province, included a water supply line from the mountains both for the clinic and the neighboring communities, with project planning carried out by German Agro Action, who covered 70% of the project sum, whereas the community and Federation contributed 18% and 12% respectively.

96 clinic stationary kits have been procured since mid-April and distributed to the clinics in the central region, except Bamyan and dispatched to the regions. Finally, 200 registration books and 40,000 patient and visiting cards have been purchased.

**Objective 4 - To increase the quality of services through advanced training of health staff.**

In May, three clinic doctors participated in a three day financial management workshop organised by the Federation. Finally, in June, a four day Training of Trainers (ToT) course was organised in Kabul for seven male health educators from seven clinics in the central region, except Kapisa and Parwan. No other specific training for regular health staff has been conducted by Federation/ARCS other than on the job training during the various clinic visits and training on Maternal and Child Health care (MCH).

Two female ARCS doctors/gynaecologists from Mazar-i-Sharif's Central clinic and MJM Balkhi clinic participated in a one month course "Inservice Training" for gynaecologists organised by WHO/MoPH in Mazar-i-Sharif. Seven female doctors from seven ARCS clinics attended a HIS workshop organised

by WHO/MoPH in Kabul. Finally, three ARCS male nurses and one ARCS laboratory technician participated in three-day courses organised by HealthNet International on malaria control and for bednet implementers in the southern region. Two ARCS laboratory technicians also followed a 13-days refresher course on Malaria Microscopy for Lab Technicians, organised by HealthNet International in Kandahar.

Reference reading materials have been distributed to the ARCS clinics in April, with extracts from international articles, such as “Typhoid Vaccine”, “Increase susceptibility to malaria during early postpartum period”, “Trial of a supplementary dose of four polio virus vaccine”, “The global tuberculosis situation and the new control strategy of the WHO” and “Kochi’s tuberculosis strategy article is a classic by any definition”.

## **Maternal and Child Health Care Component**

### **Objective 5 - To gradually develop and strengthen the maternal and child health component in the ARCS clinic network, with special emphasis on disease prevention, health promotion, birth spacing and the promotion of reproductive health.**

*Community Based Reproductive Health component:* The ARCS trained Traditional Birth Attendants (TBAs) in four regions, conducted 2,545 deliveries (by an average 150 TBAs per month) and distributed 1,330 clean delivery kits, in addition to referral of 96 risk cases and the provision of routine health education in their community.

During the reporting period, 60 newly recruited TBAs have been trained and equipped in 21-days TBA training courses in Samangan, Qayak and Badghis provinces, were planned for the first quarter. The training will be followed by three months field supervision by the clinics’ midwives. This brings the total of ARCS TBAs to 221. In June, a ten-day refresher course was given for 20 TBAs in Alingar district, Laghman province.

For the first time since the start of the programme the recruitment of TBAs in Qayak has been done jointly with the ARCS CBFA supervisor, in an effort to strengthen the link across the two programmes - MCH and CBFA. 19 of the 20 TBAs come from a village where there are ARCS CBFA volunteers, who can help in emergency cases and disseminate the MCH services provided by the TBAs as well as the clinic.

Training of Trainers Course (ToT) had to be postponed until new midwives have been recruited. ARCS clinics presently listed up Zabul, Darinoor, Kandahar and Badakshan as target provinces where the Community Based Reproductive Health component would be expanded. The next course is scheduled for July.

*Clinic Based Reproductive Health component:* From 7 through 12 April, a Nutrition and Growth Monitoring (GM) workshop was held in ARCS Taimany clinic in Kabul with technical support of Action Contre Le Faim. In the training, eight female health educators, ten midwives and one doctor participated, representing eleven clinics. The training included midwives from Kapisa and Parwan and one doctor from Badakshan - located on Northern Alliance controlled territories- who stayed for three additional days for on the job training in the ARCS clinics in Kabul.

Further, a four-day MCH workshop was conducted in May in Herat for nine female staff (two doctors, two midwives, one health educator, one TBA trainer, two vaccinators and one nurse) of ARCS Herat clinics 1 and 2 covering theoretical as well as practical training on the Primary health care concept, Ante Natal/Post Natal Care (ANC/PNC), GM and Family Planning (FP).

The clinics, where both the Community and Clinic Based Reproductive Health components are carried out or planned, faced serious constraints in their timely implementation due to insufficient number of midwives. It remains a challenge to recruit qualified female personnel who can ensure simultaneous

implementation of the Clinic Based Reproductive Health component, while training and supervising the TBAs as part of the Community Based Reproductive Health component.

*Immunisation:* Since 1 January, ARCS clinics provided 47,178 doses of TT to pregnant and non-pregnant mothers and 122,590 doses of different vaccines to children to prevent childhood diseases. Further, 9,225 children received Vitamine A since 1 January. At the occasion of NIDs, another 36,783 children received Vitamin A.

*Ante/post natal care and growth monitoring:* During the period, ARCS clinics reported 9,056 ante and post natal care services (4,520 pregnant women), although only data was received from an average of 14 clinics (out of the 20 clinics providing these services). Further, ARCS clinics provided 8,465 growth monitoring services (to 5,756 children) since 1 January, with data received from an average of 15 clinics only (out of 20 clinics providing these services).

It should be noted that the new reporting formats for the different MCH components are in use for the first time this year and implementation of the new HIS forms is slower than predicted and thus not all data could be received in time, while certain unreliable data has been left out.

#### Monitoring and Supervising Visits

Generally, most clinics have been visited by ARCS and Federation regional health officers, MCH delegate and ARCS MCH supervisor, health coordinator or field delegates to monitor and supervise the activities, except for those located at Badakhshan, Bamyan, Nimrooz and Kunar (Paroon), either due to time constraints or security reasons. A field trip to Kunar (Paroon) had to be canceled due to security concerns when the team - including the Federation's health coordinator and field delegate- was on the way. Bamyan is presently inaccessible due to continuous fighting. ARCS clinics in Kapisa and Parwan were visited early June by Federation's medical administrator.

### **Community Based First Aid Component**

**Objective 6 - To expand the network of trained, equipped and motivated volunteers in about 8,000 villages in Afghanistan and to assist them to carry out community and referral services (2001 and 2002).**

A total of 855 volunteers, covering 781 villages were trained from 1 April through 31 June. Since the beginning of the year, a total of 1,465 volunteers have been recruited and trained, representing 58 % of the annual target of 2,500 volunteers. They were recruited from 15 districts in all five regions in Afghanistan. This period's round of training has expanded the countrywide network of ARCS volunteers to 7,674. Each new volunteer received a First Aid bag and a Dari or Pashtu CBFA Manual after their training was completed.

ARCS regional supervisors and trainers met, on average, with 249 volunteer teams and district leaders of as many volunteer groups in each month. At these meetings, trainers and supervisors briefed the group leaders on volunteer activity reporting, and gave a variety of refresher courses. It should be noted that trainers should meet monthly with each volunteer team leader. In April 56% of the target was achieved, in May 79% and June 94%.

Follow-up meetings by trainers for volunteers have been held with 253 volunteer groups in all regions, involving 4,156 volunteers' participation, which reached 80% of the target. During these follow-up meetings First Aid bags were refilled, while refresher courses were given on topics such as malaria, diarrhoea, malnutrition, hygiene, sunburns and bleeding.

In April, First Aid Competitions - aiming to motivate volunteers - started at group level in eight provinces in the western and central region. In total 1,994 volunteers from 112 groups participated. 112 winners (one from each 112 groups) were selected as participants for the next, district level competition. After the district level competitions, 26 volunteers were chosen for the provincial contests held during May, that resulted in six volunteers competing at regional level in the western and central regions in

June. The first positions in the regional competitions were taken by volunteers from Badghis province for the western region and Kabul for the central.

In May, a first aid competition also started in four provinces in the eastern and northern region. So far, 723 volunteers competed at group level resulting in 88 winners competing in the district level competition, in June. From that 16 winners were to go forward to the regional level competition in July.

Eight three-day volunteer team leader workshops were held in Mazar-i-Sharif, Jalalabad, Herat, Kandahar and Kabul regions: in Mazar-i-Sharif, 11 volunteer team leaders from Samangan province attended; in Herat, 57 of the 62 team leaders of Badghis and Herat provinces (two separate workshops); in Jalalabad all 54 team leaders from 20 districts of Nangahar province; in Kandahar all 45 team leaders from Helmand and Kandahar provinces; and in Kabul 62 of the 66 team leaders from Kabul and Ghazni provinces. These workshops, facilitated by Federation and ARCS programme staff from both regional and national level and ICRC dissemination officers, covered topics such as volunteerism, programme description, volunteers' role in disasters, activity planning, reporting, follow-up procedures and a selected number of practical First Aid topics. During the period, ARCS volunteers trained another 469 male and 287 female volunteers.

According to the activity reports received during this reporting period, ARCS volunteers handled 24,877 cases, varying from the provision of first aid, referral to hospitals/other health facilities to providing advice. Most of the cases reported include diarrhoea, bleeding, wounds care, burns, fractures, and animal bites, shock and unconsciousness. Since the beginning of the year, volunteers handled 41,659 cases in total. However, the total number of cases is not as high as expected mainly due to the inability to collect the reports from all the regions.

Aiming to improve the community's understanding of health issues and increase hygienic behaviour, ARCS volunteers disseminated the importance of safe drinking water, hygiene and vaccination, how to prevent diarrhoea, how to prepare ORS, first aid to 81,016 individuals as well as holding mine-awareness sessions.

1,406 volunteers vaccinated 224,338 children under five years of age against polio in all regions and participated in mobilising more women and children during the campaign. Practical constraints and the organisational set-up of the campaign prevented the full participation of volunteers. Data included reports from 223 volunteers trained under the drought operation programme in southern Afghanistan, supported by ICRC.

In Herat, an additional four-day workshop was conducted for all ten CBFA trainers deployed in the western region, with topics including programme description, planning, reporting, conducting follow-up and an evaluation of the trainers' knowledge and teaching skills.

During the period, 46 ARCS booths were established in six districts in Herat province, two in each Samangan and Mazar provinces and one in Nangahar province. The ARCS booth in Nangahar, Behsood district, is used as Youth club with 150 members, paying membership fees used for assistance to vulnerable people. In general, these ARCS booths are used as village centres for providing first aid, conducting health education sessions and dissemination.

## **Youth Component**

### **Objective 7 - To expand the number of trained and equipped teacher volunteers and school youth.**

During the reporting period, more than 443 new youth volunteers have been recruited in 10 schools in Ghazni by 16 CBFA volunteers who are teachers. In addition, the training continues for 2,319 students from 9 schools in Jalalabad, 19 in Herat, 47 schools in Kabul and 17 in Mazar, by 195 volunteer teachers.

ARCS youth department staff paid monitoring visits to nine schools in Jalalabad and all 47 schools in Kabul and organised monthly meetings with 19 teachers in Mazar-i-Sharif, 39 in Herat, 16 in Jalalabad

and 60 in Kabul. 27 First Aid boxes from as many schools in Kabul were refilled, while 699 note books, pens and badges were distributed to youth volunteer students.

Five “ARCS Youth Booths” have been established with the initiative of the youth and supported by teachers and the school principals. The youth equipped the booths with carpets, chairs, tables and RC/RC posters and will use them for practical first aid training and dissemination of health messages.

The volunteer teachers and the youth from 34 schools in Kabul provided first aid to 429 people and in Mazar from 17 schools to 73 people, in and outside the school. The cases were mostly bleedings, fractures, dislocations, various wounds, diarrhoea, burns and animal bites while 16 of the victims were referred to the health center.

ARCS youth department conducted its first first-aid competition. From 27 schools, youth volunteers - trained in 1999 - held first level competitions, followed by a second round between the winners from the 27 schools. A final competition was held on 30 May, in the Hall of Radio Shariat among 10 Youth volunteers.

## ***Institutional and Resource Development***

### **Objective 1 - to raise awareness about the Fundamental Principles of the International Red Cross and Red Crescent Movement among ARCS staff and public.**

Building on the experiences of 2000, a National Society Leadership and Relief workshop was held in Mazar-i-Sharif, organised jointly with the ICRC from 7 to 10 May. The workshop, the second of its kind for senior ARCS branch personnel of the northern region, brought them all together except for two branch Presidents. During the first 2.5 days, topics included Red Cross/Red Crescent Movement history, principles, Strategy 2010, self-assessment techniques (strengths, weaknesses, opportunities, threats - SWOT), strategic planning and financial management. The evaluation of the workshop by the participants was good, and all requested that the topics will be again discussed during branch visits in more detail. The ARCS Regional Branch was to prepare a SWOT before end June. The last 1.5 days were used by the ICRC, during which the branch relief officers participated for training on the new vocational training activities supported by ICRC. In total 45 participants attended: including the Branch Presidents, relief officers, dissemination officers, the regional health officer, CBFA and DP supervisors and the head of Marastoon.

### **Objective 2 - to strengthen ARCS staff management skills in planning, organising, directing and controlling with special focus on: strategic/operational planning, project management, financial accounting, reporting, self-assessment, evaluation and language/computer skills.**

The first planning workshop for the year was held from 8 to 10 April, with 25 administrators and ARCS middle management staff from headquarters and central region’s branches involved. The workshop’s main objective was to strengthen management capacity for ARCS staff on project planning. At the same time the workshop offered an opportunity to test the “Project Planning Guideline” that was prepared in line with the recommendations of the November 2000 ID review. Topics covered were: Introduction to Management and Planning, Project Cycle and Reporting. The guideline will be revised according to the observations and comments raised by the participants. Based on recommendations from the participants, the workshop will be replicated in other regions.

After months of preparation, from 5 to 9 June, ARCS held its Strategic Planning (SP) and Country Assistance Strategy (CAS) workshop, bringing together 51 ARCS participants, seven representatives from six sister national societies (the Japanese, Swedish, Norwegian, Danish, German and Swiss Red Cross societies), the Federation’s Head of Asia and Pacific Department in Geneva, Federation regional ID delegate and 11 Federation and ICRC country delegation national and expatriate personnel.

The workshop was the first step for ARCS to develop a three year strategic plan. After five intensive

days it resulted in a vision and mission statement, a problem analysis, and subsequent goals and objectives. A first draft plan of action, expected results and impact indicators were also prepared during the workshop but still need finalisation. The CAS forms part of Federation's standard planning tool within the framework of a global aim to unify RC/RC societies planning standards and to contribute to the Red Cross/Red Crescent Movement's global efforts to increase good and collaborative planning.

As part of the preparation for the CAS workshop, a study tour was organised for four ARCS leadership staff to the Nepalese Red Cross Society (NRCS) from 19 to 25 May. During the stay, the ARCS had the chance to observe and discuss NRCS' governance and membership system, volunteer network, financial and administrative management systems and resource mobilisation activities. Also, ARCS leadership had the opportunity to observe NRCS activities at headquarters and branch level. Visit reports have been shared between the two sister national societies, and among other regional societies to benefit from the mutual experiences and to promote future exchanges. The ARCS staff received ideas - especially related to youth and volunteer programmes - that could be used in the Afghan context. A similar study tour was organised in June in Sri Lanka after the South Asia Regional Constitution Review Workshop that was attended by three ARCS senior staff including the second vice-president.

**Objective 3 - to improve ARCS capacity to approach and promote self-reliance, by evaluating, replicating and expanding successful resource development strategies.**

The implementation of the vegetable production project by ARCS Farah branch progressed gradually in April with the installation of the water pump, renovation of the well and completion of the fence. The first crop (cucumber) unfortunately failed due to cold weather. As other income generating activities, the project faced management and follow-up difficulties.

In May, a three-day workshop was held to evaluate the income generation projects implemented since the end of 1999 in the central region. The group of 15 participants from ARCS branches that initiated these projects and the ARCS ID Unit that reviewed and approved the proposals, agreed that income generation projects in general should continue to help branches pursue self-reliance. To increase chances of success it specifically recommended that follow-up and timely financial and activity reporting should be strengthened, profits shared 80%-20% between the branches and headquarters and that any modification to the projects should be made in consultation with Federation's ID department and ARCS ID Unit. Poor follow-up, lack of agreement on the use of profits, inadequate decisions and feasibility studies were the main factors mentioned that contributed to insufficient success in the established projects. The evaluation report and its recommendations are presently under review by ARCS leadership.

**Objective 4 - to develop ARCS institutional capacity and structure, focused on: (a) enhancing and promoting ARCS membership system, (b) promoting ARCS statutes, (c) optimising ARCS organisational structure, (d) developing a recruitment system, and (e) improving budgeting, accounting and financial systems in a limited number of branches.**

Federation's Finance Development Officer visited Badakhshan from 16 to 22 April to review the ARCS Badakhshan branch's financial system and discuss the reasons and intended use of its accumulated balance on some of its programme accounts with Branch. Also, it provided an opportunity to strengthen the branch's accountant technical know-how and improve the branch's financial management system.

In Herat and Kandahar, two-day financial management training sessions were conducted in June for Administrators and Accountants of the different branches in the western and southern regions. Based on the curriculum defined the previous year, the training covered the financial issues of the core structure and programme agreements (revised for 2001), financial reporting requirements, accounting system and practical exercises. These workshops continued as financial management and reporting had not yet reached the appropriate standards, although some significant improvement had been made during the past year. The ARCS finance manager from Kabul headquarters facilitated in the workshop to unify ARCS internal accounting systems and strengthen the link between branches and headquarters.

Finally, ARCS vice-president and two ARCS senior staff members participated in the South Asia Regional Constitution Review Workshop from 18 through 20 June. As a follow-up, the ARCS will undertake an analysis of its present statutes versus the “Guidance for NS Statutes” minimum standards.

## ***Coordination and Management***

A general delegation meeting was held in the end of May, with all Federation delegates and key national staff from both programme departments and regional field offices, to facilitate the exchange of experiences and expertise and to foster better understanding between different levels of the delegation. The Federation Secretariat’s Strategic Priorities for 2001 - 2003 and the Movement Strategy Document sent out by the Movement’s Standing Commission Secretariat have been disseminated following the meeting.

The Finance/Administration delegate visited three field offices (Herat, Jalalabad and Peshawar), while the Finance/Administration Manager visited the remaining two field offices (Mazar-i-Sharif and Kandahar) to provide technical support.

To ensure good working relations with the ICRC, weekly meetings have been held between the Heads of Delegation. Further, especially in the framework of the Country Assistance Strategy Workshop, ICRC, Federation and ARCS held regular tripartite meetings for joint planning.

The visit from the British Red Cross (BRC) senior information officer ended mid-April and various editorials have been produced on both ARCS activities supported by the Federation and ICRC. The articles have already been used for Federation website & publication, while the BRC gave an interview on BBC World Service.

The subsequent visit by Federation’s regional information delegate, based in New Delhi, from 7 to 18 May, provided an opportunity to improve links with the South Asia Regional Information unit and discuss with ICRC practical opportunities to lift the profile of Red Cross/Red Crescent activities in Afghanistan. Additional editorials have been produced, complementing those prepared by the BRC and completing the overall picture of ARCS activities supported by the Federation.

Other joint Federation/ICRC supported ARCS workshops have been held in Herat, Mazar-i-Sharif and Kandahar. The Federation Acting Head of Delegation and ID delegate further attended the Cooperation session during ICRC’s Mid-Term Review meetings.

Especially at the regional level, Federation’s field delegates and staff attended regional coordination meetings with other international non-governmental organisations and UN specialised agencies to ensure a complimentary approach and avoid duplication of activities.

The 2000 Annual Report has been completed as well as one programme update covering 1 January through 31 March. No visits have been made to donor embassies during the period. The Federation Field delegate attended a meeting in Mazar-i-Sharif with representatives of SIDA and the Swedish Embassy in Pakistan.

In general, financial management and accounting of transactions have been carried out as planned. Donations with specific financial reporting requirements have been followed (UNFPA, Netherlands Red Cross/Netherlands Government and Japanese Government). Finally, the logistics department provided its general required support to programmes, varying from procurement, storage to transportation.

## ***Outstanding needs***

The Federation urgently encourages donors to further contribute to the Annual Appeal for 2001. Especially, it needs funding not only for the planned disaster stocks, including tents, blankets and other relief items, but also for operational cost for running the clinics.

The Federation is facing great difficulties to find the experienced delegates for several vacant posts to be filled very urgently in Afghanistan Delegation. The National Societies interested in providing human resources to Afghanistan positions are asked to contact Desk Officer or Human Resources Dept.

Plans are underway to cover the deficit in delegate costs for the Drought Operation through reallocation from the regional programme (direct costs of the Afghanistan Drought Operation have been funded by ICRC as the lead-agency for the International Red Cross and Red Crescent Movement in Afghanistan).

The Federation Delegation in Afghanistan is working on the revision of Appeal 2001 for the rest of this year based on the realistic funding possibilities.

*For further details please contact: Satoshi Sugai, Phone : 41 22 730 4273; Fax: 41 22 733 03 95; email: sugai@ifrc.org*

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

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

Peter Rees-Gildea  
Head a.i.  
Relationship Management Department

Hiroshi Higashiura  
Head  
Asia Pacific Department

Afghanistan						ANNEX 1
APPEAL No. 01.34/2001		PLEDGES RECEIVED			24.08.2001	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
<b>CASH</b>						
REQUESTED IN APPEAL CHF ----->				<b>7'819'724</b>		<b>TOTAL COVERAGE 39.1%</b>
CASH CARRIED FORWARD						
AUSTRALIAN - RC		2'028	AUD	1'820	07.08.2001	
GERMAN - GOVT/RC		566'655	DEM	437'911	15.08.2001	355 MEDICAL KITS TO 48 ARCS CLINICS
NETHERLANDS - GOVT		1'000'000	NLG	689'292	28.02.01	HEALTH CARE & DISASTER PREPAREDNESS
NORWEGIAN - GOVT/RC		2'640'000	NOK	497'109	03.05.2001	COORDINATION & MANAGEMENT, CBFA, ID, DP, HEALTH
SWEDISH - RC		900'000	SEK	156'330	28.02.01	PRIMARY HEALTH CARE /CBFA/ID
SWEDISH - RC		200'000	SEK	34'740	28.02.01	MANAGEMENT & COORDINATION INCL PART FUNDING OF HOD
SWEDISH - GOVT		3'000'000	SEK	509'700	21.05.2001	HEALTH & CARE, CLINIC SUPPORT
SWEDISH - GOVT		600'000	SEK	101'940	21.05.2001	CBFA
UNFPA /AFG/977/PO1		120'882	USD	207'095	20.04.2001	MATERNAL PHC
PRIVATE ON LINE DONATIONS		10	USD	16	06.02.2001	
SUB/TOTAL RECEIVED IN CASH				2'635'953	CHF	33.7%
<b>KIND AND SERVICES (INCLUDING PERSONNEL)</b>						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
Denmark	Delegate(s)			34'825		
Greece	Delegate(s)			49'610		
Japan	Delegate(s)			71'128		
Norway	Delegate(s)			49'445		
Sweden	Delegate(s)			59'958		
Switzerland	Delegate(s)			32'033		
USA	Delegate(s)			47'967		
UNFPA /AFG/977/PO1		44'118	USD	75'583	20.04.2001	REPRODUCTIVE HEALTH KITS
SUB/TOTAL RECEIVED IN KIND/SERVICES				420'549	CHF	5.4%
<b>ADDITIONAL TO APPEAL BUDGET</b>						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
IRANIAN - RC		292'250'000	IRR	291'665	14.04.2001	OIL, SUGAR, PULSES, TEA, SOAP, SHOES, CLOTHES, BLANKETS
SUB/TOTAL RECEIVED				291'665	CHF	